

Recommendation Letter Guidelines for Distinguished Fellowship Nominees

Please follow these guidelines when asking colleagues to write letters of recommendation on your behalf.

1. Each person asked to comment on a nominee should be provided with a copy of the Distinguished Fellowship guidelines, samples of recommendation letters, and a copy of the nominee's completed nomination form.
2. At least **three** of the recommendation letters must be from either Distinguished Fellows or Distinguished Life Fellows of the APA (who must be an active member in good standing). You may solicit letters from other individuals (non-psychiatrists and/or other members) are strongly encouraged.
3. It is extremely important for the recommendation letters to include detailed comments that address the quality of nominee's accomplishments in the categories where the nominee has documented his or her achievements.
4. Letters that amplify and delineate the quality of each activity reported on the nomination form are crucial to the Membership Committee in its evaluation of the nominee.
5. **Letters should not simply repeat the information on the nomination form**, but rather describe the quality and thrust of the individual's achievements or experiences. This too is crucial to how the Membership Committee evaluates the nominee.
6. Information about how long the recommender has known the nominee and in what capacity is also helpful to the committee.
7. All letters must be typewritten on letterhead and signed by the letter writer. Recommendation letters on letterhead without an actual signature will be accepted **if the District Branch submits the letter with the nomination**.
8. The District Branch should review the letters to make sure they are individually written and not duplicate copies of one letter signed by different recommenders.

Re: Nomination of XXXXX, M.D. for APA Distinguished Fellowship

I am delighted to write this letter to propose the nomination of XXXXX, M.D. for the APA Distinguished Fellowship. Dr. XXXX has both an established program of research for which she is known nationally and as well is strongly dedicated to substance abuse education and training of health professionals. Further, she has been a critically important faculty member within the Division on ***. Our Division's national preeminence in the areas of training and clinical research has been greatly augmented by Dr. XXXX efforts over the past 22 years.

Her research productivity, scientific and training accomplishments, and national reputation in her research areas all warrant the award. I clearly remember my first meeting with Dr. XXXX in 1992. Her husband was moving from *** Medical School to ***School of Medicine and she was looking for a position here, having just completed an Addiction Fellowship in ***. I was struck both by her enthusiasm for her chosen career as an addiction psychiatrist and her sense of humor. We had just started the Division on *** and I was looking for a talented young psychiatrist to join us. I needed a psychiatrist who possessed a, natural ability to teach, interest in pursuing a research career, and ability to work well with others. Not only did she meet all these criteria, but also since joining the faculty 22 years ago she has continuously demonstrated an exceptionally strong work ethic, superb clinical skills and enormous generosity in terms of mentoring trainees and junior faculty.

Initially, she joined a *** training committee, chaired by Dr. XXXX, which had the university mandate to revamp the medical school curriculum in several areas, including substance abuse. Although Dr. XXXX was one of over 20 committee members, she quickly took a leadership role and provided several creative ways to train medical students in the area of substance abuse. The clinical practice course for first and second year medical students, as well as the second year pharmacology course, now has numerous lectures and interactive seminars that focus on *** and Dr. XXXX was instrumental in implementing this. She has remained so strongly committed to educating medical students that she has coordinated the *** curriculum for these courses. The hours devoted to *** training, possibly the number one public health problem in the United States, were pitifully small at ***when she started and have expanded substantially due to her efforts.

Recognizing that there needed to be increased attention to *** training in the psychiatry residency as well, Dr. XXXX offered to develop and implement a series of lectures for the second and third year psychiatric residents and has continued to coordinate these courses. However, it became clear that the residents also needed ongoing clinical supervision regarding the assessment and treatment of psychiatric patients with *** substance abuse. With the support of our Division faculty, Dr. XXXX "matched" an experienced substance abuse faculty member with a third year resident. This has enhanced residency substance abuse training and has been extremely rewarding for the faculty.

Recently it became increasingly clear how little exposure medical residents had regarding effective treatments for ***. Dr. XXXX approached staff at *** in *** and working together, she devised an on-site program for the medical house staff that consisted of 1½ days of experiential and didactic training followed by a 3-hour seminar conducted by substance abuse faculty at ***.

At the same time, Dr. XXXX was working to develop and implement medical student and residency training initiatives, she also took on the responsibility of administrating a T32 substance abuse research fellowship from *** that I had just been awarded in 1993, at the time one of only 3 such programs in the United States (***, and *** being the other two) dedicated to training physicians for clinical research in substance abuse. At first, Dr. XXXX and I took the primary role in mentoring fellows, but as time progressed this responsibility shifted to Dr. XXXX and then to Dr. XXXX. By the resubmission of the T32 in 1998, Dr. XXXX became the Co-PI of the fellowship and modified it so that it would be ACGME-accredited in addiction psychiatry to enable psychiatrists to sit for this subspecialty board. At the end of the two-year fellowship, trainees can qualify for the addiction psychiatry boards as well as have the necessary knowledge and skills to pursue a clinical research career. Because of her efforts, the fellowship was ACGME-accredited in 1998. Because of her achievements with the Fellowship, it was appropriate for her to become the Principal Investigator of the program when it received the renewals in 2004, 2008, and most recently in 2013. She received a score of “1” on the submission.

In addition to mentoring numerous junior investigators in conducting clinical research, Dr. XXXX has followed in the late Dr. XXXX footsteps in another important way. She serves as a “sounding-board” and role model for female (and male) fellows and junior faculty members attempting to juggle family and career. Because of her warmth and willingness to talk about this critical issue, she is repeatedly approached by residents and junior faculty to provide guidance. In recognition of her training and research efforts, Dr. XXXX was appointed the Q.J. Kennedy Associate Professor of Clinical Psychiatry in 2000, then the Kennedy - Leavy Professor of Clinical Psychiatry in 2006.

Although Dr. XXXX initially focused on improving substance abuse education within the Medical Center, her long-term goal was to also pursue a research career. She was given the major responsibility of writing a significant portion of the core section, particularly the pilot projects, of the ***Development Center Grant entitled *** which I received from *** in 1994. In 1994, her first *** award, a K20 was funded, with myself as the primary mentor. The Center Grant is now in its 20th year and a new 5 year submission has gone into *** with her as PI. It received an excellent score and we should know about funding shortly.

Her first major research project involved preparing and carrying out the grant “Treatment of *** **Disorder” where she served as Co-PI. This grant was crucial in establishing her expertise in treating dually diagnosed patients, in particular cocaine abusers with adult attention-deficit hyperactivity disorder (ADHD). Through this grant and her subsequent papers, she demonstrated that ADHD is over represented in substance abusers seeking treatment and yet woefully under diagnosed in substance abuse settings. Among other findings she has demonstrated that in cocaine-dependent individuals who were interested in treatment for their ADHD symptoms, sustained-release methylphenidate and sustained-release bupropion were well-tolerated and had possible clinical utility.

As a direct outgrowth of this research, she received two R01 grants, “*** Treatment of Adult ADHD in Methadone Maintained Patients” and “Treatment of *** and Adult ADHD”. She received K02 funding in 2000 with a competing renewal until 2010. She also received K24 funding in 2010 with a competing renewal until 2015. These grants and her subsequent papers cemented her national and international reputation as an expert in treating substance abusers with adult ADHD. She has also evaluated ADHD in substance-abusing adolescents being treated within a long-term residential therapeutic community. Carrying out clinical treatment trials at community-based programs can be difficult but Dr. XXXX has been able to repeatedly do this over the past years at the *** Treatment Program, the ***Treatment and Research

Corporation, and ***House. These programs have often been inhospitable to academic researchers. Her success attests to her diplomatic skills and her recognition that community-based research is critical.

Dr. XXXX has branched out to other *** populations, using these studies to also help train young investigators. She initially studied flupenthixol as a treatment for schizophrenics dependent on cocaine and then moved on to the atypical antipsychotic medications.

Dr. XXXX then became increasingly interested in patients with marijuana-related problems. She noticed that many of the cocaine-dependent adults with ADHD were also dependent on marijuana and although some of these patients were able to become cocaine-abstinent, very few were able to cease their marijuana use. It was striking that there was so little research that focused on treating marijuana dependence in contrast with the cocaine treatment literature in which there were over one hundred pharmacologic trials.

In our laboratories at*** University/***, two faculty members within the Division on ***, Drs. XXX and XXX, had begun conducting a series of elegant studies demonstrating that dronabinol, a schedule III synthetic THC, reduced marijuana withdrawal symptoms and the subjective effects induced by marijuana smoking. Further, there was a convergence of data suggesting that depressive and anxiety disorders were over represented in marijuana dependent individuals. This has led to 2 new lines of research: 1) to develop treatment strategies for marijuana withdrawal and 2) to target treatment strategies for marijuana-dependent individuals with psychiatric comorbidity. Dr. XXXX has received funding to carry out research with marijuana-dependent individuals and was awarded a competing renewal for her K02 to pursue this research. Her knowledge of this clinical problem, including recognition of this area as a new avenue for research, and being the first investigator to publish a pharmacologic treatment study focusing on marijuana dependence, has led to her being viewed as a national expert in the treatment of marijuana dependence. She is asked byXXX to speak to national meetings, and spoke at the most recent American Psychiatric Association meeting in New York City on Treatment for ***Problems. Her superb communicative skills along with her research work make her a sought after speaker.

In addition to her interest in evaluating medications for ***dependence, she has become increasingly interested in targeted pharmacologic strategies for alcohol dependence and was selected as a Site Principal Investigator for a multi-site pharmaceutical company-initiated study evaluating the efficacy of topiramate for alcohol dependence. She has also studied comorbidity in these individuals with depression and anxiety. Dr. XXXX, the Director of the *** Project and a senior research scholar at *** received funding on a grant to provide combined pharmacotherapy and psychotherapy to alcoholic women with PTSD. Dr. XXXX active involvement in this grant submission and willingness to provide her expertise was crucial to the successful attainment of this award and she will serve as Co-PI on this project.

In addition to the above-mentioned clinical treatment research, Dr. XXXX has been interested in assessing whether there are specific underlying vulnerabilities that place certain individuals at risk for substance abuse and was Co-Principal Investigator of Dr. *** grant "Vulnerability to *** in Women". Working together Drs. XXXX have compared the behavioral and performance sensitivity to alprazolam or alcohol in women with and without a paternal history of alcoholism as well as light drinkers to social drinkers using alprazolam and alcohol. Their work has shown key differences between vulnerable and non-vulnerable populations of women in their subjective responsivity to alprazolam and alcohol. Further, Dr. XXX expertise in psychiatric disorders has led Drs. XXXX and XXXX to study subjective responses to alcohol in female populations who have depressive symptoms. Together, similar to work carried out in men, Drs. XXXX and XXXX have substantially enhanced our knowledge in how certain biologic and behavioral factors impact on subjective responses to alcohol in women.

In recognition of Dr. XXXX as a nationally known physician clinical investigator and her keen interest in mentoring, she was appointed by *** to serve as a member of the K-award review committee. Unfortunately this Committee frequently requires 3 full days to review all of the applications. Dr. XXX has

considered it her mission to support young investigators and feels that her presence on this committee, which consists primarily of Ph.D.s, is critical. I concur and believe that Dr. XXXX presence on the committee has had major impact on the development and encouragement of young physician investigators in the field. Dr. XXXX also has been a Center site visit committee member as well as other numerous outside activities that have firmly established her national and international reputation. She was Chair of the *** Committee for the American Academy of Addiction Psychiatry (AAAP), then treasurer and is now President. She is an active member of other key national committees including the American Psychiatric Association's (APA) committee on training and education in *** psychiatry, and the APA's committee for subspecialty of *** psychiatry, American Board of Psychiatry and Neurology. These activities allow her to provide input into the training of addiction psychiatrists throughout the country as well as outside the United States. She has also been appointed to the ***Board of the American Journal on Addictions, and serves as a reviewer for numerous journals including the American Journal of Psychiatry and Drug and Alcohol Dependence. She recently was named Chair of the APA Council on ***.

In summary, I support this promotion with a very high level of enthusiasm. Dr. XXXX has become invaluable to the Division and myself. Dr. XXXX has pursued an integrated plan of research, mentoring, and service to the field. She is a well-established international and national expert in the areas of dual diagnosis and *** treatment. The clinical research that she conducts often requires years to complete and enrolls extraordinarily difficult-to-treat patients. Given this, it is exceptional that she has been able to achieve the level of productivity that she has.

I cannot end this letter without emphasizing how impressive Dr. XXXX is. She is an excellent researcher, an energetic and visionary teacher, and a very competent administrator. Besides being the *** psychiatry fellowship director, she also serves as the Director of *** for our Division, handling all medical coverage issues, and providing administrative oversight to the *** Treatment and Research Service (***) of our division. These are often thankless jobs and she handles them both with a high level of expertise and humor. Her many contributions have been invaluable to our Division and the substance abuse field in general.

Yours Sincerely,

**Note: All Recommendation Letters
Must Be on the Letterhead of the Writer**

Dear Colleagues:

I am very pleased to write in support of Dr. XXXXX election to be a Distinguished Fellow of the American Psychiatric Association. Dr. XXXX is an ideal and exemplary candidate for a Distinguished Fellowship.

I have had the privilege of knowing Dr. XXXX for 28 years, since he first joined the Committee on *** of the APA while he was a ***** Fellow in 1987. He served with me as an active and important member of the Committee on *****, American Psychiatric Association, The Steering Committee of the ***, and the National Commission on *** of the American Psychiatric Association.

He was a very valuable member of these important national *** committees in those early years of the AIDS epidemic, when these committees developed extremely critical policy statements concerning the importance of psychiatrists treating people with HIV/AIDS in appropriate ways to help combat stigma and discrimination. The committee's statements were published in the *American Journal of Psychiatry*.

After his residency at ***, we were delighted to have him join us as a Fellow of the *** at *** University. He was an *** Fellow, and then received an impressive *** Foundation Fellowship Award. I was privileged to be one of his supervisors, and he showed extraordinary clinical insight, leading to his books*****-one of the first ethnographic studies to examine the lives of women, as well as men, confronting this disease.

At ***, as a Fellow in *** Psychiatry and then in the HIV Center, he worked in the HIV Mental Health Clinic as one of the first and only psychiatrists to do so, and thus did important very early work in the early days of this important clinic.

He was also one of the first researchers to call attention to and focus on questions of disclosures of HIV status to sexual partners and others-the complex psychological, social and ethical questions individuals with HIV faced as to when and to whom to reveal their infection- whether main or casual sexual partners, parents, siblings, offspring, employers, or others.

This work led to several academic articles, and to his book, ***, which he co-authored with Professor XXX of *** School of Public Health.

He was also one of the pioneers in the use of qualitative research methods to elucidate the issues faced by people with HIV, which has proven vital to develop effective psychosocial approaches to prevention and treatment of this disease.

He has also been active in research to assist the HIV community, and the gay, lesbian, bisexual and transgender communities, conducting important research on how these individuals struggle with communicating with their primary care providers, and others.

Especially in the early years of the HIV epidemic, before any effective treatment was available and where needs to develop effective means of prevention—including effective messages targeting groups at risk—he worked closely with communities to help them develop appropriate services and fight stigma and discrimination.

Such close work with communities is crucial in HIV, given needs to address and often change cultural practices and beliefs that can spread the virus, posing social, psychological, ethical and policy challenges.

As the Director of the ***, Policy and Human Rights Core of the **** for ten years, Dr. XXXX was instrumental in continuing to bring these important perspectives, to researchers at the ***University HIV Center and elsewhere in the US and abroad, where the HIV epidemic continues to affect tens of millions of individuals. He has continually emphasized the need to work closely with communities to develop ways of combatting the medical, social and psychological challenges posed by this virus.

He has continued to take national and international leadership roles concerning HIV, as an active member for the *** Group of the *** - a multi-million dollar effort, funded by the *** and other US government agencies, that is arguably the world's most important initiative to prevent the disease. Through this work, he has continued to work closely with international communities to help combat the disease. He recently received a grant from the *** to examine how HIV researchers and IRBs in the developing world interact, and can do so more effectively—work that has resulted in two academic articles.

He thus brings psychological insights to work on ethics, and ethical insights to work in mental health.

He also wrote several early seminal papers on the use of "club drugs" such as methylenedioxymethamphetamine ("Ecstasy"), and how use of these drugs is associated with HIV risk behavior. This research, which he published in the *American Journal of Psychiatry*, has been widely cited, and helped open up a field that examined use of these drugs among gay and

bisexual men. His research was also cited widely in the popular press, including *Newsweek*, *Time* and elsewhere.

Throughout, his work has aided countless mental health and medical clinicians in treating patients who are confronting HIV.

He established the Bioethics Masters and online course and certificate programs here at ***, and HIV Center fellows at ***now all receive Certificates in Bioethics.

He has extended his work to examine issues of testing and disclosure among individuals confronting genetic disease, and extended his qualitative methods to examine how IRBs make decisions both in the US and in the developing world. He received a career development award and his first ROI to conduct research on these issues, resulting in many important academic papers in these areas.

Given his truly outstanding work in psychiatry-in realms of research, APA service, community engagement, clinical work, administration, teaching and other realms, Dr. XXXX is extremely deserving of a Distinguished Fellowship. He has a remarkably accomplished record.

I would be delighted to provide you with additional information you are interested.

Thank you very much.

Sincerely,