

SPRING 2010

Psychiatry

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

**ENGAGING TECHNOLOGY
FOR IMPROVED PATIENT CARE
BRIGHT NEW FRONTIERS**

ALSO INSIDE:

Foster Cook and
the TASC Program

New Depression
Treatment in Alabama

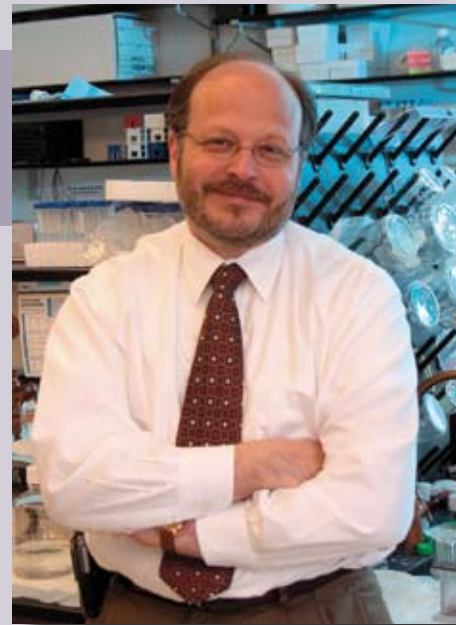
Resident Helps
Birmingham's Youth

Uncovering Drug
Dependence

Message from the Chairman

Welcome to this issue of UAB Psychiatry. In this issue, we share with you a few of the many successes of our faculty, staff, and trainees, and highlight a broad spectrum of services we provide and accomplishments of our team. One of the critical mandates when I arrived at UAB was to expand our academic mission, with emphasis on the development of our research mission and extramurally funded grant portfolio. In this issue, we showcase our most recent faculty recruit, Dr. Karen Gamble. Dr. Gamble moved late last year from Vanderbilt, and has rapidly established her laboratory in some of our recently renovated state-of-the-art laboratory space housed in the Sparks Building. As you will read, she is truly a translational scientist focusing on our daily rhythms such as sleep that are often profoundly disturbed in a number of psychiatric conditions. While the core of her research is in rodent models, she maintains an interest in clinical questions such as the impact of the ability of nurses working the late shift to adapt to this artificially imposed change in their body's natural sleep-wake cycle. In addition to introducing Dr. Gamble, we showcase some of the recent research successes of both scientists that I have brought to UAB since my arrival as well as of scientists that have been in the Department longer than my tenure. Hopefully we have captured the excitement that pervades these many laboratories and research teams throughout the Department.

Contemporary Psychiatry departments are often involved in more activities than many are aware. On the other end of the spectrum, I am pleased that we are able to share with you in this issue a few of the services that members of the department provide to patients in our community as well as other outreach programs. UAB Psychiatry has more direct involvement in the community and a stronger public mission than many (if not most) major academic Psychiatry departments around the country. I am especially proud of the extraordinary service and lifetime commitment of one of our faculty members, Foster Cook, to the public mission. One of his programs was in the news a fair amount last fall given local budget pressures, but rest assured that we as a Department, and especially Foster and his wonderful team, continue to do everything we possibly can to provide as much service as possible in his numerous programs



throughout our community. I have come to realize that many people are not even aware of some of these activities, or that they are part of UAB Psychiatry. In addition, some readers will know that UAB Psychiatry runs one of the city's Mental Health Centers, under the outstanding leadership of Drs. Jackie Feldman and Bob Savage. One of our newest accomplishments in this sector is the recent funding from the U.S. Department of Housing and Urban Development (HUD) to Harry Findley for grants to provide housing for the homeless mentally ill. We also showcase the outreach efforts of two members of the department: Dr. Francisca MgBodile's work in Nigeria, and Dr. Theo Morgan's work with young people in Birmingham.

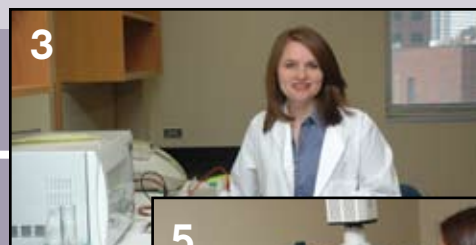
This spectrum...from basic studies in mice to this degree of community outreach...all contained within our Department, is part of what makes UAB Psychiatry so great. This issue coincides with my fourth anniversary as the Chair of the Department of Psychiatry at UAB. I appreciate all of the nice feedback we have received from many of you regarding this particular publication, and genuinely enjoy being able to bring you continued news of the many good things the wonderful people in our Department do as part of their work and lives.

James H. Meador-Woodruff, M.D.

Heman E. Drummond Professor and Chair
UAB Department of Psychiatry and Behavioral Neurobiology

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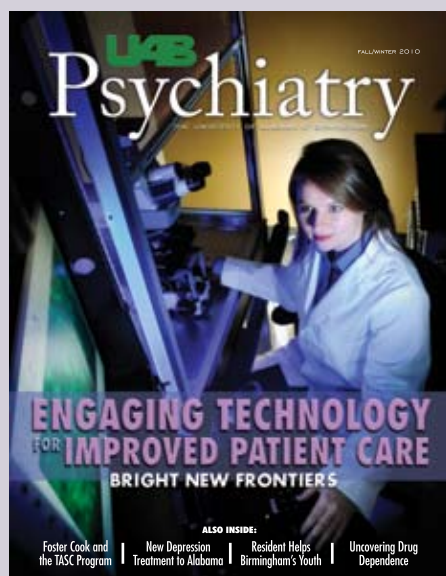


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About the Cover

The cover features one of UAB Psychiatry's newest scientists, Karen Gamble, Ph.D., with her new Zeiss Axio Examiner microscope. Her lab studies the sleep/wake cycles of mice to examine how their sleeping patterns are affected. The data gathered in this study will also be applied to the general public and psychiatric patients that have had demanding work schedules to better understand how their sleep/wake cycles have been affected, and if this has an effect on their mood and behavior. She is assisted in her lab by Russell Johnson, Jr. and Rachel Besing who are both new additions to the department. UAB Psychiatry is honored to have Dr. Gamble as the newest member of our research team.

Disruption of Sleep May Contribute to Many Symptoms of Mental Illness

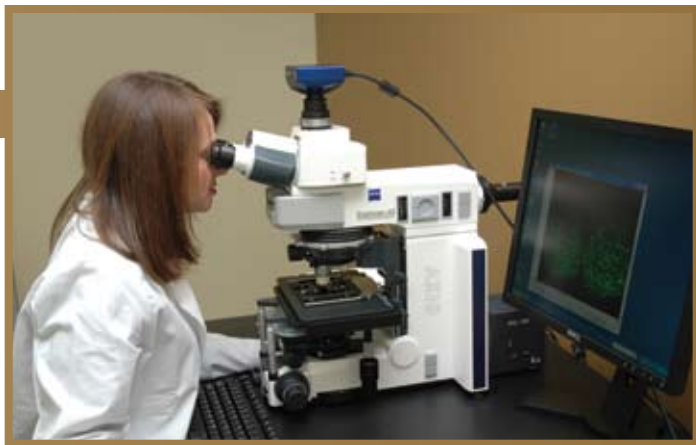
Department Welcomes
Karen Gamble, Ph. D.



Karen Gamble joined the Department of Psychiatry and Behavioral Neurobiology at UAB in September 2009, after completing her postdoctoral training at Vanderbilt University. Dr. Gamble holds a Ph.D. in Behavioral Neuroscience and received a prestigious Pathway to Independence Award from the National Institutes of Health, for a project entitled “Integration of Photic and Nonphotic Signaling in the Circadian Pacemaker.”

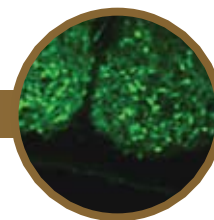
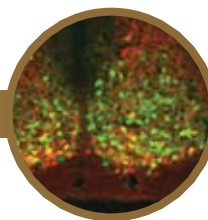
The focus of Dr. Gamble’s research is the investigation of sleep timing controlled by the brain’s clock (circadian system). Clock disturbances can greatly disrupt sleep and are characteristic of many mental health disorders including depression and schizophrenia. Studies have shown that disruption in the timing of sleep can worsen the symptoms of many psychiatric disorders. Furthermore, the symptoms resulting from disrupted sleep timing, for example, in shift workers or during ‘jet-lag’, can be mistaken for psychiatric illness in people who do not have a psychiatric disorder. On a much broader scale, shift work has been associated with an increased risk of developing cardiovascular disease, metabolic and gastrointestinal disorders, depression, as well as cancer. In fact, in an animal model of chronic jet lag, circadian researcher Alec Davidson, Ph.D. and colleagues at Morehouse Medical School have shown that geriatric animals had greatly increased mortality rates compared to un-shifted controls. Dr. Gamble’s research aims to determine how genetic and environmental disruption of the circadian system can lead to mental illness and other medical problems, using animal models of clock-controlled sleep disturbances.

The brain’s master clock is located in a region called the suprachiasmatic nucleus (SCN) of the hypothalamus. The clock synchronizes with the environment, for example with daylight, due to the activity of “clock” genes called Period1 and Period2. Clock gene activity can be measured in real-time using glowing reporter proteins from fireflies and jelly fish that are artificially linked to the clock genes. These reporters can be used to record electrical signals (the primary language of brain cells) and gene activity at the same time in individual living brain cells. Twenty-four hour gene activity continues for many months after culturing brain slices containing the SCN, and this property



allows for examination of the chemical signals that are critical for clock function. Recently, Dr. Gamble and her colleagues demonstrated the importance of a well-known chemical signal in the SCN, gastrin releasing peptide, in the process of resetting the clock and activating clock genes. In addition to light, other stimuli can also reset the clock, such as arousal and exercise. In the future, she plans to use similar strategies to investigate how the clock's cells interpret and respond to conflicting stimuli such as when exercise and light occur together.

In an effort to extend the basic knowledge of circadian rhythms to humans, Dr. Gamble has explored genetic and environmental predictors of adaptation to night-shift work in hospital nurses. All of us who have benefited from nurse care in hospitals will be interested in how nurses adapt, or do not adapt, to shift work behaviorally and genetically. In her research, Dr. Gamble and colleagues at Vanderbilt University identified five novel sleep strategies that night-

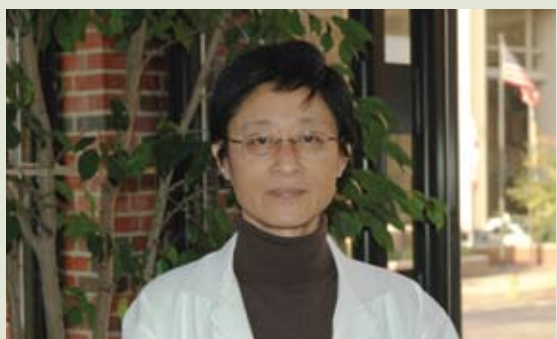


shift nurses used for their days-off. Nurses who used sleep deprivation in order to switch between day- and night-shifts were the most poorly adapted to night-shift. In addition, this study showed that some genotypes of circadian clock genes are associated with alcohol and caffeine consumption, sleepiness, sleep duration, and tendency to be a night owl. Finally, this research demonstrated genes can interact with the environment because some circadian genotypes only contributed to behavior under certain shift conditions.

At UAB, Dr. Gamble is collaborating with Dr. Rachel Fargason, Dr. Xiaohua Li, and Roberta May in a clinical trial exploring new treatments for people with attention deficit hyperactivity disorder (ADHD) with insomnia. This collaborative group plans to test the idea that some ADHD patients experience insomnia because they have late clocks and are thus, night owls. Insomnia worsens the symptoms of ADHD. They expect treatment with a drug that enhances the effects of melatonin will reset the clock in these patients and improve their symptoms.

We are delighted to welcome Dr. Gamble to the Department and look forward to seeing interesting research developments from her laboratory on this important clinical problem.

Examining Therapeutic Mechanisms for Mood Disorders



Dr. Xiaohua Li was recently appointed Vice Chair for Research in the UAB Department of Psychiatry. She has been with the department since she graduated from her residency in 2001. Along with her new responsibilities, Dr. Li is the Director of the Division of Behavioral Neurobiology within the Department.

Dr. Xiaohua Li, Associate Professor and Vice Chair for Research in the Department of Psychiatry at UAB is the recent recipient of a KO2 Independent Scientist Award from the National Institutes of Health (NIH). Her grant entitled, "Behavioral Manifestation and Therapeutic Implication of GSK3," will focus on establishing an animal model for mood disorders and utilizing this model to examine the therapeutic mechanisms of depression and related illnesses. The goal of this award is to work toward increasing our understanding of the neuropathology and treatment of these disorders. Dr. Li is a "bench to bedside" clinical scientist, therefore the results of her research will have a direct impact in improving care to over 20% of the population affected by mood disorders. In addition to the KO2 award, Dr. Li also has an active RO1 grant from the NIH focused on understanding the pathophysiology and developing new treatment modalities for affective disorders. Dr. Li continues to conduct translational research aimed at understanding the pathophysiology of mood disorders and to improve the clinical care, including diagnosis and treatment, of these disorders.

New Research

Department Embarks on

James Meador-Woodruff, M.D.



Dr. James Meador-Woodruff recently received one of the highly competitive “Challenge Grants” made available to the National Institutes of Health (NIH) through the federal government’s stimulus package. While there are many genes potentially implicated in schizophrenia, based on rational candidate selection and the sheer complexity of the cell biology of neurotransmission, and more recently from multiple published gene array studies, these genes have not been measured in a systematic fashion in brain. In particular, expression patterns of these genes have not typically been measured in individual groups of brain cells, especially in the cells known to form circuits in multiple interconnected brain regions. This grant will support a major project to measure in postmortem brains of persons that had schizophrenia and a comparison group the expression of 100 candidate genes associated with neurotransmission. The project will use the exciting state of the art techniques of laser capture microdissection and quantitative PCR to measure expression of these candidate genes in specific neurons contained in the circuitry hypothesized to be abnormal in

this illness. Scientifically, it provides a rare opportunity to determine the molecular fingerprint of patterns of gene expression of a set of neurotransmitter-related candidate genes in brain circuitry. In addition, this work is labor-intensive and facilitates creation of new jobs at UAB during this time of economic recovery. This project will provide the first comprehensive study of a large set of neurotransmitter-associated gene expression in defined neuronal subpopulations of corticolimbic circuitry. The final product will provide a rich dataset to the schizophrenia research community, which we will make available on an open access website. A major contribution of the characterization of patterns of expression of these gene products will be the identification of promising targets for drug discovery.

Karen Cropsey, Psy. D.



Dr. Karen Cropsey has been awarded a National Institutes of Health (NIH) grant that will allow her to continue two ongoing studies that focus on specific groups within the community. Dr. Cropsey’s research program aims to determine the best substance abuse treatments using a combination of medication and behavioral therapy for individuals involved in the criminal justice system. Dr. Cropsey works with Treatment Alternatives for Safer Communities (TASC), which is a case management diversion approach to maintaining individuals with criminal justice involvement in the community pre or post adjudication rather than incarceration.

Dr. Cropsey’s first study is designed to recruit opioid dependent women under criminal justice supervision who are leaving a controlled environment to determine if using a medication such as buprenorphine will reduce opioid relapse, as well as HIV risk behaviors, when they return to the community. It is expected that the women who receive buprenorphine will be able to abstain from opiates and reduce HIV risk behaviors during their transition back to the community, and hopefully, into their futures.

The second study aims to recruit current cigarette smokers who are under criminal justice supervision into a study that uses wellbutrin and two different intensities of behavioral therapy for smoking cessation. This study began in October of 2009 and will continue to recruit participants for the next five years. It is expected that individuals who receive the intensive counseling and wellbutrin will have higher quit rates than individuals who just receive wellbutrin and brief advice about quitting smoking.

rch Grants

New Research Endeavors

Patrizia De Sarno, Ph. D.



Dr. Patrizia De Sarno, recently appointed Assistant Professor in the department, has been awarded an R01 grant from the National Institute of Neurological Disorders and Stroke (NINDS) to support her research on animal models of Multiple Sclerosis (MS). MS is an autoimmune inflammatory disease of the central nervous system (CNS),

characterized by an immune-mediated demyelination and neurodegeneration of the CNS, for which there is no adequate therapeutic intervention. The disease is characterized by both local inflammation from resident cells in the brain and by the infiltration of leucocytes from the periphery. Dr. De Sarno will investigate the role of glycogen synthase kinase-3 (a protein that is linked to many pathophysiological processes) in the neuroinflammation process associated with MS, and the prophylactic and therapeutic properties of lithium in an animal model of MS.

Rosalinda Roberts, Ph. D. & Robert McCullumsmith, M.D., Ph.D.



Dr. Rosalinda Roberts and Dr. Robert McCullumsmith were awarded a new grant to examine glutamate transporter localization in schizophrenia. The grant aims to test the hypothesis that glutamate transporters are localized abnormally in the brain of subjects with schizophrenia. Using immunogold electron microscopy, the distance between the transporters and glutamate

synapses will be measured, and Roberts and McCullumsmith predict that the distance will be increased in schizophrenia, consistent with a loss of glutamate buffering capacity and increased glutamate spillover. The study will use tissues provided by the Alabama Brain Collection and the Maryland Brain Collection. The Alabama Brain Collection is housed in the Department of Psychiatry and is directed by Dr. Roberts.

Adrienne Lahti, M.D.



Dr. Adrienne Lahti's R01 grant titled, "Treatment Response in Schizophrenia: Bridging Imaging and Postmortem Studies" was recently funded by the National Institute of Mental Health (NIMH). Over the course of five years her grant will focus on predicting treatment response to antipsychotic drug therapy in schizophrenic patients using functional Magnetic Resonance Imaging (fMRI) and Magnetic Resonance Spectroscopy (MRS). The study will also attempt to validate these techniques using anatomical studies of postmortem tissue in collaboration with Dr. Rosalinda Roberts. Dr. Lahti's past imaging research suggests that several brain regions, including the ventral striatum, anterior cingulate cortex and hippocampus, are related to antipsychotic drug therapy treatment response. The postmortem work of Dr. Roberts has related dopamine and glutamate irregularities in these same regions to treatment response. Stemming from this work, Dr. Lahti believes that antipsychotic medication may decrease symptoms in schizophrenia by restoring glutamatergic activity in these brain regions, and that individuals responding favorably to antipsychotic

medications will display greater activity in these regions than poor responders. This grant will allow her to test these hypotheses. Approximately one percent of the U.S. population suffers from schizophrenia and 20 to 60 percent of these individuals are resistant to antipsychotic drug therapy. Early detection of drug response would yield specific treatment strategies tailored to the individual improving both the quality of life of patients and drastically reducing the costs associated with unsuccessful treatment strategies.

Ongoing Departmental Research



Targeting Parkinson's Disease

Dr. Mathieu Lesort, Assistant Professor in the Department of Psychiatry at UAB, was recently awarded a research grant from the Michael J. Fox Foundation. Dr. Lesort's project is entitled "Validation of Cyclophilin D, a Protein Involved in the Mitochondrial Permeability Transition, as a Target

for Parkinson's Disease Therapy". Dr. Lesort proposes to determine whether inactivation of the protein cyclophilin D is protective in Parkinson's disease, and he will further validate it as a target for Parkinson's disease. The potential beneficial effect of focusing on cyclophilin D inactivation is that it would promote efforts to develop drugs that target this protein, or more broadly to prevent the metabolic impairments that occur in Parkinson's disease. Dr. Lesort also has an active research grant from the Alzheimer's Association, which is focused on examining the influence of diabetes with Alzheimer's disease. This project is designed to identify the mechanistic links between diabetes and Alzheimer's disease in order to suggest corrective interventions.



Understanding Female Prisoners

Dr. Aminul Islam has been working with Dr. Karen Cropsey on a project funded by the National Institutes of Health (NIH) and the National Institute on Drug Abuse (NIDA). Prior studies have shown individuals with mental illness and/or substance abuse end up in jail or prison disproportionately more

compared to individuals without having mental illness and/or substance abuse issues. However, most of these studies were done in male population, therefore Drs. Islam and Cropsey decided to examine the female population (women now represent about 13% of the jail population and 7% of prison population). Important criminal behaviors associated with mental illness and/or substance abuses among these women were homicide/assault and drug-related crimes. We have also shown that both mental illness along with substance abuse and serious criminal behaviors were associated with juvenile

justice system involvement among female inmates compared to those committing adult crimes. Considering the repeated incarcerations among female youths with mental illness and/or substance abuse and committing criminal behaviors, it is important to have community programs focusing on targeting this group of women to treat them for their mental disorders and criminal behaviors. Such prevention strategies are likely to prevent repeat incarcerations and multiple inpatient psychiatric care thereby reducing the increased growth of female inmates especially the youthful offenders.

Anomalies in Brain Tissue Offer Better Understanding of Schizophrenia



Dr. Emma Perez-Costas and Dr. Miguel Melendez-Ferro have a long history working together as a team. They are building their research group with their main focus on the development of the dopaminergic system and anomalies of the dopaminergic system in neuropsychiatric disorders. For many years, abnormally high levels of dopamine have been associated with the psychotic symptoms in schizophrenia, but this new study shows that the story may be more complicated than previously thought. This study shows that while some of the studied cases will fit the profile of high levels of tyrosine hydroxylase (the protein that controls the production of dopamine), others present the opposite pattern, presenting surprisingly low levels of tyrosine hydroxylase. Dr. Perez-Costas and Dr. Melendez-Ferro are working on a project to pinpoint precisely the dopamine cells responsible for the anomalies observed in their previous study, which will help to identify new and more specific targets for the treatment of this complex illness. For this study they have received a well-characterized collection of samples from the Stanley Research Foundation to expand their study beyond schizophrenia to other neuropsychiatric disorders such as bipolar disorder and major depression.

UAB Psychiatry Brings Cutting Edge Depression Treatment to Alabama

UAB has launched its Repetitive Transcranial Magnetic Stimulation (rTMS) program. M. Bates Redwine, M.D. is the Medical Director of the program. rTMS has been studied for many years, and as of October 8, 2008, a rTMS device, manufactured by Neuronetics Inc. has been approved for use by the Food and Drug Administration (FDA) in the United States for use in adult patients with major depression who have previously tried medication and not improved satisfactorily. This non-invasive treatment for depression uses highly focused, pulsed magnetic fields to stimulate function in targeted brain regions. Not all patients are appropriate candidates for rTMS Therapy. Patients with implanted metal devices or clips are not eligible for the treatment, but individuals with metal devices in their dental work are acceptable to be treated with the rTMS machine. To determine if rTMS Therapy may be right for you, contact our office to schedule an appointment with a physician on our ACCESS line: (205) 934-7008 or 1-800-782-1133.



How rTMS works: Through a treatment coil, the rTMS Therapy system generates highly concentrated, magnetic fields which turn on and off very rapidly. These magnetic fields are the same type and strength as those produced by a magnetic resonance imaging (MRI) machine, but are more focused. The treatment coil is placed above the head over the left prefrontal cortex (front part of brain). This part of the brain is involved with mood regulation; therefore, it is the location where the magnetic fields are focused. These magnetic fields do not directly affect the whole brain: They only reach about 2-3 centimeters into the brain, directly beneath the treatment coil. As these magnetic fields move into the brain, they activate cells within the brain which are thought to release neurotransmitters.

The rTMS Therapy is a 40-minute outpatient procedure that is performed under the supervision of a psychiatrist. It does not require anesthesia or sedation, and patients remain awake and alert during the procedure. Treatment is administered daily for four to six weeks (20-30 treatments).

TASC and Foster Cook



The Man Behind the Program

Mr. Foster Cook, on the faculty of the Department of Psychiatry since 1978 and the director of the Substance Abuse Programs, has provided the necessary leadership and vision to build a dynamic model of research, direct services, and social justice advocacy through the UAB Treatment Alternatives for Safer Communities (TASC). His grandparents were missionaries to Korea in the early 1900's and his family history of public service has imprinted well.

Mr. Cook's attributes include a remarkable understanding of: salient political forces, the power of judges and law enforcement, the burden of not treating those with addiction caught up in the judicial system, and cost-effective evidence based treatment combined with a passionate commitment to advocacy for a disenfranchised population. Starting in the mid to late 80's, his aggressive solicitation of federal dollars brought resources into the local systems that have helped drive policy-to-practice reforms. Over the years, Mr. Cook has been awarded over 16 million dollars to fund such entities as: drug prevalence research, implementation of drug courts, and mental health courts, and expanded access to substance abuse treatment. His vision, diligence, and leadership have created, preserved and sustained a system of care that saves money, but more importantly, saves lives. He and TASC have never stopped working to help those who so desperately need assistance in the State of Alabama.

Treatment Alternatives for Safer Communities (TASC)

The UAB Treatment Alternatives for Safer Communities (TASC) originated through a federal grant proposal in The White House Special Action Office for Drug Abuse Prevention. TASC was established as a case management program for felony offenders with serious substance abuse and addiction disorders. In 1973, the Law Enforcement Assistance Administration (LEAA) and the National Institute in Drug Abuse funded 13 TASC sites, which included the UAB-TASC Program. TASC was the first effort to bring together, through a formal partnership, the criminal justice system and the substance abuse treatment system. It remains the oldest operational TASC Program in the country.

Mr. Foster Cook, the current director, helped implement the program, then housed in the Birmingham City jail, in 1973. Mr. Bill Cox, a local parole official, was director until 1977. At that time, federal funding had dissipated and local city and county funding was obtained for continuation of the program. UAB Department of Psychiatry, then headed by Dr. Patrick Linton, provided the administrative infrastructure and support. The partnership between UAB Psychiatry and TASC expanded in mission and scope under Mr. Cook's leadership. The UAB Methadone Clinic merged with TASC and the

outpatient UAB Drug Abuse Program at Smolian Clinic in 1980.

In the early 90's, the Jefferson County jail became dangerously overcrowded. To alleviate these conditions, the county utilized UAB-TASC as a jail diversion/pre-trial program. UAB-TASC also implemented one of the states earliest drug court programs; now the largest drug court in Alabama. Presently, Jefferson County incorporates two Judicial Circuits-Birmingham and Bessemer. Parallel programs, including pre-trial release and a drug court, were created in Bessemer to match services with the Birmingham Judicial Circuit.

In 1992, The National Institute of Drug Abuse selected 5 TASC programs for evaluation by the RAND Corporation and the UCLA Department of Neuropsychiatry. UAB-TASC was one of the sites and the research team compared TASC program outcomes with criminal justice clients who did not receive TASC services. UAB-TASC clients received significantly more services in every domain than the control group (jobs, drug treatment, HIV screening, mental health, urine screening) and responded with lowered re-arrest rates for high-risk felony offenders.

In 1996, UAB-TASC was one of three sites in the nation to be selected as a demonstration model for the Break-The-Cycle Project. The White House office of National Drug Control Policy funded this unique effort to expand TASC core operational elements (early intervention, assessment, referral to appropriate community services and assertive case management) into a system wide continuum from arrest through final sentencing and adjudication. The Urban Institute provided the outcome evaluation, which concluded that TASC supervision lowered recidivism dramatically (30%) compared to a control group.

Upon completion of this project, the local justice system retained the improvements that were implemented under Break-The-Cycle. In 2001, TASC targeted those with severe mental illness who were incarcerated for longer periods of time and could not access the critical services necessary for management of their mental illness. UAB-TASC collaborated with the National Alliance for the Mentally Ill (NAMI), county government and the courts to complement two mental health courts in Birmingham and Bessemer. These courts are administered similar to the drug court model of intermediated sanction and incentives. UAB-TASC has also served the juvenile offender population since the mid 1980's. The Adolescent Substance Abuse Program (ASAP) is contracted with the juvenile court system and provides urine screening and substance abuse treatment, prevention and monitoring for the court.

As can be readily observed, since 1973 UAB-TASC has evolved considerably, managing to combine the collective efforts of treatment providers, law enforcement, and the judiciary, to offer populations challenged by substance and drug dependence a breadth of services that have proven, overtime, to be profoundly effective. Supported by federal funding, Mr. Cook implemented the core program elements and networks the have proven effective for over 35 years.



TASC courthouse staff - Drug Court, Pretrial Release, Mental Health Court and Alternative Sentencing Programs.

TASC Advisors (L to R) - Ralph Hendrix, TASC Program Manager; Judge Laura Petro; Presiding Criminal Court Judge Tommy Nail; Foster Cook



By design, TASC programming remains “outside” of the criminal justice and treatment systems. This separate, but common, grounding has enabled TASC to utilize the strengths of both-the structure and leverage of the justice system and the innovation of evidence-based treatment research-as catalysts for overall improvement in both systems. UAB TASC Programs include:

1. **The Supervised Pretrial Release/Supervision Program** reducing pretrial populations in the Jefferson County jails and offering supervision of these offenders
2. **The Community Corrections/Alternative Sentencing Program** providing community-based sentencing options for non-violent offenders who otherwise would be in state prison
3. **Two Drug Court/Deferred Prosecution Programs** offering case management and treatment service for all drug cases coming into the system
4. **Two Mental Health Courts** expanding the drug court model to serve court-involved consumers with severe mental illness
5. **Community Restitution Program** organizing community service, job placement, housing, fatherhood education, mentoring, relapse prevention, motivational incentives and other recovery support services
6. **Adolescent Substance Abuse Program (ASAP)** contracting with the juvenile court system to provide urine screening, substance abuse prevention and monitoring
7. **Juvenile Drug Court** targeting drug-involved adolescents within the Family Court system
8. **Electronic Monitoring** offering additional community supervision alternatives for adolescents and adults
9. **Family Drug Court** employing the drug court model in cases involving parental rights arising from the substance use of one or both parents.

Opiate and Prescripti



Left to Right: Jessica Merchant, Bronwyn McInturff, Barbara Nissenbaum, Dr. Pete Lane, Hazel Woodward, Mike Martin, Paula Piazza, Mark Brown, Bettye Dee Rabon, Larry Jackson, Linda Christian, Petra Watson, Amy Griffin

Opiate Dependence, also known as Opiate Addiction, includes both Prescription Drug Dependence and Heroin Dependence. While several classes of prescription drugs can be misused, opiates constitute the most abused and the largest class. Other classes of prescription drugs that can be misused include CNS depressants such as benzodiazepines (e.g. Xanax) or stimulants like amphetamines. Less commonly, anabolic steroids, muscle relaxers, and barbiturates are seen for addiction issues.

Although prescription opiate abuse is not a new problem, it does appear to have grown over the last 20 years. Two main factors appear to be involved. First, heroin use fell off in the 80's and 90's due to supply issues, safety, and quality. The second was the call for better pain control by both patients and physicians which led to increasing numbers of prescriptions for opiates. In the early 1990's, about 40 million prescriptions of opiate pain medications were written. By 2007, the number of opiate pain prescriptions that were written topped 180 million. Significantly, the U.S. currently consumes 99% of the world's supply of hydrocodone and 71% of the world's supply of oxycodone.

In Birmingham, over the next several years, a trend toward increased heroin usage may occur. This increase will likely be due to the fact that within the last year there has been an influx of good quality heroin. Due to the high purity of this heroin, a number of unintentional overdoses have already occurred. In particular, there has been a shift from IV Dilaudid use to heroin due to its lower cost and improved quality. There does

not yet appear to be a downward trend in prescription opiate use in Birmingham, other than the decrease that has been seen with Dilaudid.

One often hears the question asked, "How did so and so get addicted?"

An oversimplified answer is that there are many ways to become addicted to a drug. While there is a genetic predisposition to opiate addiction, for addiction to become active, the person also has to be exposed to the drug. Exposure can occur in the context of a prescription for pain. Sometimes the person's addiction is activated immediately and in others the drug was taken for a period of time before addiction became active. In general, a drug initially has to provide a benefit for continued use to occur. For example, alcoholism often gets started when someone uses alcohol to self treat insomnia or anxiety. Opiates often provide an "energy feeling" called euphoria. Most people use opiates for this sensation. Often opiates are used in the context of performance enhancement on the job, in much the way that coffee is used. Occupations where opiate use seems to be prevalent are healthcare, construction, and manufacturing. A minority of people use opiates for the ability of opiates to cause sedation or to "numb up" negative emotions or feelings. Opiates are often used in medicine for this reason. A chest pain patient is frequently given morphine in the emergency room for the positive cardiac effects and pain relief, as well as morphine's ability to alleviate the patient's

on Drug Dependence

fear about death. The human brain also uses the opiates it produces (endogenous opiates) for the same effect. A person's brain under psychological or physiologic stress will release endorphins (the body's own opiate, which it manufactures) to combat that stress.

As the addiction progresses, the drug begins to lose its positive reinforcing characteristics and the person begins to accumulate consequences which often cause addicts to seek help. Common consequences include legal problems, health issues, relationship problems, job or occupational difficulties and psychiatric conditions.

Prescription opiates get into the hands of addicts by a variety of ways. Physicians who write prescriptions inappropriately do so because of four main reasons.

1. They are easily tricked into writing inappropriate prescriptions. These doctors have a pattern of being "duped" or easy manipulated.
2. "Dated" doctors do not keep up with changing practice patterns.
3. "Disabled" physicians prescribe inappropriately because they themselves are addicts or have a psychiatric illness.
4. There are physicians who are just plain criminals and will write inappropriate prescriptions for monetary gain.

Prescription drugs are frequently stolen from retailers or wholesales. Inadequate accounting processes allow this to occur, but also armed robbery occurs frequently. Internet pharmacies are a new source of drug dealing. These pharmacies will sell opiates directly to a patient via a prescription generated by the internet pharmacy that is then mailed to the patient's door. However, most drugs get into the addicts hands through legitimate prescriptions that were given to friends and family. About 60-70% of prescription drug abusers obtain their drugs in this manner. Usually addicts are freely given the drugs or they buy it or steal it.

How is Opiate Dependence Treated?

Usually the first step is to get the patient "detoxed". This entails using another opiate to stabilize the patient then slowly taper the patient off the original opiates. Currently, there are only two medications which are legal for this purpose, methadone or buprenorphine (Suboxone® or Subutex®).

Methadone clinics were started in the 1970's to treat severely ill heroin addicts who also had a major psychiatric problem such as Schizophrenia. These patients were maintained on methadone for years before being able to get off of the drug. Methadone clinics were effective for what they were intended to do: stop the spread of Hepatitis B and decrease crime. Because methadone is a full opiate agonist it can be difficult to engage the patient in any form of therapeutic group or individual therapy. Buprenorphine is only a partial opiate agonist and does not have the full opiate effects as methadone. This medication eliminates the withdrawal, but does not provide much of the euphoria other opiates produce. Because of this, patients can more fully participate in therapy and 12 Step groups and derive benefit.

Treatment Programs Provide 3 Basic Components of Recovery.

- Treatment programs provide "recovery skills". In other words, treatment programs educate the patient on what to do to avoid using drugs as well as what to do if the patient finds themselves in a situation where they want to use. These programs provide the skills addicts need to cope with life without using a mood altering addictive drug.
- Treatment programs also deal with what the drug made better for the patient. If the drug was not in some way beneficial to the patient they would not have kept using it. For example, addictive drugs are used to self medicate insomnia, anxiety, fear, emotional trauma, anger and so on. Addressing these underlying issues, to a large part, removes the reasons to use drugs.
- 12 Step groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) provide maintenance treatment to prevent relapse and a return to drug use. Being engaged in a 12 Step community provides the addict with a non-using support network. This support is generally crucial for many addicts to become fully functional and to remain abstinent from drug use.

To sum up, Opiate Dependence is defined (like other drug and alcohol dependencies) as a chronic relapsing disease which requires medical detoxification and treatment to put the disease into remission and additional 12 Step communities to maintain disease remission.



The Maria Regina Foundation (MRF) is a non-profit organization that delivers health services to the most vulnerable and poorest segments of Africa and Alabama. They also provide educational opportunities to children and adolescents.

To better understand the goal of the MRF, its founder Dr. Francisca MgBodile, Assistant Professor Child and Adolescent Psychiatry, describes its history:

I was born and raised in a remote village of Abor in the eastern part of Nigeria. I moved to the United States as an adult, after completing medical school in Africa. My life improved upon coming to the United States, but I never forgot my experiences in Africa. From my own life, I knew all about the importance of a good education. Also, I knew about the poor health situation in Abor and the whole continent of Africa.

Visits to my village in the past years have increasingly opened my eyes to the great need for more help. During a trip in 2008, I visited local schools and health clinics. The children in the villages are eager to learn, even though their parents are struggling to send them to school for a bright future. Poverty, ill health, and lack of basic

medical care are some of the struggles families deal with each day. Personally, I feel that part of the solution is helping individuals. However, I sincerely believe that it is better to launch a community-based approach to ensure self-sufficiency and to foster independence. Empowering people toward independence makes more sense and is more sustainable than tackling problems individually. My family has been helping individuals since 2003, when we started "Mission Africa." We have provided scholarships to grade school children, medications to elderly villagers who came to our house, and clothing and food to poor families for Christmas. From these beginnings, one person at a time, I have developed a network of people sharing my desire to assist in a more comprehensive and community-based manner. Thus, the Maria Regina Foundation was formed in December 2008.

With the brief yet poignant history of the MRF, Dr. MgBodile established a solid mission that is dedicated to mobilizing resources to empower poor communities in Africa. Education and improved access to health care services are critical in empowering people to escape the cycle of poverty and become independent.



Last year 2009, marked the foundation's first project, raising funds and other resources toward improving education and access to basic medical care. Funds raised by the foundation were used to provide, among other things, three weeks of free medical clinics in four villages in Enugu state of Nigeria: Abor, Ukana, Awhum, and Nsude. Services were provided using already existing church buildings, schools, and village squares. Activities featured include free medical screening, treatment of minor illnesses, and referrals for people experiencing more serious medical problems. Local doctors, nurses, medical students, and other non-profit organizations volunteered in providing those services.



The foundation's first education project will include summer and fall education programs for children in grades K-6. The foundation's focus will be on increasing children's mastery of basic reading, writing, and math skills; raising student academic expectations and self-esteem; and empowering parents to develop effective mentoring relationships with their children.

For children and adolescents in grades 7-12, the focus will be on providing remedial instructions for students performing below grade level. This will help prepare these learners to take the West African Examination Certificate (WAEC) and increase the odds that they will pass it.

These projects highlight the foundation's ultimate mission: *"We strive to serve communities by creating schools and bolstering existing ones. We provide basic medical and mental health services to less privileged undeserved communities."*

For more information please feel free to contact
Dr. Francisca MgBodile at:
Phone: 205-908-5874 or
e-mail: fmgbodile@bellsouth.net

Resident Education Update

By Erin Hanover, M.D. - Third Year Resident UAB Department of Psychiatry



It's that exciting time of year again! The UAB Department of Psychiatry is preparing for the 2010 residency recruitment effort. The department continues to surpass itself in recruiting excellent residents to train in the field of psychiatry at UAB. After interviewing more than 60 well-qualified applicants for the 8 available

training positions, UAB Psychiatry filled those 8 spots from the top 15 applicants on the 2009 rank list.

Dr. Laura Montgomery-Barefield, Associate Residency Training Director for General Psychiatry at UAB and Medical Director of Outpatient Services, Child and Adolescent Division, said, "Over the past few years we have improved our recruitment efforts. This reflects the satisfaction of our residents regarding their training experience. Looking at the applicant pool this year, we are hopeful for continued success in matching highly qualified applicants."

Based upon the number of applications so far, it appears this trend will continue. There are 727 total applicants, including 73 applicants graduating from U.S. Medical Schools, currently applying for the 8 available UAB training positions in the 2010 match.

"The current applicant pool is the strongest we've had in years," reported Dr. S. Arthur Hughes, who serves as one of the current UAB Psychiatry Chief Residents.

Word about the quality of training and education received at UAB is spreading, and applications have been received from across the U.S. from as far away as California and South Dakota. UAB continues to attract a number of international medical graduates as well.

"We have seen an increase in the competitiveness of the applicants every year over the past 9 years. This year is no exception. We have over 700 applicants for 8 positions. Many of these applicants have additional degrees including M.D., Ph.D.'s from prestigious research institutions," confirmed Dr. Daniel Dahl, UAB Psychiatry Residency Training Director and Vice Chair for Education and Clinical Services. "At the end of the match last year, there were only 10 positions left in all of Psychiatry. Psychiatry is on the verge of becoming a popular specialty for graduating medical students. The future of psychiatry in Alabama is determined by the quality of applicants we attract. From my viewpoint, the future looks extraordinarily bright."

New Promotions



Fred Griffin, M.D. - *Professor, Adult Psychiatry*

Fred Griffin, M.D. was promoted to Professor in the Department of Psychiatry and Behavioral Neurobiology. A graduate of UT-Southwestern Medical School, Dr. Griffin trained at Timberlawn Psychiatric Center in Dallas and at the New Orleans Psychoanalytic Institute. He has served as Director of UAB's Psychodynamic Psychotherapy Training Program since 2004. Dr. Griffin has published in both psychodynamic psychotherapy and narrative medicine, and is frequently invited to present on these topics at various seminars, conferences, and continuing education events. Dr. Griffin has been a tremendous asset to the Department of Psychiatry and we congratulate him on this honor.



Laura Montgomery-Barefield, M.D. - *Associate Professor & Associate Director of Residency Training, Child/Adolescent Psychiatry*

Laura Montgomery-Barefield, M.D. has been promoted to Associate Professor. She graduated from the University of Texas, Medical Branch School of Medicine. The University of Texas is also where she completed her internship, residency, and fellowship. As Associate Residency Training Director, she mentors future clinicians and leaders in psychiatry. She is also the Medical Director of Outpatient Services for the Child and Adolescent Division. Along with her work with children Dr. Montgomery-Barefield also has clinical interests in ADHD, mood disorders, and psychotic disorders. The Department congratulates her on her promotion.



Norman Huggins, M.D. - *Associate Professor, Community Psychiatry Program*

Norman Huggins, M.D. has been promoted to Associate Professor. This promotion serves as recognition and acknowledgment for his service to the Department of Psychiatry and the community. Dr. Huggins is a graduate of the University of Alabama, School of Medicine. He did his internship at Case Western Reserve University, and his residency from the University of Alabama. Dr. Huggins served as Medical Director of the UAB Substance Abuse Programs for 25 years before coming to the Center for Psychiatric Medicine (CPM). Dr. Huggins currently works on the inpatient adult psychiatry units and has a special interest in addictions. The Department of Psychiatry congratulates Dr. Huggins on his promotion.



Sam Rubin, M.D. - *Associate Professor, Child/Adolescent Psychiatry*

Sam Rubin, M.D., newly promoted to Associate Professor, has been in the Department for four years. Most of his career has been based in New Orleans, but after Hurricane Katrina his family relocated to the Birmingham area. Dr. Rubin received his medical degree from Northwestern University Medical School. He completed his internship at Cook County Hospital. His residency was at Duke University, while his fellowship was completed at Eastern Pennsylvania Psychiatric Institute. Dr. Rubin has a special interest in intensive psychoanalytic treatment of children, adolescents, and adults, eating disorders, gender issues, and learning disorders. Dr. Rubin offers the Department a wealth of knowledge and we congratulate him on his promotion.



Patrizia De Sarno, Ph.D. - *Assistant Professor, Research Faculty*

Patrizia De Sarno, Ph.D. was recently named an Assistant Professor in the Department of Psychiatry and Behavioral Neurobiology. Dr. De Sarno received her doctoral degree with honors in 1985 from the Università degli Studi di Firenze in Florence (Italy). In 2000, Dr. De Sarno became a faculty member in the Department and began to pursue her independent research career, focusing on the mechanisms that regulate neuronal inflammation in multiple sclerosis. She was awarded a pilot grant from the National Multiple Sclerosis Society, and recently has been awarded an R01 grant from the National Institutes of Health to continue her studies on multiple sclerosis. Her findings have attracted national attention and recently she was invited to present her results at a plenary session at a national meeting on multiple sclerosis, focusing on novel therapeutics to treat this illness.

Psychiatry Resident

Helps Birmingham's Youth

There is little need to remind people of the negative statistics haunting the youth of Birmingham—we are nationally ranked as a most dangerous city, in a state with a high school graduation rate well below the national average. It would be easy for many young people to fall into the cycle of dropping out of high school and going down the wrong path in life. Dr. Theo Morgan, Child and Adolescent Psychiatry Resident, decided that Birmingham's youth deserved a better chance at success. Along with local physician, Dr. Hernando Carter, Dr. Morgan formed The Kappa League Leadership and Development Program, a mentoring and training program for young men in high school. The program originates from The Guide Right Program, an initiative of Kappa Alpha Psi Fraternity, Inc. dating back to 1920.

Each chapter of Kappa Alpha Psi is challenged with creating a program tailored to the needs of the local area. Recognizing that high school social organizations and clubs are extremely popular in the Birmingham Area School system, the Birmingham Alumni Chapter of Kappa Alpha Psi, Inc. chose to build upon this enthusiasm for participation in these clubs by modeling aspects of the Kappa League Program around a social club while providing mentoring in key areas. The Kappa League Program has five areas of emphasis or phases: Phase I, Self Identity; Phase II, Training; Phase III, Competition; Phase IV, Social; and Phase V, Health Education.

The young men meet monthly for two hours. The first hour is designated "Phase Meeting" where modules are in place

for enrichment. The young men just completed a three month module in professional development where they were exposed to proper professional dress, résumé building, and interviewing skills. The module culminated in a mock interview where the young men were given a chance to utilize their new skills. Other modules this year will deal with sexual education and awareness, the role of a leader, and drugs in our communities.

The second hour of the meeting is "club time". The club is modeled to run like a professional organization. The young men are exposed to and expected to utilize Roberts Rules of Order. They plan and develop an agenda for each meeting, as well as a calendar for the year. They must plan and execute an event in each of the following areas: Community Service, Fundraising, and Social. They are also required to attend bi-weekly study hall and ACT preparatory courses.

Dr. Morgan, along with Dr. Carter, simply want to help these young men be good at whatever they choose to do. "Whether they choose to go to college or to learn a trade, we just want them to work hard and not allow anything to hold them back. I have enjoyed working with these young men to ensure they never feel the burden of the statistics facing Birmingham youth."

The Kappa League is geared toward young men in the 9th-12th grades in Birmingham area high schools. If you have any questions about the program or would like to support their efforts please contact Dr. Morgan at kleaguebirmingham@gmail.com



UAB Psychiatry Launches New Online Web Presence

The distribution of information has come a long way since pen was first put to paper. Websites are now the virtual storefront window in all areas of business, including the medical field. Websites allow people to educate themselves about an organization without leaving their home. In the Department of Psychiatry, we recognize the power and value of the internet as the initial place individuals look to learn about our department.

Because of this we have launched a new website that will better serve the online community. Our new site is bold and refreshing with more clear and concise information that is easier to navigate than our previous site. We want our website to be a resource that patients and families can rely on in order to gather all the information they need about our cutting-edge department. One of the goals of our new website is to give people the information they need in a more up-to-date and efficient manner. Our previous website served its time well, but as the UAB Department of Psychiatry grows, so does our need for a better form of communication to all who visit our site.

Some of the new features of our site are a more detailed calendar and a more streamlined faculty and staff database. Also, we have a secure login section for our residency training program that will allow residents and doctors access to electronic materials that in the past had to be printed out in paper form. With this new section of the site, we will become more “green” as a department and environmentally friendly in our practices by cutting down on a substantial amount of paper.

Please, take a moment and look around our new site. A lot of hard work and dedication has been put into the website, and we hope that everyone in the community will enjoy it as much as we do. Visit our site to stay current with the progressive research we are conducting, the latest news that our department is generating, and all of the upcoming events that UAB Psychiatry is participating in or supporting.

www.psychiatry.uab.edu



Dr. Fred Griffin says Farewell to the Psychodynamic Psychotherapy Program



I will be moving from Birmingham in March to return to practice and teach in my hometown of Dallas, Texas. Although I am sad to be leaving the Department where I have so many valued students, colleagues, and friends, I am pleased to report that someone with the impressive credentials of Dr. David Goldberg will be taking over as Director of Psychodynamic Psychotherapy

Training, thereby assuring the continuity of training that I had the pleasure to initiate some years ago.

I was recruited to take over the Psychodynamic Psychotherapy Program at UAB in October of 2004. Dr. Cleve Kinney, then interim Chairman, and Dr. Dan Dahl, the Residency Training Director, wanted an experienced psychoanalyst and psychotherapist to assume the position. The job was appealing to me because I wanted the opportunity to pass on what I have learned from three decades of experience with my patients and students about the art and science of psychotherapy. I agreed to accept the offer of the position due to the support that I was promised to develop the program. Drs. Kinney and Dahl were true to their word and support for the creation of a now award-winning psychotherapy program, which has continued through the time that Dr. Meador-Woodruff has been Chairman.

Truthfully, when I arrived at UAB the psychodynamic training program needed some work, despite the valiant efforts of Dr. Lee Ascherman, Director of the Child Program, who could at the time spare only enough time just to keep the psychotherapy training afloat. I was given no other teaching assignments, so my full energy could be devoted to teaching this set of skills. One year after I arrived, three other psychoanalysts came to the Department from New Orleans after Hurricane Katrina, which further invigorated

the program. Two of these analysts remain associated with the Department, Dr. Sam Rubin as a full-time faculty and Dr. Ted Reveley as a member of the volunteer faculty. These important additions to the faculty, coupled with the excellent psychotherapy supervisors both on- and off-campus, galvanized into existence a fine team of psychodynamic psychotherapy faculty that propelled the program forward. Furthermore, given the high quality of residents who were being recruited to the training program, we had everything we needed to put our teaching to good use.

Over the past several years, the residents' performance on the annual psychodynamic psychotherapy competency examination taken by psychiatric residents across the country has moved from the lower quartile to being frequently among the top ten ranked programs tested. In addition to courses in the second and third years, we have added a fourth-year elective in psychodynamic psychotherapy; an immersion experience in this discipline for those who wish to have psychotherapy as a major part of their practice after residency training. In addition, residents have gone to national meetings to serve as presenters and have begun to publish in the area of psychotherapy.

Few people have the privilege of being given what amounts to a blank canvas to create a respectable training program, and few are provided the support to have it effectively moved from conception to actuality. I am one of them. I will miss my work with the residents here, but I am pleased that this tradition will be left in the able hands of Dr. Goldberg and the other psychoanalysts and psychotherapists on the full-time and volunteer faculty.

Fred L. Griffin, M.D.

An interview with Dr. Goldberg will appear in the spring issue of this newsletter.

Healthy Minds Across America

The National Alliance for Research on Schizophrenia and Depression, NARSAD, is hosting an event called, **Healthy Minds Across America**, that will be held on April 10th, 2010 at the Margaret Cameron Spain Auditorium on the University of Alabama at Birmingham campus in the Spain Wallace Building from 1:00 P.M. to 5:00 P.M. The forum is designed to educate the public on the future of psychiatric research and other exciting, innovative treatments that are on the horizon.

The auditorium is located on the corner of 7th Avenue South & 19th Street South. Paid parking is available at the University Boulevard Parking Deck located at 19th Street South and University Boulevard (8th Avenue South) or free, limited parking is available on 7th Avenue South in front of the auditorium. For more information about the event please visit our web site at <http://www.psychiatry.uab.edu/2010/03/narsad/> or email our local contact person, Ellen Abbott at abbott@uab.edu.

UAB Psychiatry

Out of the Darkness Walk - Great Success!

The UAB Department of Psychiatry participated in another successful Out of the Darkness Walk Sunday, November 8th, at Heardmont Park in Pelham, Alabama. The annual walk benefits the American Foundation for Suicide Prevention (AFSP). It is a wonderful cause as it raises money and awareness and brings much needed attention to the illnesses of depression and suicide. Last year, the department's team, "Psychiatry in Motion," had one of the largest teams, and this year was no different. We had over 25 UAB Psychiatry faculty and staff members participating in the event, along with over 580 registered participants from around the community. The department also has ties to the Alabama Chapter of AFSP. Residency training director, Dr. Dan Dahl, is President of the Alabama Chapter of AFSP. Additionally, faculty member Dr. Monsheel Sodhi received a grant from the Foundation for her groundbreaking work on genetic predictors of suicide. If you would like to participate in a future walk or if you would like to learn more about AFSP, please visit their website at www.afsp.org/alabama, or if you would like to learn more about the UAB Department of Psychiatry please visit www.psychiatry.uab.edu for more information.



Back Row:

David Allen, James Meador-Woodruff, Dan Dahl,
Bates Redwine, Arthur Hughes, Phyllis Drake,
Monsheel Sodhi, Terri Steele, Johnitta Drake,
Eve Rhea, Debra Nelson

Front Row:

Barbara Silor, Stephanie Perry, Kelecia Orange,
Felecia Orange, Crystal Fort, Kenny Orange