

# Psychopathology Research

THE NEWSLETTER OF THE SOCIETY FOR RESEARCH IN PSYCHOPATHOLOGY

December 2005

Volume 15, Issue 2

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## ***President's Column***

### **COMMEMORATION, PRECISION, AND HURRICANE WILMA**

**Michael F. Green**

Well, it finally happened. We needed to cancel a meeting. We had a couple of close calls in the past. There were concerns in 2001 following the 9/11 attacks, and again in 2003 shortly after the SARS outbreak in Toronto. In both cases, there was a thought that if our meeting had been one month earlier ... we may have cancelled. It seemed at first that 2005 would be another close call with Wilma, but we were thinking of a hurricane recovery measured in days, not weeks. In the end this hurricane broke our run of luck.

The decision to cancel was difficult at the time because we only had partial information about events on the ground. But there is no doubt that we made the right decision. The Omni Hotel had no power the days we would have been meeting. The Miami Airport was damaged, ground transportation was unpredictable, and drinking water was in short supply. The disappointment among members was palpable – this group likes to be together for both social and scientific reasons. Among the disappointments was that we did not have a chance to see the products of the dedicated efforts of Sheri Johnson as

local host, and the Program Committee chaired by Michael Pogue-Geile. Some components of the Scientific Program will be carried into next year, but there is no way to salvage efforts of the local host when a meeting is cancelled. We were prevented from expressing our deep gratitude in person to Sheri and Michael. But I can do the next best thing and thank them in this column.

Another disappointment is that the membership did not get to hear about several key developments in the Society organization and administration, including changes in our finances and by-laws. Over the last few years, partly due to the efforts of the Development Committee, our finances have become more secure. For many years we did not have an adequate safety cushion to protect us in the event of an unforeseen challenge to our funds (like a cancelled meeting). Now we do. Last year Michael Young formed an ad hoc committee to insure our funds are invested in a diverse and prudent fashion. These investment decisions will protect the funds we have and allow our current funds to grow so that they can be used to support operational activities.

Regarding the by-laws, Lee Anna Clark volunteered to form an ad hoc committee to review and revise them. The by-laws have gone through very little change since their original drafting, so it is not surprising that some aspects are out of date (for example, they do not mention voting by e-mail or on-line). In addition

there have been several instances in which our practices evolved away from the letter of the by-laws. Each time a divergence was detected, the ad hoc committee with input from the Board, needed to decide whether we should change what we are doing, or change what we are saying. The recommendations include a bit of both. Modified by-laws have been posted on the SRP website and we would have been voted on them in Coral Gables. That vote will now take place in San Diego.

There is precious little up-side to a cancelled meeting. One gratifying aspect was witnessing the impressive response to this challenge from the members, Board, and Officers. Without exception, everyone was helpful, effective, and constructive. The Board was placed in a unique position of needing to cope with an unprecedented problem while also needing to work beyond the current by-laws. Innovation and flexibility were essential and we saw imaginative solutions, including holding a membership vote for motions on-line, and creating a virtual poster session. We did not need further evidence that this is a remarkable group, but we got it anyway.

Finally, the cancellation of the meeting helped settle a slight inelegance in our anniversary plans. Some people noticed that the 20-year anniversary celebration was scheduled for our 20<sup>th</sup> annual meeting, which is, technically, only 19 years after our first meeting was held in Cambridge in 1986. Now anniversary events will occur next year in San Diego on the 20-year anniversary of our first meeting. We will have a merger of commemoration and precision in measurement. It is admittedly a small benefit, but in the context of a lost meeting, a benefit in accounting is about the best we can do.

See you next year in San Diego.

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## 2005 AWARDS



### **Joseph Zubin Award**

The Society for Research in Psychopathology instituted an award given each Fall to one deserving individual for life-time contributions to the understanding of psychopathology. The first award was given in 1987 to Dr. Joseph Zubin. In 1990, the organization's annual award was officially named the Joseph Zubin Award.

The winner of the 2005 Joseph Zubin Award is **Marty Harrow**.

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### **The Smadar Levin Award**

The Smadar Levin Award is given at the Annual Meeting each year to the graduate student or other predoctoral individual who makes the most outstanding poster presentation.

#### **2005 Award: Jason K. Johannesen**

Indiana University Purdue University in Indianapolis (IUPUI)

Advisor: Bill Hetrick (Indiana University)

Title: Heightened Awareness of Perceptual Anomaly Relates to Gamma Frequency Abnormality in Schizophrenia

#### **Rebecca E. Cooney (Honorable Mention)**

Stanford University

Advisor: Ian Gotlib

Title: Threat-related processing of neutral faces in social anxiety disorder: Is neutral really neutral?

#### **Scott Fish (honorable mention)**

San Diego State/UCSD

Advisor: Eric Granholm

Title: Distractibility and schizophrenia: Pupillary evidence of a specific cognitive deficit



## SPECIAL OPPORTUNITY FOR 2005 SRP CONFERENCE DELEGATES

Although the vicissitudes of weather in 2005 prevented the annual meeting of the Society for Research in Psychopathology, it is now possible to communicate recent research findings via an online, virtual conference.

<http://www.psychopathology.org/VPostings.asp> is a link to the Society's first ever online conference. This page contains an up-to-date list of available presentations, and can be used to view and download posters and talks. While the timeframe for what would have been the conference has passed, members can still log-on and upload a scheduled presentation. Prepare your poster or talk as a Powerpoint (ppt) or PDF document.

The more presenters who upload their presentations, the better this resource will be. Please encourage, and if necessary assist, those who were planning to attend but are not on this listserv.



## Don't Miss SRP 2006 in San Diego, California



The 2006 SRP Meeting will be held at the Wyndam Emerald Plaza in San Diego, California, from October 12 to 15. In addition to a terrific meeting, take advantage of all San Diego has to offer. San Diego's average high in October is a warm 74 degrees, average low is 61, and it rarely rains (.44 inches in October). The Wyndam is located right in the heart of San Diego's downtown, making it assessable to many of the city's fun attractions and beaches. Swim at the beaches of Coronado Island, La Jolla, and Del Mar. Shop at the architecturally beautiful Horton Plaza, catch a baseball game at San Diego's new open-air ballpark, or explore the trendy restaurants, music clubs, boutiques, and galleries in the Gaslamp Quarter or Seaport Village, all within walking distance or short cab ride. The Emerald Plaza is also only few miles from better-known San Diego attractions, like the 100-acre San Diego Zoo, where you can come face to face with familiar zoo critters while exploring Tiger River, Gorilla Tropics, Ituri Forest, and its newest exhibit "Absolutely Apes." Visit Sea World San Diego, where you can feed dolphins, brave the waves of the Shipwreck Rapids adventure ride and meet Shamu. Have an exotic safari adventure at San Diego's 1,800-acre Wild Animal Park, where more than 3,500 rare and exciting animals mostly roam freely in vast enclosures. Take the kids on rides at Legoland (a half hour drive) or Disneyland (about 90 minutes). The Emerald Plaza offers guest rooms that feature gorgeous bay views and amenities such as pillow top mattresses, high-speed Internet access, and ergonomic work chairs. There is also a fitness center, out door pool, and The Grille offers upscale Californian-Italian cuisine.

**Make your hotel reservation today!** You must book before 12:00PM Tuesday, September 12, 2006, to guarantee the discount rate. Rooms are \$169 for a single or double (available 3 days before and after the meeting, so come early and stay late). Reservations: 1-800-996-3426 or 619-239-4500 or [www.wyndham.com](http://www.wyndham.com). You must mention SRP.

## **MEMBERS' CORNER**

### **Reflections on Pioneering an Organization and a Focus on Geriatric Schizophrenia**

Philip D. Harvey, PhD

When we planned our first SRP meeting, Elaine Walker, Bob Dworkin, Barbara Cornblatt, and I were researchers studying developmental psychopathology, with a focus on schizophrenia. Brendan Maher was the one of the most senior researchers in the field. Our idea was an organization that would have a meeting where new ideas, based on thinking outside the box would be presented and where members of the organization would all be psychologists. We did not want to be exclusionist (like the American Psychiatric/Psychological Associations or the American Association of Geriatric Psychiatry), but wanted psychology to be dominant. In the end, there are a few non psychologists as members.

My research career course has been liberally sprinkled with chance occurrences, with some careful responses on my part. I went to Stony Brook for my PhD because I wanted to work with John Neale and study schizophrenia. When I got there, he was studying vulnerability to schizophrenia, so I did that: meaning that my work on developmental aspects of psychopathology was largely due to chance.

I did my PhD research on “real” patients, at a “real” set of research sites: Central Islip, Pilgrim, and Kingsboro Psychiatric centers. People who know what New York State Psychiatric Centers were like in the 1970s and early 1980s know what I mean from a “real” set of patients. These patients were long stay patients, from very impoverished backgrounds with symptom severity like you seldom see somewhere else. When I left Stony Brook, I was generally committed to studying patients with schizophrenia.

I took my first job at a SUNY school and left after a few years (and several good students) to move to a psychiatry department, partially because of my interest in pharmacological interventions aimed at cognition. This move was also prompted by the decision of the state to close the majority of the inpatient units where we were doing our research, in another chance occurrence.

After I had been at Mt. Sinai for a few months happily studying the cognitive effects of pharmacological treatment in schizophrenia, the chairman of the department, Ken Davis, wound up sitting next to the education director at Pilgrim Psychiatric Center at a New York Mets game. Given Ken's interest in post-mortem neuropathology and the education Director's interest in getting a faculty appointment anywhere, including Mt. Sinai, we wound with a research building at Pilgrim Psychiatric Center. Eight years after struggling to collect dissertation data there, a project that I directed saw every older patient (over 900 of them) in the hospital in 18 months. So, the opportunity to study schizophrenia, aging, institutionalization, and all the other things that go along with that was also due to chance.

What was not a chance event was the way that I approached the assessments of these older patients with schizophrenia. I realized that this was an area where there was essentially no previous research. I knew that if you're first, you set the standard even if it is a bad one. Also, there were several aspects of these patients' experience that would likely never reoccur. Similar to the research I have done with Rachel Yehuda on cognition and aging in Holocaust Survivors, who are unique because of their traumatic experience early in life and a vanishing sample because of their age, we studied the consequences of a bizarre period in psychiatry by examining aging in patients who had been treated with exotic and primitive somatic treatments, like frontal lobotomy, 40 years previously. This sample presented an opportunity to study the late-life consequences of massive (and misguided) brain lesions from decades ago.

In addition to the fact that people with schizophrenia who are now in their 70's and 80's had unique experiences that we hope will not be repeated (insulin coma, lobotomy, 500 courses of ECT, haloperidol megadose therapy) there are other important features of such a large and chronic sample. While it may be a limitation of your sample to focus on very poor outcome patients, particularly very old ones, it is certainly easier to do longitudinal research on patients who have had the same room-mate (and the same mental health worker) for 30 years. You don't have to look for them when it is time for a reassessment. You can always find a high-quality informant.

Rather than perform a limited assessment like one would do in a study of dementia, we have always done extensive assessments and characterized as

many aspects of the patients' situation as possible: cognitive, clinical, functional, treatment, and special circumstances such as movement disorders and aggressive behavior. The result was that what we have learned from these patients goes far beyond the original goals of ensuring that they met diagnostic criteria for schizophrenia and did not have co-morbidities before their brains ended up in the brain bank. Although Ken Davis and I disagreed at the beginning on the potential merits of performing a comprehensive study of the characteristics of these older patients, we agree now that we have learned things that we would never have the chance to learn again. While a new class of freshmen shows up every year, it is truly rare to find 200 patients with a lobotomy living in the same building or to talk to an administrator who says that "We are going to discharge 1000 patients in the next year. I wanted make sure that you knew that so that you could follow them afterwards".

It is reasonable to argue that it is impossible to understand the early course of an illness: risk factors, premorbid functions, prodrome, and response to first treatments, until one understands the late life sequelae of early-life variation in symptoms. Maybe I haven't moved that far at all: the later stages of an illness are as much a part of its developmental course as the early ones. Finally, if we are going to offer treatments to people with schizophrenia on the basis of short-term studies, understanding the long-term implications of these treatments is critically important. While I don't think that what we are doing now is similar to insulin coma or lobotomy, all it would take is one major development in the treatment of schizophrenia to make our current treatments look just like those old treatments.

## Directory

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### **The results of the 2005 SRP elections are in!**

Congratulations to the elected officers and board members:

President elect for 2007-2008: Scott Monroe, Univ. of Oregon

Treasurer: Michael Young, Illinois Institute of Technology

New board members:

Tom Oltmanns, Washington Univ.

Sheri Johnson, Univ. of Miami