Meet Department Administrator Kristie Golden, PhD

Distinguished Professor Evelyn Bromet said she was “thrilled” when she learned that Dr. Ramin Parsey had selected Dr. Kristie Golden to be the department’s administrator. “I knew that she and Ramin would make a perfect pair,” Dr. Bromet said. Dr. Parsey concurred. “Her expertise and mine are perfectly complementary,” he said. “I have research and medicine; she knows administration and service systems. I recognized at our first meeting that we shared the same vision. It was an easy fit.”

Before Dr. Golden became the department’s Administrator, she was the Vice President for Ambulatory and Community Services at South Oaks Hospital in Amityville, NY. Dr. Bromet first met her in the office of Robert Detor, the hospital’s CEO, when she visited him to discuss a research project. “I was immediately impressed by her robust regard for research,” Dr. Bromet recalled. “I sensed she had vision and an organized way about her.” The two women met occasionally through the years at community events, developing a mutual admiration and respect.

When the department administrator position became vacant, Dr. Bromet saw an opportunity. “I attended an open house at the Mental Health Association and Kristie was there,” Dr. Bromet recalled. “I recognized immediately that she would make a perfect chief administrator for the department, but I felt I couldn’t simply suggest that she apply. I approached her, intending to ask, ‘Do you have a friend who might be interested in the position?’ but instead blurted out, ‘You would be perfect for the job.’ I didn’t mean to blind-side her, but I did. Fortunately she followed up a few days later and asked for an introduction.”

Dr. Golden came to South Oaks in 1992 as a vocational rehabilitation counselor after earning a bachelor’s degree in Sociology from Stony Brook University and a master’s in Education and Rehabilitation Counseling from Hofstra University. Within a year she was the director of vocational services. Recognizing a need for rehabilitation services in the community, she pitched the idea to the administration who told her “to go for it.” The program now has a staff of 40 throughout Nassau and Suffolk counties. She and her staff developed a life skills and transition services program for children with disabilities in 14 school districts. When Robert Detor arrived as CEO in 1996, he saw her potential immediately. “I wanted to change the image of South Oaks,” Mr. Detor recalled, “to integrate it into the community mental health system.” He asked Dr. Golden to reorganize the hospital’s outpatient chemical dependency programs and then to develop a child outpatient service. “She did a fantastic job,” Mr. Detor said. “Whatever we asked her to do, she took it and ran.”

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In this issue of *Headlines* we are delighted to introduce you to the department’s new administrator, Dr. Kristie Golden. During her years as a Vice President at South Oaks Hospital and as President of the Mental Health Association in Suffolk County, she showed herself to be an energetic leader who introduced new models for delivering mental health services in the community. I am deeply grateful to Dr. Evelyn Bromet for her role in bringing Dr. Golden to us.

We also introduce Dr. Christine DeLorenzo, the leader of our imaging team. Her boundless optimism and steely determination keep our imaging group and its far-flung collaborators on track for success. An intelligent and careful researcher in her own right, Dr. DeLorenzo is able to make significant contributions to the scientific literature while keeping all components of the lab working in sync.

Our consultation and liaison team is the face of the department to many people in the hospital. We were fortunate to recruit Dr. Brian Bronson to direct the consultation and liaison service and Dr. Ilana Yel and Dr. Paul Mitrani to lead the C&L teams. Dr. Bronson’s innovative work at the Manhattan VA parallels in many ways the service delivery model Dr. Golden introduced to Long Island. Together they will help transform the way psychiatric care is delivered in the region and beyond.

Dr. Lawrence Morin is a senior researcher with a long record of original scientific publications in circadian rhythm research. Our portrait of Dr. Morin highlights his work in bringing together disparate lines of research to address fundamental questions in his field.

Our congratulations to Dr. Rachit Patel, the department’s new chief resident. I look forward to helping him achieve his goal of fostering a learning community among the residents.

In this issue we say goodbye to three members of the faculty — Drs. Joseph Blader, Erik Fink and Richard Mattison, — who served the department, the university and the community well for many years. We wish them the best.

As a department, we are working to develop partnerships with others who share our vision of advancing medical care through scientific discovery and community engagement. As the science that underlies medicine becomes increasingly complex, we see the need to pool our intellectual resources ever more clearly.

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She and Mr. Detor developed a successful model of care that integrates physical and mental health services in primary care settings. They organized a program for geriatric patients in eastern Long Island that employed mobile providers, telemedicine and linkages with primary care providers. Recently they developed a similar program for children which imbeds mental health services in pediatricians’ offices. Along the way, Dr. Golden earned a doctoral degree in Healthcare Administration through a program founded by Hofstra at Union Institute and University in Cincinnati, Ohio. As her internship project she established the Department of Grants and Research at the hospital, and became responsible for coordinating institutional planning and program development.

As she developed community based programs, Dr. Golden became increasingly involved in community organizations. She was elected to three terms as President of the Board of the Mental Health Association in Suffolk County and appointed chairperson of the Behavioral Health Organization Provider Advisory Board for Long Island. She was recently elected a Vice-President on the board of Clubhouse of Suffolk.

Throughout her time at South Oaks, she created new programs. Now, she is ready to start something new at Stony Brook. “We have an opportunity to do something significant here,” Dr. Golden said. “The university’s charge is to make New York a healthier place. We will do that by developing innovative medical services with our partners in the community. The more progressive we can be, the more likely we are to succeed.”

Although she is responsible for departmental operations, she and Dr. Parsey see her role as extending beyond that of the
traditional administrator. She plans to spend most of her time working on “big picture” issues such as the department’s role in the new accountable care organizations, integration of physical and mental health services and the development of community services. “A wave of change is coming to New York,” Dr. Golden said, “and we need to stay ahead of it. The healthcare world is changing and we need a new type of administration to succeed in it.”

Dr. Golden described her latest venture as a leap of faith. “I saw this position as an opportunity to have an impact, to move forward with my desire to serve the community,” she said. She has begun by asking how the department can help solve some of the region’s most intractable problems: addressing the mental health needs of people in the criminal justice system; serving mentally ill patients with co-occurring drug and alcohol dependencies; making psychiatric care more readily available to people with special needs. She envisions a role for the department in designing and evaluating new models of care within accountable care organizations, reducing the number of times people with chronic diseases are admitted to the hospital or visit an emergency room by addressing their behavioral health concerns proactively.

“We will move forward,” Dr. Golden said. “It will take time and there will be obstacles, but we will overcome them.” Her optimism is grounded in a vision of excellence she shares with her new partner, Dr. Parsey. “He is leading the way,” she said. “We are very much alike in our vision and our personalities are in line. Evelyn Bromet told me that we would be perfect to work together. Now I understand what she was saying.”

Rachit Patel, MD has been appointed Chief Resident from July 1, 2013 through June 30, 2014. In announcing the appointment, Residency Training Director Dr. Michael Schwartz described Dr. Patel as “an extremely bright and personable young doctor who has the confidence of the faculty and his peers.” In his new role, Dr. Patel will be responsible for training residents and medical students, coordinating the residents’ clinical schedules, overseeing the Continuing Day Treatment Program and assisting with administration.

A native of Kenya who grew up in New Jersey, Dr. Patel was the first in his family to attend medical school. After earning a bachelor’s degree in biology with a minor in psychology at Washington University in St. Louis, Missouri, he received his medical degree from St. George’s University School of Medicine and came to Stony Brook University to complete his residency in psychiatry. “Stony Brook was my first choice,” Dr. Patel said. “The program here encompassed all the elements that were important to me, including unique clinical opportunities like electroconvulsive therapy, while maintaining a balance between biological and psychological orientations.”

Dr. Patel has been an avid photographer since college where he studied photojournalism. His interest in photography and journalism enriched his understanding of psychology and human behavior. “I see it as a means to better understand people,” he said, “and as an avenue of social change.” Last year he married Reshma Gokaldas, MD, MPH whom he met in medical school. She is currently a neurology resident at New York Medical College and plans to subspecialize in vascular neurology.

Dr. Patel’s aim as Chief Resident is to foster a culture of education, embracing the opportunities that the department’s new imaging program brings. “This is an exciting time,” he said. “We have a unique opportunity to move to the forefront of scientific discovery in mental health.”
Christine DeLorenzo, PhD does not fit the stereotype of the nerdy engineer, though she has all the credentials — advanced degrees from Dartmouth and Yale, a post-doctoral fellowship at Columbia, government and institutional grants, publications in leading journals. For her doctoral project she used Bayesian constructs to develop a game theoretic model to estimate the brain deformation that occurs during neurosurgery. But, for all her intellectual prowess, she is personable and engaging, sensible and level-headed, the kind of person who can organize a group of talented scientists and technicians into a productive lab.

Dr. DeLorenzo is both a practicing scientist and the director of the department’s imaging group. Five years ago, as she was finishing her doctoral degree, she thought she would have choose between them, but she wanted both. “I love to write code,” she said, “but I also love the social component, keeping everyone working together. I want to work in both worlds — that’s what I love — but I need to budget my time carefully.” She uses her daily commute from the city to work on her research projects. She wrote a software program that automatically notifies group members when tasks are due. “She is an incredibly organized person,” Dr. Parsey said.

Dr. DeLorenzo came to Dr. Parsey’s lab at Columbia University by responding to an online job posting which read, “We are a group of physicists, statisticians, engineers and clinicians working to help people with mental illness.” “When I saw the ad, I said, ‘That’s exactly what I want to do,’ ” Dr. DeLorenzo recalled. She campaigned hard to get the position and eventually won it. “When I started, I didn’t have a background in psychiatry,” she explained, “but I read whatever I could. It opened my eyes to a field that really needs engineers.”

As director of the imaging group, she is responsible for overseeing the entire research “pipeline”: preparing grant applications, recruiting research participants, acquiring the imaging data, analyzing and interpreting results and producing papers for publication. “My job is to make sure everything is moving in the same direction, that everything stays on track, that everyone knows what is going on and that everyone has the resources they need,” Dr. DeLorenzo said.

The main focus of her own research is the use of PET scanning to understand the biologic bases of depression. She is currently investigating whether the neurotransmitter glutamate functions differently in the brains of depressed people than it does in people who are not depressed. Her investigation is complicated by the fact that the methods used to create images of the glutamate system are not fully perfected. This has led Dr. DeLorenzo and her group to more fundamental methodological questions about the imaging techniques involved.

“To be successful in science,” Dr. DeLorenzo said, “you must have a question and the tools to answer it.” In her case, the “tools” are not only cyclotrons, scanners and computers, but the chemists, statisticians and clinicians who collaborate with her. “Your own expertise can only tell part of the story,” she said. “You need the perspectives of many different people to answer the complex questions science is asking today. You have to assemble a team.”

The team she and Dr. Parsey have assembled possess diverse skills, but share a common motive. “We see people every day who cannot function because of their depression and we ask ourselves how we can help,” Dr. DeLorenzo said. “We all came to the lab in different ways, but we all ended up in the same place, using our skills to ease the burden of disease. There is no more noble cause.”
Like a modern-day Socrates, Lawrence Morin, PhD is acutely aware that many of the basic questions in his field remain unanswered. He studies chronobiology, the science of life’s rhythms. His specialty is the structure and functions of biological clocks in mammals, a relatively new and evolving branch of science.

Dr. Morin began his career studying how hormones influence the reproductive behavior of rodents, but soon found himself trying to understand how the timing of reproductive cycles is regulated by a circadian clock in the brain. “From studies of annual reproductive and migratory rhythms,” he said, “it was apparent that many animals use an internal clock influenced by light to measure time. This enables them to reproduce at the most advantageous times of the year. No one knew how this was accomplished, so at the outset, it was convenient to supplement studies of reproductive endocrinology with studies of circadian rhythms.”

Dr. Morin’s career mirrors the history of his field. Its founders, in the years following World War II, focused initially on how biological rhythms function in the lives of insects and mammals. After the basic principles of function were established, they took on the work of explaining what makes the molecular clockworks tick. In 1972, researchers traced the master anatomical clock to a tiny region in the brain called the suprachiasmatic nucleus or SCN. By the late 1980’s scientists were claiming to have discovered the inner workings of the clock, but the complexity of the system frustrated their attempts to describe its exact nature.

The SCN is made up of about 10,000 nerve cells, each with its own internal clock. They are connected to one another and to other parts of the brain in ways that are poorly understood. In addition, most organs in the body contain their own clocks. Some are synchronized to the master SCN clock by way of the nervous system. Others, such as those in the liver, are synchronized by way of yet to be identified chemicals in the blood stream. “Very few people understand the complexity of the molecular systems involved,” Dr. Morin said. “We have a lot of partial answers, but as the number of molecules known to be part of the clockworks increases, the questions multiply.” Dr. Morin can tick them off: “What are the anatomical connections between the SCN and the other parts of the brain? How do other parts of the brain influence the workings of the SCN? How is the master clock synchronized with the clocks in other organs? What is the feedback system that keeps the clock ticking?” His answer: “Nobody really knows.”

Progress toward answering these and other basic questions has been slowed by the fact that scientists traditionally approached them from two different angles. “One group studies fruit flies while another studies mammals,” Dr. Morin explained. “They study the same basic problems, but use different tools. They seldom talk with one another.” Three years ago, Dr. Morin organized an international conference that brought together the
world’s leading experts from both camps. Their aim was to identify the basic neural circuits that make up the circadian rhythm systems. “We soon came to realize that there are some fairly simple questions that we have not addressed. The conference helped us all determine what we need to do next,” Dr. Morin said.

Since the conference, Dr. Morin has published papers that synthesize what is known and not known about the basic components of the circadian rhythm system. In one, he presented a comprehensive overview of brain circuits related to circadian rhythms; in another he demonstrated how various effects of light on rodents can be viewed as components of an integrated response system.

Dr. Morin’s work is often esoteric, but his studies have a practical application. “Almost every measurable aspect of bodily functioning is related to circadian rhythms,” Dr. Morin said, “Blood pressure, cortisol levels, hunger, alertness, you name it, all operate on a rhythmic baseline.” As a result, circadian rhythms show up in stray practical contexts. They may dictate when a medication is most effective or how a blood test should be interpreted. They also affect academic performance or productivity at work. “Everything is related to the circadian rhythm system,” Dr. Morin said. “It is fascinating that a clock in the brain can regulate everything from the secretion of stomach acid to the migration of birds.”

Planned gifts, like the bequest made by Ms. Reimers, or other gifts of property, stocks, or life insurance are popular because they give you the opportunity to leave a lasting legacy. When you make a charitable bequest, you retain full use of your property during life, so there is no disruption of your lifestyle, and no immediate cost. You can also designate how you want your bequest to be put to use, or make an unrestricted bequest to be used wherever it’s needed most. Most importantly, you can change your bequest at any time, which means you remain in complete control of the planning process. Contact Elsa Scheie at (631) 638-2478 or elsa.scheie@stonybrookmedicine.edu for more information.

Circadian rhythms occur approximately every 24 hours in phase with the cycle of day and night. They are endogenous, which means that they continue even in the absence of external stimuli, and entrainable, which means that their timing adjusts to changes in the lighting environment.
A group of recently hired psychiatrists, under the direction of Brian Bronson, MD, is bringing new life to the consultation and liaison service. “This summer we recruited three outstanding psychiatrists to the C&L service,” department chair Ramin Parsey, MD, PhD said. “Our aim is to provide timely, intelligent consultations to hospital teams and eventually introduce psychiatric liaisons to outpatient medical services.”

The consultation and liaison service consists of two teams, one headed by Ilana Yel, DO and the other by Paul Mitrani, MD, PhD. Each team includes residents in psychiatry and other medical specialties, medical students and advanced students in other healthcare professions.

The director of the program, Dr. Brian Bronson, came to Stony Brook from the Veterans Administration Medical Center in Manhattan, where he was director of the consultation and liaison service and director of the NYU Fellowship in Psychosomatic Medicine. He calculates that during his 9 years at the VA he provided more than 10,000 consultations. “I’ve seen most clinical scenarios, and know what to expect,” Dr. Bronson said, “but every case is different. That’s what makes it interesting.” In his vision, the consultation and liaison team has a dual responsibility — to patients and to their healthcare providers.

While at the VA, Dr. Bronson created an innovative program that incorporated psychiatric services into primary care, providing patients with easy access to psychiatric evaluation and care. “Most patients were seen on site during the same day, some within the hour,” Dr. Bronson said. While he hopes to replicate the VA model at Stony Brook, his immediate goals are to optimize the functioning of the inpatient service, establish a fellowship program and develop relationships with other medical services.

Dr. Ilana Yel, who heads one of the teams, is no stranger to Stony Brook. She completed her residency in psychiatry, including a year as chief resident, and a fellowship in child and adolescent psychiatry here. She worked for four years at the Good Samaritan Pediatric Specialty Care Center in Babylon, NY where she practiced outpatient child and adolescent psychiatry and performed inpatient and emergency room consultations.

The leader of the other team, Dr. Paul Mitrani, grew up in Stony Brook, went to college in Binghamton and graduated from University at Buffalo with a degree in medicine and a doctorate in biochemistry before completing the triple board residency program in Pediatrics, Adult Psychiatry and Child Psychiatry at Mt. Sinai School of Medicine. Like Dr. Yel, he was the chief resident in his program.

The job of the consultation and liaison psychiatrist requires a combination of interpersonal and analytical skills. “One of our roles is to facilitate communication between patients and their healthcare providers,” Dr. Bronson said. “We have to be good listeners. But we also have to be highly analytical, considering multiple layers at the same time: the brain, the body, the patient experience, the provider’s experience and the needs of the healthcare system. It is an intellectually stimulating and gratifying role.”
farewell

Three senior members of the department’s faculty departed during the summer.

Professor Richard Mattison, MD left in June after spending 14 years in the Division of Child and Adolescent Psychiatry providing psychiatric consultation to emotionally disturbed children and adolescents at Western Suffolk BOCES. He is retiring to spend time with his grandchildren, and will work half time at Penn State School of Medicine. His position will be filled by David Margulies, MD, the former chief of inpatient child psychiatry, who has been working in CPEP.

Joseph Blader, PhD, a senior researcher in the Division of Child and Adolescent Psychiatry since 2003, left to accept a position as Professor of Psychiatry at the University of Texas Health Science Center at San Antonio, where he will serve as the Director of Research for Child and Adolescent Psychiatry. Dr. Blader will continue his multisite NIMH-supported clinical trial, “Stepped Pharmacotherapy for Aggressive Youth with ADHD” and collaborate on a $5 million grant to implement and evaluate a collaborative care model to improve mental health care by providing treatment for ADHD and comorbid disorders in primary pediatric settings.

Assistant Professor Erik Fink, MD stepped down as the director of the adult outpatient service to take a position as director of emergency psychiatric services at Nassau University Medical Center. Dr. Fink has been the director of the OPD for the past 17 years, where he has developed a reputation as a beloved mentor and teacher of third year residents. He was selected to receive the department’s Teacher of the Year award by this year’s graduating class. Marsha Tannenberg-Karant, MD will assume responsibility for directing the clinic program.