

# BRAINSTORMS

Quarterly Publication of the University of Miami Department of Psychiatry and Behavioral Sciences



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to the Department**

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*Holiday Edition*

## A Message from the Chairman



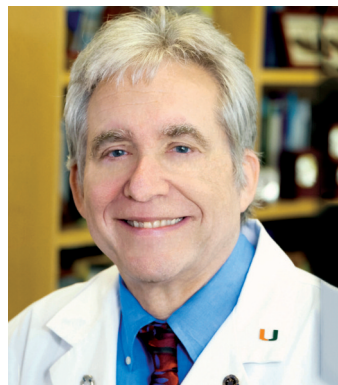
As the year draws to an end, it is an appropriate time for reflection on where we were, where we are and where we are going. It has been a very eventful year for the department, medical center, university and of course, the nation. We have faced various unexpected challenges and are uncertain about many aspects of our business, including health care legislation, parity for mental health services, funding for research and adequate time for teaching, yet we stand determined to meet every one of these challenges.

We have at our disposal a remarkably hard working and talented group of faculty and residents/fellows and an equally able cadre of medical and graduate students and postdoctoral fellows. We have much to be grateful for as we have “weathered” the ravages of Hurricane Irma and learned much from that experience.

We have witnessed some changes in leadership in our university, with the recent appointment of Edward Abraham, MD as Executive Vice President for Health Affairs and CEO of UHealth and he will continue to serve as Dean of the Miller School of Medicine until a successor is named. We look forward to working with him as the plans for our new behavioral health campus and hospital in collaboration with our partner Acadia Healthcare continues to mature. We are delighted to report that all legal obstacles to the building of our new facility have been removed and we plan on opening the doors on June 1, 2020.

Our research enterprise continues to thrive and we will recruit new research faculty in the coming year. We are delighted that our new Division Chief of Child and Adolescent Psychiatry, Barbara Coffey, MD, MS has arrived as of October 1st and is moving full steam ahead with her research program and expansion of our clinical service delivery in child psychiatry. Indeed, she is taking the lead on expanding our Comprehensive Diagnostic and Treatment Evaluation program for complex patients that I have had the privilege of leading to now include young children and adolescents.

None of this could be possible without the generous support of our External Advisory Board (EAB), whose considerable philanthropic efforts



we have utilized for the purpose of recruitment, faculty retention and support. In this regard, the recently held Second Annual Golf Tournament led again by our EAB chair, Alfredo Frohlich, raised more than \$220,000.

He has already committed to holding the Third Annual Tournament next year on **October 19, 2018**. It is important to note that it was the funds raised in last year’s tournament that allowed us to launch the American Foundation for Suicide Prevention’s Interactive Screening Program for our UM medical students, an online platform to detect students who are suffering with anxiety and depression and provide help in an expeditious manner.

Finally, we are in the midst of recruiting our next psychiatry residency class and I am delighted to report that the number of U.S. medical students who have chosen psychiatry has once again increased. This is good news as psychiatry is now the #2 shortage area among all physicians nationwide.

In closing I want to wish all of you a very restful and joyous holiday season and happy and healthy 2018.

Sincerely,

Charlie



## Post-Doctoral Researcher Receives Funding to Study PTSD and Unique Brain Functions



**Y**ou've likely heard that one-third of our lives are spent sleeping and dreaming—but have you ever thought about how we're spending the other two-thirds of our time? Researchers have determined one-third is spent on goal-directed activities and one-third is spent internally—in our minds—in what some call daydreaming or mind-wandering.

**Aldrich Chan, PsyD**, Post-doctoral fellow in Neuropsychology in the Department of Psychiatry recently received a \$75,000 gift to explore that time spent in our minds in hopes of uncovering new methods to better detect and diagnose mental and neurologic disorders.

The gift will be used for Dr. Chan's study *"Hot Cognition and the Default Mode Network: Investigating Novel Cognitive and Neuroanatomical Markers in Trauma Victims with and without PTSD."*

"My doctoral dissertation at Pepperdine University was on Post-Traumatic Stress Disorder and its impact on a specific neural network called the Default Mode Network, or DMN," said Dr. Chan, who did his internship in Neuropsychology at Ryder Trauma Center at Jackson Memorial Hospital. "The DMN encompasses what was initially termed 'resting state' functions, or the state we return to after engaging with our surrounding environment. But this turned out to be a misnomer; we actually aren't resting at all, rather we're constantly engaged in activities."

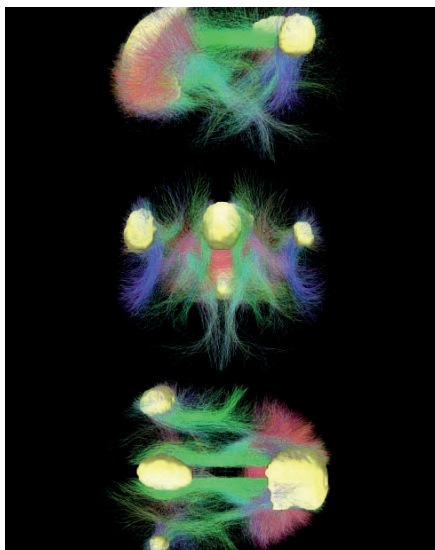
The activities include autobiographical recall, where we retrieve memories from the past; prospection, our ability to simulate the future; social cognition, how we understand others; and self-referential processing, how we relate to information around us.

Dr. Chan says, "One-third of our lives is a large part of our existence, yet its use in assessment is still nascent." Though researchers have studied the brain's resting state for decades, it was not until 2001 that the Default Mode Network was charted.

So Dr. Chan and his team are studying more about what happens when outside activities aren't demanding our attention; less of what people are "doing" to delve into more of how they are simply "being."

They have developed a battery of tests designed to assess introspective functions, particularly in patients who have experienced a trauma, something that does not currently exist. The goal is to determine whether the tests can help with early detection and diagnosis so patients can begin treatment sooner.

"The Default Mode Network is a critically important topic for research on cognitive functioning," said Philip D. Harvey, PhD, Leonard M. Miller Professor of Psychiatry and Behavioral Sciences; division chief, Psychology; Sciences and Division Chief of Psychology. "While healthy people are able to down-regulate their brains and mobilize their effort when needed, people with severe mental illness seem to show the opposite pattern. Identification of which cognitive processes are affected by these problems in allocation of cortical activity is important in order to have an easily administered tool to track these impairments."



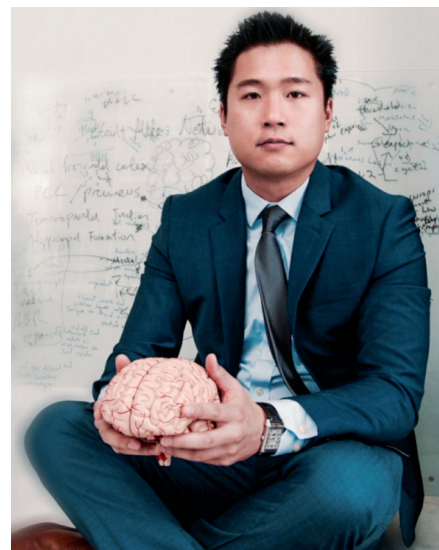
The team is also moving forward with a specialized neuroimaging technique, which looks at deep substructures of the hippocampus, a structure of the brain pivotal for memory functioning, and organizing ourselves in space and time.

### The biggest benefit?

"Assessment informs treatment, and this study will be informative for medical and psychological treatment. Of course, it will also improve our overall understanding of the human brain in relation to psychological functioning, furthering science as a whole," Dr. Chan explained.

### Breaking it Down

**Imagine the military has deployed troops for a combat operation. Some return, and others do not. A handful will develop PTSD, and others will not. Currently, there are no good early detection measures to determine which soldiers would be more vulnerable to developing PTSD. Dr. Chan's research study includes a 30-minute battery of tests, which measures numerous pre-determined variables which may identify individuals more resilient and susceptible to developing PTSD. Using the results of these measures, the hope is to intervene and treat PTSD before it even manifests.**





## PTSD and Unique Brain Functions cont.



Dr. Chan added that that research holds tremendous potential not only for patients who have experienced trauma, but also for the aging population, among many others. “While my main focus has been on trauma patients, I believe the outcomes of this study could hold valuable information for the treatment of mild cognitive impairment and Alzheimer’s disease,” Dr. Chan said. “Other studies have shown that you can isolate the DMN to distinguish people who are aging normally versus people with mild cognitive impairment. At that point, it’s advantageous for the patient to begin considering treatment or therapy options to improve their memory and cognitive functioning.”

“Our sense of self and experience of others gives us access to meaning and our

capacity to suspend internal time and manipulate it makes us unique in nature. The fact that I can study these fascinating variables with leading researchers in the field and simultaneously help others is a dream come true.”

Dr. Chan is also collaborating with Philip Harvey, Ph.D. (University of Miami), Rene Hernandez-Cardenache, Psy.D. (University of Miami), Noam Alperin, Ph.D. (University of Miami), Sang Lee, M.S., (University of Miami), Georg Northoff, M.D., Ph.D. (University of Ottawa), and Arnaud D’Argembeau, Ph.D., (University of Liège) on this research study.

*Julie Levin, Director of Communications, Medical Development, contributed to this article.*

## ‘Tis the season for New Year’s resolutions!

*By Guest Author Lisa Oliveri, MD*

**W**hen you think of your new year’s resolution, how often does focusing on your mental health come to mind? The state of our mental health can affect our physical health, daily functioning, and overall quality of life. It may seem daunting to set New Year’s resolutions regarding mental health, but there are several easy and quick ways to improve your mental health and emotional wellbeing.



For instance, take a moment during your day to practice deep breathing, mindfulness, or meditation. If you are unfamiliar with these practices, there are several online guides, including videos that can walk you through these brief techniques that can be practiced as often as you’d like.

Exercise is a very common resolution, and it can improve both physical and mental health. Dopamine and serotonin are neurotransmitters in the brain responsible for feelings of pleasure and happiness, respectively. Research has shown that one of the ways to increase your brain’s dopamine and serotonin production is to exercise—therefore

increasing your happiness. Consider practicing yoga, cycling, or taking a dance class.

In our busy lives, it can be easy to forget to participate in activities that bring us joy. Make it your resolution to set aside time for yourself each month to do something you truly enjoy.

Restructure your thoughts by focusing on the positives versus the negatives. For instance, make an effort to follow every negative comment with a positive one.

If you have been considering seeking care from a mental health professional, make it your number one resolution to do so this year. You can ask for referrals from your primary care physician or do

your own research, but take that first step to schedule (and attend) an appointment to learn how you can begin 2018 as healthily as possible.

Finally, when setting your resolutions, set attainable goals. The chance of success is much greater when setting manageable goals than setting overwhelming goals that differ significantly from your current lifestyle. And, if you find yourself encountering obstacles, do not give up or feel bad about yourself. Life provides many opportunities to improve our mental health and emotional wellbeing; we only need to work on recognizing and embracing them. As the saying goes, “if at first you don’t succeed, try, try again.”



## Dr. Firdaus Dhabhar on the Science of Stress, Collaboration and His Path to the Department



**A** Stanford University transplant, Dr. Firdaus Dhabhar joined the Miller School of Medicine in 2016. Bringing with him an impressive and diverse education that shaped his foray into unique research, Dr. Dhabhar counts Nobel Prize recipients among his mentors. Within, learn more about the goals of his laboratory, studies in the ever-relevant topic of stress, and what he's enjoying most about Florida!

### What brought you to UM from Stanford? How is your work here similar or different?

I greatly appreciated the support and value for my laboratory's research that Dr. Nemeroff, our department Chairman, and Dr. Nimer, Director of the Sylvester Comprehensive Cancer Center, showed when they recruited me to UM. I met some terrific potential colleagues during my visits here, who also seemed to appreciate the importance of our science and the impact it could have. It seemed that folks here were genuinely willing to collaborate. I'm committed to maximizing the chances for at least some of our research to have a clinical impact within a reasonable period of time and I felt that UM would give us the support to do this because it seems like a place that has the "guts" to bet on a paradigm-changing idea.

While there have been challenges that often accompany a move, Alesha Cox-Harris, my Research Associate, and I have been tackling them with invaluable help from our Vice Chair Jared Abramson, and staff members in our department and the SCCC.

People-wise, things have been awesome!

Our research here is building upon what we were pursuing at Stanford. In addition, I am continuing collaborations at Stanford (and UCSF), which are yielding exciting findings. I do miss my colleagues, students, and the beauty of Stanford, so it is especially nice to maintain connections and relationships through science.

Importantly, at UM we are adding new dimensions to our research, both within the lab, and through collaborations with the groups of Dr. Nipun Merchant (surgery), Dr. Marc Lippman (breast cancer), and Drs. Beurel and



Nemeroff (inflammation and depression). Wherever it would be useful, I would be happy to offer the expertise that my lab and I have in planning and executing studies, making biological measurements, and analyzing/interpreting data related to psychoneuroimmunology.

### Can you tell us about your career path? Did you have any mentors along the way or people who deeply influenced your very specialized work?

I started my undergraduate studies at Dartmouth College with a focus on biology-bioengineering and alternative biofuels. I had some credits to play with, so my supportive professors encouraged me to take courses outside my major. I soon became enamored with neuroscience and its potential applications (two of my political science professors, Roger Masters and Dennis Sullivan, were investigating the effects of nonverbal behavior on shaping political opinion). After a foreign studies program at the London School of Economics, I ended up with a double major in Biology and Government/Political Science. Choosing a graduate school path was tough because I was

torn between a more engineering bent and a more neuroscience bent. It's a long story, but thanks to invaluable guidance and support from Drs. Bruce McEwen and Ralph Steinman (2011 Nobel Prize) at The Rockefeller University, and Mike Gazzaniga at Dartmouth, I decided to pursue my doctoral research at Rockefeller.

I started a series of studies investigating the protective effects of short-term stress versus the deleterious effects of chronic stress. When I graduated, both my mentors were extremely gracious and said that I should independently continue the line of research that we had started at Rockefeller, because their labs had never done such work before I joined them. Since then, I have continued building our research upon that foundation.

When I met Ralph Steinman for the final time at the beginning of 2011, he left me with a lasting impression. (Ralph died of pancreatic cancer in September 2011, a few days before his Nobel Prize was announced.) Ralph took me aside and reminded me about how he'd started off initially been quite skeptical about psychoneuroimmunology, and then became a strong supporter once he saw data from our experiments. He then said something to the effect: "Firdaus, you know that I've always supported you and your work. Now that I've been dealing with this cancer, I believe even more in the importance of your research. Given the focus of science on extreme reductionism, trying to straddle reductionism and synthesis as you're doing is very tough, and the road won't be easy. But don't give up, because what you're working on is likely to help a lot of people!"



Ralph's words and Bruce's continued support and guidance, together with the support of colleagues, students, and friends, have kept me going, even though at times the going has been very tough. We continue to elucidate mechanisms of stress effects on health and diseases such as cancer. We have translated our findings from laboratory studies to humans. We are expanding our focus to include the role of immune dysregulation in the context of psychiatric disorders.

The current goals of our laboratory are to elucidate mechanisms that enable us to: 1) Maximally harness the biology of "good stress" to promote health and healing; 2) Reduce the harmful effects of "bad stress;" 3) Understand the role of immune and endocrine dysregulation in the context of psychiatric disorders; and 4) Where possible, take our work from bench to bedside and beyond... from laboratory, to individuals, to society.

**"Stress" is a common descriptor we all use when we feel perhaps, overwhelmed, fatigued, or have a seemingly unsurmountable number of tasks to accomplish. But there's real science behind the concept and how it affects our health. Can you explain?**

We have defined **stress** as a constellation of events that begins with a stimulus (stressor), that is detected by the brain (stress perception and evaluation), and activates fight-or-flight systems in the body (biological stress response).

Mother Nature did not give us the stress response to make us sick, or kill us. She gave us the stress response to protect us and enable us to deal with situations involving threat/danger or challenge/opportunity. Therefore, we first suggested that it is important to distinguish the effects of short-term stress from chronic or long-term stress while trying to understand its health effects.

We have defined **short-term stress** as that which induces stress-related biological changes (neurotransmitters, hormones, and other factors) for

**"Firdaus, you know that I've always supported you and your work. Now that I've been dealing with this cancer, I believe even more in the importance of your research. Given the focus of science on extreme reductionism, trying to straddle reductionism and synthesis as you're doing is very tough, and the road won't be easy. But don't give up, because what you're working on is likely to help a lot of people!"**

*Dr. Ralph Steinman,  
2011 Nobel Prize for Medicine*

minutes to hours. This is the fight-or-flight response. We have shown that short-term stress can trigger protective, beneficial effects. For example, an adaptive short-term stress response experienced at the time of vaccination, or during surgery can enhance the ensuing vaccine response or post-surgical recovery. These are examples

of findings from our preclinical studies that have now been translated to human subjects.

We have defined **chronic stress** as that which lasts for weeks, months, or years. Chronic stress can induce feelings of fatigue and exhaustion, and be harmful for health and well-being when one is under stress for long periods of time. Chronic stress can have many harmful effects on brain, body, and health especially when it results in dysregulation of physiological systems.

**How can you tell the difference between someone just stressed or having another underlying mental health issue?**

It can be difficult to know for sure, but in order to understand whether a person is experiencing normal stress, unmanageable chronic stress, or an underlying mental health issue, it helps to do the following: listen carefully to what they are saying (or not saying), observe their behavior and their reactions to situations that are normal and those that are challenging, look for gradual or sudden changes in sleep patterns, circadian rhythms, behavior, mood, social interactions, body weight, or appearance, look for bouts of intense emotional reactions/outbursts, social withdrawal, symptoms of depression, substance abuse, or self-harming behavior. Importantly, enable them to see a professional, hopefully just to know that there is no







## Stress or Something More?

**To help determine if someone close to you is experiencing normal stress, unmanageable chronic stress, or an underlying mental health issue, Dr. Dhabhar recommends doing the following:**

**Listen carefully to what they are—or are not—saying.**

**Observe their behavior and reactions to both normal and challenging situations.**

**Look for sudden changes in lifestyle or habits including sleep patterns, mood, weight, social interaction or withdrawal, substance abuse or self-harming behavior.**

**Encourage and enable them to see a professional. Whether to reaffirm that their stress is normal, or begin treating a potential underlying issue. It is always beneficial to seek help early on.**

serious underlying issue, or to begin treatment and care if an issue is discovered. Recognizing that at times one may need to be firm with the person in order to help them, I believe that for the rest of the time, it helps to be as kind, loving, caring, and compassionate as you can possibly be.

In some cases, chronic stress can itself be a mental health issue that needs to be taken care of by medical professionals. However, it is very important not to be too quick to pathologize and/or medicate chronic stress, or normal variations of life experiences and the reactions that individuals have to them. Similarly, an underlying mental health disorder can also be a significant and deleterious chronic stressor for the sufferer and their loved ones, and have harmful effects on brain, body, and health through chronic stress mechanisms in addition to mechanisms underlying the disorder itself.

### **Is your first passion research? Do you enjoy teaching? Will you at UM?**

I LOVE research and I LOVE teaching. I love interacting with students in the classroom, laboratory, continuing education settings, and with general audiences of all ages ranging from elementary school to seniors. During my teaching quarters at Stanford, my wife always said that although they were the most demanding in terms of

time and logistical pressures, they were also times when I was happiest. This is true because I enjoy preparing for each classroom session and I look forward to the rewarding interactions and discussions during class with my awesome students (many of whom are still in touch with me).

I hope to teach here at UM as I did at Stanford. Ultimately, I'd like to start a course on "The Science of Mind-Body Health & Healing" for undergraduate, graduate and professional students.

### **How do you obtain funding to support such a transdisciplinary, multi-level research endeavor?**

Our current funding, for which I am extremely grateful, is from the Office of Naval Research. Highlighting the nature of our transdisciplinary research, recent and past funding has come from NCI, NIAID, NIMH, NIAMS, the Stanford Bio-X Foundation, The Dana Foundation, and The McArthur Foundation. However, I have to admit that it is extremely difficult to get grant proposals for potentially risky transdisciplinary research funded through the anonymous peer-review system especially given the highly reductionistic, and risk-averse mindset that seems to pervade most grant review committees.

I was a finalist for last year's NIH Director's Pioneer Award, which would

have been a huge shot in the arm for our research. Given the encouraging response of the review committee, I'm hoping to have better chance at it in 2018.

### **What's been the most enlightening part of your first year at UM?**

I appreciate how people here are highly accomplished yet down-to-earth, relaxed, and approachable. It's also interesting how everyone was so kind and honest to warn me about South Florida traffic, weather, etc. even while they were recruiting me! This had an unexpected effect in that after we arrived at UM right in the midst of the sweltering summer, I realized that thanks to everyone's honesty and warnings, my expectations had been set so low that the heat and humidity didn't feel that bad after all! (My family doesn't quite feel the same way yet.) Of course, "winters" here are wonderful, as is being able to garden and see things grow all through the year! And I love coconut water and sugarcane juice!

### **Words to live by?**

This is what I say to my boys and try to practice myself: Live through good thoughts, words, and deeds. Work hard, have fun, do something useful, be authentic and honest, treat everyone with respect and compassion, and always try to be helpful. Be genuinely thankful for what you have, enjoy what you have, and enable others to do the same.

## Second Annual Golf Tournament Raises \$220,000, a Tremendous Gift to the Department



**O**ur 2017 Golf Tournament, hosted again by External Advisory Board Chair Alfredo Frohlich at Turnberry Isle Resort and Club, brought in an astounding \$220,000, a 40% increase over last year's Inaugural Tournament.

"Everyone really stepped up this year," Alfredo said. "We actually oversold foursomes, and welcomed many new friends to the event. I am so thankful for all of the support of our guests and contributors and hope to see the tournament continue to grow!"

The day begins with lunch at Bourbon Steak inside Turnberry Isle. Following, golfers hit the driving range prior to teeing off. In the evening, a cocktail and awards ceremony takes place to recognize the winners of course contests as well as present the auction and raffle items to the winners. Some of this year's auction items included a vacation to the Coronado in San Diego and an exclusive wine lot.

All tournament sponsors are welcome and encouraged to attend any part of the day they wish.

Dr. Nemeroff, Chairman of the Department of Psychiatry and Behavioral Sciences remarked, "Alfredo does a fabulous job organizing this tournament—it's our largest event of the year and really a lot of fun. I love the opportunity it provides to interact with so many of our wonderful department supporters outside of the office. I'm also always interested to meet new people and hear about their connections to mental health."

Funds from the 2016 tournament have been invested in the implementation

of an Interactive Screening Program (ISP) on the UMMSM campus. This online portal allows students who may be struggling a completely anonymous way to connect with a mental health professional. The mission of the program is to prevent suicides by leading individuals in need to receive the proper mental health care and/or treatment. What better holiday gift is there than \$220,000 to help fund life-saving mental health initiatives?

*Thank you to everyone for making 2017 such a phenomenal success! We look forward to seeing you next year. For updates on the 2018 Tournament, follow our event website at [www.GolfUMPsych.com](http://www.GolfUMPsych.com).*







**SAVE THE DATE! FRIDAY, OCTOBER 19, 2018**



We're pleased to share  
that our Third Annual  
Golf Tournament will take place  
on Friday, October 19, 2018!

Same time, same place:  
11:30 am at Turnberry Isle  
Resort and Club!

[www.GolfUMPsych.com](http://www.GolfUMPsych.com)

Mark your calendars!





## Sips, Lapses and Relapse: Don't Fall Back into Substance Abuse Around the Holidays *By Dr. Ihsan Salloum*

*A version of this article originally appeared in the Miami Herald.*

**H**olidays are joyous times, but they may also represent a high-risk period for relapsing on alcohol or drug abuse. Addiction is a chronic disease, and like other chronic medical illnesses, symptom recurrence or relapse to alcohol or drug abuse is an ever-present risk. This is because scientists have documented that addiction is a brain disease with changes affecting multiple functions, including learning, memory, motivation, and the ability to experience pleasure and to control behavior.

Vulnerability to relapse is particularly increased upon exposure to the abused substance, and a one-time use can lead to a full-blown relapse. People quickly “pick up where they left off” in terms of the severity of their drug abuse.

Many factors may lead to relapse, and the holidays may just accentuate these factors. Three main causes for relapse have been studied extensively. The first one is being exposed to the abused substance itself, such as having a glass of wine for those with alcohol addiction or taking a painkiller for those with addiction to opioids.

The second factor is being exposed to cues that remind them of drug activities, such as drug use paraphernalia, or to people, places or things associated with the abused substance. A third major factor is stress, especially when stress is excessive. The holidays may represent a risk of relapse whether people are trying to feel good or “get high,” or feeling lonely and suffering from the holiday blues.

Relapse is a process, and it usually begins sometime before a person picks up a drink or a drug. The best chance to

prevent a full relapse is early intervention. Evidence-based treatments are available and most effective if counseling and medications are combined with involvement in self-help groups.

Counseling helps people recognize the early warning signs of relapse and develop effective coping skills to prevent it. Effective medications are available to treat alcohol, opioid and nicotine addiction. The future is promising because novel treatments, such as the use of stem cell therapy to treat alcohol addiction associated with depression, are currently being tested at the University of Miami Miller School of Medicine.



*Ihsan M. Salloum, MD, MPH, is Chief, Division of Substance & Alcohol Abuse and Treatment and professor of Psychiatry and Behavioral Sciences at the University of Miami Health System.*

## Is Santa Real?

*The following article originally appeared on UMiami Health News, our insider blog created for you, our consumers. Visit <https://news.umiamihealth.org> for a variety of stories on topics including living well, technology, research and health.*

**M**ost parents struggle with how to approach the dreaded “Santa question.” You might hear them say things like, “I don’t want to lie to my child.” Parents on the other end of the spectrum keep the reuse going way after their child has already figured it out and is playing along for their parents’ benefit.

So, what’s the right way to tell your child about Santa? Dr. Stefania Prendes-Alvarez and Dr. Nicole Mavrides, both child psychiatry specialists at the University of Miami Health Systems, say it really depends on the child.

“Every kid is an individual, so allow them take the lead,” says Dr. Mavrides.

“If they bring it up, then have the conversation with them; otherwise just let them believe.”

“Also, don’t worry if, for example, your son believes in Santa a lot longer than your daughter,” adds Dr. Prendes-Alvarez. “That doesn’t mean there is anything wrong with your son. Actually, we have seen that often girls catch on faster than boys; although that isn’t always the case.”

### Oh no! I didn’t eat the cookies!

Perhaps you slipped up and your child woke up and saw you setting the gifts under the tree, or you forgot to take a bite out of the chocolate chip cookie you left out for Santa. What do you do then?

“If your child wants to keep believing, they will,” both doctors say. “It really doesn’t matter what they see; they will rationalize it so don’t worry.”

Many parents are still afraid that their children will feel betrayed when they find out, though. “Kids normally don’t hold

grudges,” says Dr. Mavrides. “Once you talk about it, they understand you did it for them.”

### The spirit of Christmas

When your child does come to you and ask if Santa is real, use the explanation you may have heard it from your parents. Tell your kids that Santa represents the true magic of Christmas, which is spreading joy and spending time with your loved ones.

“This is a great time to make new traditions,” says Dr. Prendes-Alvarez. “You could take the opportunity to bring your child into the spirit of giving by letting them pick out a toy to donate to a toy drive or have them help you keep the magic alive for a younger sibling.”

“Just because your child doesn’t believe in Santa anymore doesn’t mean the magic is gone,” adds Dr. Mavrides. “You can keep Christmas special by redefining the meaning together as a family.”



## Staff Stars | Mohammad Asad

### Clinical Research Coordinator

**T**he Staff Stars column highlights the commitment and accomplishments of an individual in the Department of Psychiatry and Behavioral Sciences. Nominations may be submitted to Samantha Richter at [psychiatry@miami.edu](mailto:psychiatry@miami.edu). Please include a brief description of the nominee's job responsibilities and why you believe they should be the next Star!

#### Tell us about your role as Clinical Research Coordinator in the Department.

As a Clinical Research Coordinator, I provide professional level support for research studies, compliance for good clinical practices and assist in implementation procedures to accomplish research goals. Part of my role includes implementing research protocols and monitoring participant adherence; establishing and maintaining contact with patients/participants, health care providers, community agencies and study sponsors; and verifying accuracy of research data as well as monitoring data quality control.

Working in a non-profit, I have witnessed the hardships that come with illness, inefficient communication and financial strain that affect both the patient and their loved ones. My career goals include working with process improvements, organizational management strategies planning to help reduce health disparities amongst individuals through effective community involvement and intervention strategies.

#### You've mentioned you're getting your MBA. How will that play into/benefit the work you're doing?

Yes, I will be graduating with my healthcare MBA this December. I hope to use several skills I've learned to improve our team efforts in the department. For example, I'd like to help improve existing department processes through effective team communication and overall efficiency. Also, to help reduce waste by identifying and measuring improvement opportunities for existing processes to optimize patient experience and quality of departmental care.

I'm proud to share that I was awarded "Healthcare MBA Class Leader 2017" for the Florida International University Chapman Graduate School of Business online program.

#### Can you share some details about projects you're involved with?

I work on Schizophrenia Phase II studies led by Dr. Harvey and Dr. Durand. The studies use adjunctive therapy treatment of investigational drugs that are trying to test efficacy with current antipsychotic medication. These would lead us toward new drugs, which can improve the current standard of care, and to help improve cognition, improve memory and lower negative or positive symptomology of patients.

I work with Dr. Sabbag and the student athletics department on all sports drug-testing programs.



The University of Miami student athletics department follows the NCAA drug-testing program to provide an account for all student-athletes to uphold the code of conduct of playing by the rules and playing clean. The purpose of the drug-testing program is to prevent student-athletes from using illegal substances which may impact health, performance, and safety of the student-athletes. Also, monitoring banned performance enhancement substances which are cheating. We test the students year-around for the use of recreational drugs, steroids, or other prohibited substances.

#### What do you think you'd be doing if not this?

I love helping improve individual quality of life but love what I currently do. I would like to grow into a position in administration to help find a way to make system-wide changes toward health care improvements. Also, I would like to work toward opening a non-profit to help those underserved or less fortunate in countries overseas.

#### Words to live by?

You still haven't seen the beautiful things in life until you provide kindness. A true gift of kindness lives by giving without asking for anything in return.

#### In the spirit of the holiday season, do you have any New Year's resolutions?

Develop healthier eating habits, also reducing or halting drinking Coca-Cola, which is one of my vices.

**Clinical trials** are the backbone of evidence-based medicine. Broadly speaking, clinical trials evaluate the safety and effectiveness of a medical strategy, treatment, or device. Moreover, clinical trials provide an opportunity for the general public to participate in the process of developing novel treatments for a variety of conditions. The results from these clinical trials provide the data necessary to assist in future medical decision-making.

The Department of Psychiatry & Behavioral Sciences is dedicated to generating the scientific knowledge behind the clinical best practices we incorporate in the treatment of difficult and complex mental health conditions. The Behavioral Research Assessment Center (BRAC) is the research hub that fulfills the Department's mission to develop the next line of treatments. For more information on participating in available clinical trials, please email [brac@miami.edu](mailto:brac@miami.edu) or call 305.243.5840.



## What to Do & Where to Go

**For a Mental Health Emergency, CALL 911 if you believe someone is in danger of hurting themselves or others.**

**University of Miami Hospital (UMH) Mental Health Admissions/ER**  
305.689.4444

**Jackson Behavioral Health Hospital Triage**  
305.355.7332

### **Silver Alert**

If your loved one has gone missing, please CALL 911 immediately. Silver Alert is a statewide initiative to involve the public in locating a cognitively impaired person who has gotten lost driving or while on foot. For more information visit [floridalocalalert.com](http://floridalocalalert.com).

**Office Numbers**  
**Main Psychiatry Appointment Scheduling**  
305.355.9028  
\*Option 1

**Chairman's Office**  
305.243.6400

**Jackson Behavioral Health Hospital**  
305.355.9028  
\*Option 2

**University of Miami Hospital**  
305.689.1352

**Boca Raton**  
561.939.4044

**Child & Adolescent**  
305.355.7077

**Soffer Clinical Research Center**  
305.243.2301

**Courtellis Center**  
305.243.4129

**Deerfield Beach**  
954.571.0117

**Center on Aging**  
305.355.9081

**Brain Fitness Pavilion**  
305.355.9080  
\*English, Option 3

**Memory Disorders Clinic**  
305.355.9065

## Common Purpose

*Transforming lives through teaching, research and service.*

**The University of Miami Leonard M. Miller School of Medicine Department of Psychiatry and Behavioral Sciences is committed to:**

**Conduct** research that deepens our understanding of the development, pathophysiology, and prevention of psychiatric illness and the nature of human behavior, and apply this knowledge to the development and delivery of more effective, evidence-based treatments.

**Offer** comprehensive treatment and consultation to our patients, their families, and the community.

**Provide** outstanding mental health education and multidisciplinary training to the next generation of healthcare providers and investigators.

### **DIRECCT**

*Core values*

- Diversity
- Integrity
- Responsibility
- Excellence
- Compassion
- Creativity
- Teamwork



**Q4 | 2017**

## BRAINSTORMS

Quarterly Publication of the University of Miami Department of Psychiatry and Behavioral Sciences

**Executive Editor**  
**Samantha Richter**

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**UHealth**  
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Psychiatry & Behavioral Sciences