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CHILD BEHAVIORAL HEALTH AND SCIENCE CENTER

news

FALL 2015

Seaver Autism Center for Research and Treatment



Joseph D. Buxbaum, PhD
Director

The Seaver Autism Center for Research and Treatment was founded in 1993 through the generous support of the Beatrice and Samuel A. Seaver Foundation. The Seaver Center is a fully integrated and translational research center dedicated to discovering the biological causes of autism spectrum disorder (ASD) and developing breakthrough treatments. The mission is to prevent and cure autism by bridging the gap between new discoveries at the basic science level and enhanced treatment, with the subsequent translation to the community of new and improved approaches to caring for people with autism.

INTEGRATED RESEARCH PROGRAM

The Seaver Autism Center takes a unique genetics-first approach to ASD, which allows for highly coordinated

preclinical and clinical studies. A major focus of the Center is Phelan-McDermid syndrome (PMS), one of the more common single gene causes of ASD. We use a highly translational approach: study patients with PMS, model PMS mutations in experimental animal and neuronal models, and design and test novel pharmacological compounds based on study results in the experimental models. In addition to experimental therapeutics, the clinical research team is also using neuroimaging and electrophysiological methods to develop biological markers and objective measures of clinical improvement for use in clinical trials. At any given time, the Seaver Center has 10-12 ongoing studies for children, adolescents, and adults with ASD funded by foundations, the federal government, and industry.

ASSESSMENT PROGRAM

The Assessment Program within the Seaver Autism Center enrolls individuals in clinical research studies, while also providing genetic testing and gold-standard diagnostic evaluations. The Assessment

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Alex Kolevzon, MD
Clinical Director

Mount Sinai Offers Integrated Child and Adolescent Psychiatry Residency

The Icahn School of Medicine at Mount Sinai is offering a new integrated fellowship as part of the Child Behavioral Health and Science Center Education and Training Program. Eight fellows are accepted into the Child and Adolescent Psychiatry Training Program in addition to two residents into the Triple Board Program (pediatrics, psychiatry, and child and adolescent psychiatry) each year.

By drawing upon the vast resources of the Mount Sinai Health System, trainees in the Child Behavioral Health and Science Center have access to an unprecedented number of faculty members, clinical material and rotations, as well as a wide variety of research projects. For the first time, trainees rotate through four Mount Sinai specialty campuses including: The Mount Sinai Hospital, Mount Sinai St. Luke's, Mount Sinai Beth Israel, and Mount Sinai West (formerly Mount Sinai Roosevelt).

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Seaver Autism Center for Research and Treatment CONTINUED

Program is a centralized clinical evaluation program serving research studies at the Center and providing the following: 1) A minimum assessment battery including diagnostic, cognitive, and behavioral measures of core and associated symptoms of ASD; 2) collection of biological specimens; 3) a standardized database for clinical data shared by Seaver Center researchers, and 4) training of personnel to research standards on evaluation tools. The Assessment Program serves as a vehicle to screen for genetics, neuroimaging, and treatment studies at the Center. In addition, pilot research by Mount Sinai investigators and collaborators often starts through the screening/evaluation mechanism of this program. In the past year, the Assessment Program has evaluated approximately 180 patients.

CLINICAL PROGRAM

The Clinical Program at the Seaver Autism Center provides the highest level of patient care, supported by research at the cutting edge of the field and informed by the outstanding clinical and basic science research conducted at the Center. The Clinical Program offers comprehensive

assessments, psychiatric evaluations, and treatment using both psychosocial and medication interventions. In 2015, the Clinical Program performed approximately 40 comprehensive diagnostic and neuropsychological evaluations and saw about 100 patients in ongoing care.

TRAINING PROGRAM

The Seaver Autism Center also offers a robust Training Program. The training opportunities span all programs within the Seaver Center, including genetics, model systems, and clinical research. Seaver trainees work closely with mentors, and they are encouraged to take leadership roles in projects. Trainees include postdoctoral fellows, general psychiatry residents, child psychiatry fellows, medical students, externs, and clinical research coordinators.

COMMUNITY OUTREACH PROGRAM

The Community Outreach Program is committed to disseminating research findings and educating patients, families and the general public on the causes and treatments of ASD. We host a number of

events throughout the year, including the Annual Advances in Autism Conference (now approaching its 20th year) which brings together academic, parent, and community groups to participate in thoughtful and informative presentations. We also host the Distinguished Lecturer Series, Seaver Seminar Series, and various community lecture series.

For more information, please visit us online at www.seaverautismcenter.org, email theseavercenter@mssm.edu, or call 212-241-0961.

MISSION

To prevent and cure autism by bridging the gap between new discoveries at the basic science level and enhanced care, with the subsequent translation to the community of new and improved approaches to caring for people with autism.

Integrated Child and Adolescent Psychiatry Residency CONTINUED

Our program's design has been carefully crafted for our trainees to provide immersion in a wealth of in-depth experiences, from comprehensive evaluation to state of the art evidence-based treatments across a broad spectrum of child and adolescent psychiatric disorders. Our training program emphasizes the integration, synthesis, and evaluation of clinical data from multiple perspectives, and use of a multimodal, multidisciplinary team approach to treatment.

To that end, the Child Behavioral Health and Science Center maintains a close affiliation with the Friedman Brain Institute, the Mindich Child Health and Development Institute, and the Departments of Psychiatry and Pediatrics at Mount Sinai, all of which afford many



Barbara Coffey, MD, MS
Director

collaborative clinical, educational, and research opportunities.

MISSION

The goal of the Child and Adolescent Psychiatry Training Program is to educate and train future child and adolescent psychiatrists who will be ready to assume a leadership role in the world of patient care, academics and clinical research.

HIGHLIGHTS OF OUR PROGRAM

A unique feature of our training program is the flexibility to provide up to 40% of protected time in the second year for trainees to participate in our Centers of Excellence. Directed by world leaders in the field, the Centers provide exposure to both research and specialized clinical approaches in the following psychiatric disorders:

- Attention Deficit/Hyperactivity Disorder and Learning Disorders
- Autism Spectrum Disorder
- Childhood Trauma and Resilience
- Eating and Weight Disorders
- Mood and Anxiety Disorders

- Obsessive Compulsive Disorder
- Substance Use Disorders
- Tics and Tourette's Disorder

Exposure to the Centers of Excellence begins early in training and continues throughout the program. During their second year, fellows in Child and Adolescent Psychiatry choose clinical areas of focus in which to develop specialized expertise. This individualized training experience is also an opportunity for trainees to develop their own areas of research and/or contribute to ongoing research endeavors within our Centers.

We pride ourselves on providing a highly personalized approach to education and training. Most importantly, the Child and Adolescent Psychiatry Training Program at Mount Sinai is responsive to the varied and complex demands facing child and adolescent psychiatrists in this era of rapid change.

62nd Meeting of the American Academy of Child and Adolescent Psychiatry

The 62nd Meeting of the American Academy of Child and Adolescent Psychiatry was held this year in San Antonio, TX from October 26-31, 2015. CBHSC faculty played a significant role in this meeting, presenting as part of many poster sessions, workshops, and symposia.

POSTER PRESENTATIONS

Characterization of Problem Behavior in Phelan-McDermid Syndrome Compared to Idiopathic Autism Spectrum Disorder Using the Aberrant Behavior Checklist.

Li E, Tavassoli T, Lurie S, Mieses A, Siper PM, Wang AT, Kolevzon A.

Mediators and Moderators of Group Cognitive Behavioral Therapy for Childhood Obsessive Compulsive Disorder.

Rice TR, Rojas A, Gair S, Newcorn J, Grice D.

Time Course of Effects of Lisdexamfetamine Dimesylate in Two Randomized, Double-Blind, Active- and Placebo-Controlled Trials in Adolescents with ADHD.

Newcorn JH, Nagy P, Childress AC, Frick G, Yan B, Politza L, Pliszka S.

Treatment Effectiveness of a Day Program for School Avoidant Adolescents with and without Co-Occurring Substance Use Disorders.

Nair H, Taufique SR, Mann S, Herring J, Otero K, Zuber N, Kolevzon A, Medeiros DM, Ivanov I.

Vigabatrin in Patients with Treatment Resistant Tourette's Disorder: A Proof of Concept Study.

Coffey BJ, Brodie J, Ibanez L, Shaw Z, Miller S.

WORKSHOP PRESENTATIONS

Advanced Psychopharmacological Treatments for the Child and Adolescent Patient with Refractory Repetitive Behaviors: Tics, Tourette's, Trichotillomania, and PANS/PANDAS.

Coffey BJ.

Bringing Reflective Functioning into Parent-Child Psychotherapy with Preschool Children.

O'Brien J, Lalonde M, Dreier M, Aaronson G.

Treating ADHD and Comorbid Substance Use Disorders: Are Stimulants a No-No?

Ivanov I (Co-Chair and Presenter).

SYMPOSIUM PRESENTATIONS

Anxiety and Tic Severity in Tourette's Disorder: A Dimensional Perspective.

Coffey BJ (Co-Chair and Presenter).

Stimulants and Tics: Much Benefit, But How Much Risk?

Coffey BJ (Co-chair and Presenter).

Tourette's Disorder Psychiatric Comorbidities Through the Life Cycle.

Coffey BJ.

Recent Presentations

Baetz C & Widom CS. (2015, November). "A Long-Term Follow-Up of Crossover Youth: Young Adult Outcomes for Maltreated Youth in the Juvenile Justice System." Presentation at the 71st Annual Meeting of the American Society of Criminology, Washington, D.C.

Baptiste V, Baetz C, Brassell A, Clifton J, Evans M, Harder V, & Fondacaro K. (2015, October). "The Relationship between Shame, Guilt, and Posttraumatic Stress Severity in Refugees and Torture Survivors." Poster presented at the 2015 International Society for Traumatic Stress Studies Annual Meeting, New Orleans, LA.

Grice DE. (2015, November). "Maternal effects and maternal factors in obsessive-compulsive disorder." 3rd Annual Mindich Child Health and Development Institute Retreat, New York, NY.

Grice DE. (2015, June). "Risk factors for tic disorders and obsessive-compulsive disorder in a population-based cohort." World Congress on Tourette Syndrome and Tic Disorders, London.

Grice DE. (2015, May). "Population-based cohort study reveals minimal role for parental age in obsessive-compulsive disorder

and tic disorders." Annual Obsessive Compulsive Disorder Conference, Boston, MA.

Rojas A, Rice TR, Gair S, & Kostek N. (2015, August). "Group cognitive-behavioral therapy for pediatric OCD: a preliminary investigation." Poster presented at the 22nd Annual Conference of the International OCD Foundation, Boston, MA.

Kolevzon A. (2015, September). "Current Trends in the Psychopharmacology of Autism Spectrum Disorder." Fourth Annual Child and Adolescent Psychiatry Symposium: Developmental and Intellectual Disabilities, Jersey Shore University Medical Center, New Jersey.

Kolevzon A. (2015, October). "Keynote Lecture: Novel Therapeutics in Autism Spectrum Disorder." Autism Spectrum Disorders: Developmental Trajectories, Neurobiological Basis, and Treatment Update. University of Siena, Siena, Italy.

Kolevzon A. (2015, November). "Developing Novel Therapeutics in Autism Spectrum Disorder: From Genes to Clinical Trials." Rockland County Autism Symposium, Pearl River, NY.

Recent Publications

Atladdottir HO, Gyllenberg D, Langridge A, Sandin S, Hansen SN, Leonard H, Gissler M, Reichenberg A, Schendel DE, Bourke J, Hultman CM, Grice DE, Buxbaum JD, Parner ET. The increasing prevalence of reported diagnoses of childhood psychiatric disorders: a descriptive multinational comparison. *Eur Child Adolesc Psychiatry*. 2015 Feb;24(2):173-83

Browne HA, Hansen SN, Buxbaum JD, Gair SL, Nissen JB, Nikolajsen KH, Schendel DE, Reichenberg A, Parner ET, Grice DE. Familial clustering of tic disorders and obsessive-compulsive disorder. *JAMA Psychiatry*. 2015 Apr;72(4):359-66

Grodberg D, Siper P, Jamison J, Buxbaum JD, Kolevzon A. A Simplified Diagnostic Observational Assessment of Autism Spectrum Disorder in Early Childhood. *Autism Res*. 2015 Aug 25. [Epub ahead of print].

Harony-Nicolas H, De Rubeis S, Kolevzon A, Buxbaum JD. Phelan McDermid Syndrome: From Genetic Discoveries to Animal Models and Treatment. *J Child Neurol*. 2015 Sep 8. [Epub ahead of print] Review.

Rice TR, Azova S, Coffey BJ. Negative symptoms in a depressed teen? Primary hyperparathyroidism and its psychiatric manifestations. *Journal of Child and Adolescent Psychopharmacology*. 2015 Oct;25(8):653-5.

Rice T, Coffey BJ. Pharmacotherapeutic considerations in the treatment of an adolescent with anorexia and obsessive compulsive disorder. *Journal of Child and Adolescent Psychopharmacology*. 2015 Jun;25(5):444-7.

Rice TR, Hoffman L, Derish N, Gardner-Schuster E, Christian C, Nimroody T. Children's drawings as a window into creativity in play: Indicators of disrupted emotionality in human figure drawings predict creativity in narrative play construction. *Minerva Pediatrica*. 2015 Jul 8. [Epub ahead of print].

Rice T, Hoffman L, Sher L. Portrayal of violent male psychiatric patients by entertainment media and the stigma of psychiatric illness. *Australian & New Zealand Journal of Psychiatry*. 2015 Sep;49(9):849.

Rice TR, Sher L. Plane-assisted suicide: Suicide-homicide and role of the mental health provider. *Southern Medical Journal*. 2015; 108(11):664

Tavassoli T, Bellesheim K, Siper PM, Wang AT, Halpern D, Gorenstein M, Grodberg D, Kolevzon A, Buxbaum JD. Measuring Sensory Reactivity in Autism Spectrum Disorder: Application and Simplification of a Clinician-Administered Sensory Observation Scale. *J Autism Dev Disord*. 2015 Sep 4. [Epub ahead of print].

Tavassoli T, Bellesheim K, Tommerdahl M, Holden JM, Kolevzon A, Buxbaum JD. Altered tactile processing in children with autism spectrum disorder. *Autism Res*. 2015 Nov 16.

Recent Grants

Maternal Effects in Childhood-Onset Psychiatric Disorders

Sponsor: Mindich Child Health and Development Institute Pilot Program Award

PI: Grice

Genetics of Conotruncal Defects and Associated Neurodevelopmental Outcomes

Sponsor: NHLBI

Co-Investigator: Kolevzon (PI: Gelb)

Developing Scalable Measures of Behavior Change for ASD Treatments

Sponsor: Simons Foundation Autism Research Initiative-Research Award

Project PI: Kolevzon
(Consortium PI: Lord)

Dialectical Behavioral Therapy Program

Dialectical Behavioral Therapy (DBT) is a fast-growing cognitive behavioral therapy used to treat emotion regulation difficulties. Developed by Dr. Marsha Linehan in the 1980s, DBT blended cognitive behavioral therapy and Eastern philosophy for the treatment of suicidal women. It was first adapted in the 1990s for the treatment of suicidal adolescents and has since been used for the treatment of substance abuse, patients with eating disorders, the elderly, and other patient populations. DBT has a robust body of scientific evidence to support its use and the emphasis on outcome research has fueled its spread. Mindfulness is a critical component of DBT and is now a common element of many treatments with ample research showing its efficacy for the reduction of anxiety, depression and other mental health problems.



Clare Dacey, LCSW
Social Worker

Since 2010, the Mount Sinai St. Luke's Hospital Outpatient Clinic has offered DBT to teens and preteens with severe and complex disorders. Twenty-four teens, their parents, and six to eight preteen-parent dyads participate annually. Parents of teens meet in their own skills groups paced in tandem with the teen groups so that parents and teens can practice application of the skills at home. At the preteen level,

parents join their children in the skills group. The DBT program's distinctive features include diversity, parental participation and broad-based, intensive clinician training. A team from The Mount Sinai Hospital's Outpatient Clinic has also recently received intensive training in DBT and started its own DBT treatment program.

DBT emphasizes that acceptance – often in the form of validation, and often made possible by a mindful attitude – must precede change in the patient. DBT targets multiple problems underlying emotion dysregulation, including depression, anxiety, bipolar disorder, attention deficit/hyperactivity disorder (ADHD) and conduct disorder. Patients likely struggle with features of borderline personality disorder, including self-harm, a common symptom in our program. DBT also targets substance use as but one more “behavior” symptomatic of emotion dysregulation. Typical psychosocial difficulties addressed by DBT skills in the program are:

- stress and self-esteem challenges in the college application process (95% of patients are college-bound);
- self-worth deficits stemming from adoption;
- structural imbalance in families resulting from parents' divorce;
- impact of co-occurring disorders in parents.

DBT patients are able to use their “Reasonable” minds to understand that they are worthwhile, smart, and of healthy weight. At the same time, their “Emotion” minds, holding histories of environmental invalidation, doubt that the patients

possess such characteristics. The job of the DBT therapist in the skills group and in individual therapy is to partner with the patient to apply and reinforce skills that counter “Emotion Mind” self-attacks, allowing transformation to “Wise Mind.” An essential goal of DBT therapy is to facilitate kids' generalization of skills. Participation in the Mount Sinai DBT programs results in major improvement in self-esteem, reduction of self-harm, and an enhanced capacity in our patients to lead enriched lives.

Approximately 30 clinicians from all disciplines receive basic training in DBT during a summer crash course. Weekly multidisciplinary consultation teams are “therapy for the therapists,” since clinicians working with these hard-to-treat patients and their families may need to express frustration and prevent fatigue. The bell-ringing and mindfulness exercises that are the hallmark of DBT contribute to team members' treatment of their colleagues.

Clinicians collaborate across The Mount Sinai Hospital and Mount Sinai St. Luke's to bring new dimensions to both programs through sharing of best practices. In the coming years, we intend to grow the programs and incorporate more child psychiatry fellows and general psychiatry residents. The Mount Sinai Hospital also aims to add more teen groups and a graduates group, like its sister program at Mount Sinai St. Luke's. Another important future direction is to demonstrate the efficacy of the DBT program using quantitative measurement of clinical outcomes.

Announcements

Alex Kolevzon, MD, has been promoted to Professor in the Departments of Psychiatry and Pediatrics.

Jacob Ham, MD, will serve as the program evaluator for the Center for Court Innovation on their new grant funded through the Department of Justice's Office of Victim Services. The grant will enhance services for young male survivors of violence in parts of Brooklyn, NY.

The Klingenstein Third Generation Foundation Fellowship in Child and Adolescent Psychiatry is hosting its annual medical student conference at Yale University on Saturday, February 27, 2015.

Timothy Rice, MD, has co-authored a book published this year: *Regulation-Focused Psychotherapy for Children with Externalizing Behaviors (RFP-C)*.

Blanca Garcia-Delgar, MD, a child and adolescent psychiatrist from Barcelona (Spain), started a six-month research fellowship funded by the Alicia Koplowitz Foundation at the Tics and Tourette's Clinical and Research Program.

Barbara Coffey, MD, MS, will be the co-PI of a Phase II/III Trial in patients with Tourette Syndrome funded by Teva Pharmaceutical Industries Ltd.

Ariz Rojas, PhD, at the Obsessive-Compulsive and Related Disorders Program has received a renewal of philanthropic funds to complete three rounds of the free 12-week Cognitive Behavioral Therapy program for pediatric OCD. Please contact her directly at ariz.rojas@mssm.edu if you have any questions or to refer patients.

The Division of ADHD, Learning Disabilities, and Related Disorders is conducting a pilot program for college students with ADHD. It will employ cognitive-behavioral methods to address and remediate difficulties in students as they affect time management, organization, and planning. For more information, please contact **Maria Edman, PsyD**, at maria.edman@mssm.edu.



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THE CHILD BEHAVIORAL HEALTH AND SCIENCE CENTER NEWSLETTER brings you timely updates about new developments related to the treatment and research of childhood mental health disorders, as well as activities at the Child Behavioral Health and Science Center.

To be placed on our email list, please contact childbehavioralhealth@mssm.edu.

Our phone number is (212) 659-8705 and our website is www.mountsinai.org/childbehavioralhealth.

