As usual, there is a lot of research going on in the Department. Starting on page 2, you will see a list of peer reviewed articles our faculty has published in just the first half of 2011. One article in particular by Dr. Roseanne Dobkin and her colleagues from the Department was published in a high profile journal and is featured on page 4 of this newsletter. In addition, a new R01 grant awarded to Dr. Steve Silverstein from the National Institute on Mental Health is featured on page 3. The researchers on these pages continue to bring distinction to Robert Wood Johnson Medical School and the Department of Psychiatry by producing research that moves the field forward.

In the time since the last edition of the Research Newsletter, we had a very successful 12th Annual Department of Psychiatry Poster Session. This year’s event was especially successful because we implemented a new feature that appeared to be enjoyed by all. For the first time, we combined the Poster Session with Grand Rounds and invited the winner of the Outstanding Early Career Research Award to present her work in a brief, Grand Rounds presentation. Kelly N. Moore, Psy.D., this year’s winner, presented her work, “Cyberbullying and Technology’s Impact Among Adolescent Girls,” followed by a lively discussion with many questions asked and answered. The Research Committee agreed that this new format (combining the Poster Session and Grand Rounds) was a great success that we will repeat next year.

Lastly, we are calling on faculty to submit their curriculum vitae to be added to the Department of Psychiatry website. This will allow other researchers to know about the great work everyone has been doing at the Robert Wood Johnson Medical School Department of Psychiatry. Please send a copy of your CV to marc.steinberg@umdnj.edu and I will pass it along to make sure it is included on the website.
Faculty Publications – 1st half of 2011


**Dobkin, RD, Menza M. Bienfait KL, Gara M, Marin H, Mark M, Dicke A, Friedman J.** Depression in Parkinson’s disease: Symptom Improvement and Residual Symptoms Following Acute Pharmacological Management. Am J Geriatric Psychiatry 2011; 19(3); 222-229


Please see *Publications* on bottom of page 3
Recently Funded Awards

Principal Investigator: Steve Silverstein, Ph.D.
Perceptual organization dysfunction as a biomarker of schizophrenia.
National Institute of Mental Health (NIMH) R01. 4/1/11-3/31/16.

This project has high relevance for public health by identifying a biomarker of treatment responsiveness in a subtype of schizophrenia patient that is characterized by disorganized symptoms and poor prognosis. Examination of perceptual functioning longitudinally in first-episode patients will also allow for improved understanding of which patients decline in functioning over the first 1.25 years after initial hospitalization, and the associated cognitive mechanisms and markers of this decline. Identification of such markers may allow for identification of first episode patients who need more comprehensive and aggressive treatment to promote recovery. For first episode and older patients, identification of a biomarker of treatment responsiveness (or lack thereof) can aid new drug development efforts by helping to define, and improving our understanding of, a specific type of patient at high-risk for poor outcomes.

Publications from page 2


**Featured Research Publication**


**Abstract**

Objective: Despite the negative effects of depression in Parkinson's disease, there is currently no evidence-based standard of care. The purpose of this study was to examine the efficacy of individually administered cognitive-behavioral therapy (CBT), relative to clinical monitoring (with no new treatment), for depression in this medical population. Method: Eighty depressed (based on DSM-IV criteria) patients with Parkinson's disease participated in a randomized, controlled trial of CBT relative to clinical monitoring (1:1 ratio) in an academic medical center from April 2007 to July 2010. All patients continued to maintain stable medication regimens under the care of their personal physicians. The 17-item Hamilton Depression Rating Scale (HAM-D) total score was the primary outcome. CBT was modified to meet the unique needs of the Parkinson's disease population and provided for 10 weeks. Assessments were completed by blind raters at baseline and 5 (midpoint), 10 (end of treatment), and 14 weeks (follow-up evaluation) postrandization. Results: The CBT group reported greater reductions in depression (change in HAM-D score) than the clinical monitoring group. At week 10, the mean HAM-D score change was 7.35 for CBT relative to 0.05 for clinical monitoring. CBT was also superior to clinical monitoring on several secondary outcomes (i.e., Beck Depression Inventory scores, anxiety, quality of life, coping, Parkinson's disease symptom ratings). There were more treatment responders in the CBT group than the clinical monitoring group (56% versus 8%, respectively). Conclusions: CBT may be a viable approach for the treatment of depression in Parkinson's disease. Further research is needed to replicate and extend these findings.

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