

# ADVANCES IN PSYCHIATRY

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 Columbia University  
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## SAVE THE DATE

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## Secret Agent Society: Boosting Emotional and Social Skills in Youth

What youngster could resist joining a club named the Secret Agent Society? As it turns out, **Reneae Beaumont, PhD**, was onto something in her creation of the Secret Agent Society, a remarkably effective multimodal therapeutic program for improving children's emotion regulation and social skills. Since its inception in 2008, the program has been employed in treating more than 10,000 children, ages eight to 12, in nine countries around the world.

The Secret Agent Society (SAS) grew out of Dr. Beaumont's doctoral project at The University of Queensland, Australia. In findings reported in her original paper, Dr. Beaumont and a colleague



Dr. Shannon M. Bennett and Dr. Reneae Beaumont

**"The opportunity to learn and practice social skills while also learning emotional and behavioral control skills is quite unique."**

— Dr. Shannon M. Bennett

demonstrated impressive improvement in participants: 76 percent showed marked and sustained growth in emotional control and social interactions. Since then, SAS has been tested in multiple university and community trials. There have been several papers demonstrating that SAS is among the most effective programs of its kind in helping children with Autism Spectrum Disorder learn to manage their lives and socialize with others beyond the consultation room. Several iterations of the program have been carried out in school settings, and one trial registered success when parents were trained as facilitators.

Having heard of the Secret Agent Society program through colleagues, **Shannon M. Bennett, PhD**, Co-Director of the Weill Cornell Pediatric OCD, Anxiety, and Tic Disorders Program, was drawn to its dual focus on social skills and emotional regulation skills. "It was innovative and took a different approach from other social skills programs,"

says Dr. Bennett. "Children with a variety of common mental health conditions, such as anxiety and ADHD, need emotional regulation skills and behavioral control skills to manage the symptoms or behaviors associated with these conditions. In addition, anxiety and ADHD often have social consequences for different reasons. The opportunity to learn and practice social skills while also learning emotional and behavioral control skills is quite unique, and we were interested in being able to offer this program to our patients. We contacted Dr. Beaumont and she was interested in providing training to us and collaborating on research."

"The Secret Agent Society program was developed for what is now called level one autism spectrum disorder, previously identified as high functioning autism or Asperger's disorder," says Dr. Beaumont, who joined Weill Cornell Medicine in 2015 as a visiting senior research fellow. "It was designed for children with an IQ within the average range and whose verbal skill is age appropriate. When I came here to Weill Cornell, we wanted to see if the program also had potential for children who aren't on the autism spectrum, but who still struggle socially."

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## Secret Agent Society: Boosting Emotional and Social Skills in Youth *(continued from page 1)*

Childhood and adolescent anxiety and ADHD may grow from a very different cause as compared to high-functioning autism, notes Dr. Beaumont, but social struggle and its consequences are similarly significant in its impact on individual development. Broadening the Secret Agent Society's use of engaging methods, integrating computer technology and therapeutic process, to the treatment of other childhood developmental conditions and mental health disorders would appear a logical next step in the program's evolution.

### SAS in Action

With its tagline, Solving the Mystery of Social Encounters, the Secret Agent Society uses multimedia to teach emotion recognition, emotion management, and social skills. In groups of three to six children, ages eight to 12, the SAS program engages the children in "missions" rather than assignments. Its therapeutic curriculum – spy themed – includes a multilevel computer game; a Secret Message Transmission Device game that teaches children to recognize emotions from voice tone clues; and a Challenger board game that serves as social practice. Many of these games are played during weekly child club meetings where the children can practice their new skills and learn others.

**"This study is not simply examining the teaching and learning of social skills. We also want to see if there is improvement in the core diagnostic features."**

**— Dr. Renae Beaumont**

"At the same time, parents are involved in a parallel group so that they can learn about what their kids are learning, enabling them to serve as coaches, which is really important," says Dr. Bennett. "And teachers are provided with tip sheets, so they, too, know the skills that the children are learning and practicing. In this way, the children have opportunities for coaching and support in different environments throughout their day and week, and to practice and implement the skills they are learning. That is what makes behavioral therapy effective. If you don't practice those skills, they are hard to retain and realize a sustainable benefit."

Dr. Bennett describes the program as providing an *in vivo* type practice in which the participants are embedded in a group of their peers and provided with many opportunities for naturalistic learning. "The board game enables them to practice being a good winner or a good loser, taking turns, complimenting others, having differences of opinion, or coping with disappointment, for example," notes Dr. Bennett. "A therapist serves as a facilitator, guiding the children through experiences that may be similar, though not identical, to what may occur on the playground or in the classroom."

In October 2015, Dr. Bennett, who serves as Principal Investigator, Dr. Beaumont, and their colleagues at Weill Cornell began a randomized controlled pilot trial to evaluate the program's effectiveness for an estimated 90 children with anxiety disorder, attention deficit hyperactivity disorder, and autism spectrum disorder, including those who may have a combination of these diagnoses. "The study compares children who go through the Secret Agent Society program with those in other treatment programs," says Dr. Beaumont.



*The Secret Agent Society's child club meetings use a variety of program materials geared to enhancing social skills.*

"Many of the children are receiving weekly, individual therapy and are managed with medications. So, it's quite a rigorous benchmark. This study is not simply examining the teaching and learning of social skills. We also want to see if there is improvement in the core diagnostic features. So do we see improvement in ADHD and anxiety symptoms, as well as social skills?"

Specifically, the study, which is expected to be completed toward the end of 2018, is seeking to determine if the SAS program produces improvements in emotion regulation skills, especially anxiety, ADHD symptomatology, and social skills.

Dr. Beaumont acknowledges that there is a certain amount of professional skepticism when it comes to social skills training for children. "Children might improve in the actual therapy session," she says, "but do they take what they learn and use it where they need it?" Dr. Beaumont believes that a main premise and foundation of the SAS program is that working with a support team around the child – parents, teachers, therapists – who speak the same lingo can raise the skill level of the child and empower the child to use these skills when they need them.

"In addition to the benefits the SAS program provides for patients and families, our trainees in psychiatry and psychology have also learned quite a bit about group therapy, family dynamics, parent training, behavior therapy, and social skills training," adds Dr. Bennett.

"Anxious youth and anxious adolescents often avoid common social situations that are important to social development," continues Dr. Bennett. "If you go to college and haven't had those experiences navigating, 'How do I interact with a roommate? How do I meet kids in class? How do I make a new group of friends in a new setting?' – that can be very hard. Young people not only feel anxious, but they also feel like they don't have the necessary social skills. They feel that they've missed out on learning important social and developmental skills because they've been taken out of these activities due to their anxiety. So, we hope to collaborate with Dr. Beaumont and faculty from our Youth Anxiety Center to develop a similar social skills program for older adolescents and college age youth."

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## Mental Health First Aid: Engaging Communities to Improve Access to Quality Services

In 2016, Columbia University opened a new community Wellness Center led by two Columbia physicians – neurologist Olajide A. Williams, MD, MPH, and psychiatrist Sidney H. Hankerson, MD, MBA – both known for their pioneering approaches to improving public health in the Harlem and Washington Heights neighborhoods of New York City. Dr. Williams, who is Director of Acute Stroke Services at NewYork-Presbyterian/Columbia University Irving Medical Center, is leading the Wellness Center’s Community Health Worker Stroke Prevention program. Dr. Hankerson, Assistant Professor of Clinical Psychiatry at Columbia University Irving Medical Center and the New York State Psychiatric Institute, oversees the community-based implementation of Mental Health First Aid, a program he delivers to increase awareness about common mental health problems and encourage people to seek professional help. Following is an excerpt of an article appearing in Columbia Medicine magazine highlighting Dr. Hankerson’s mental health imperative.

Dr. Sidney Hankerson’s passion for community-based interventions draws on personal experiences and NIH-funded studies focused on reducing race-based health disparities in the United States. The Baptist Church that Dr. Hankerson regularly attended growing up – where his father served as a deacon and his mother played piano for the children’s choir – was a second family to him. “I was raised in Fredericksburg, Virginia, where my church was a hub of educational, social, and civic engagement. We were a tight-knit community that helped people tackle familial challenges and supported one’s spiritual growth,” says Dr. Hankerson.

After completing undergraduate studies at the University of Virginia, Dr. Hankerson enrolled at Emory University School of Medicine. He did most of his clinical training at Grady Memorial Hospital, a large public hospital system, which he calls “the Harlem Hospital of the South.” Fueled by his perception of multiple barriers to quality mental health services at Grady, Dr. Hankerson obtained a dual MD/MBA at Emory to understand how to translate best practices from business into research and clinical care.

**“It’s often countercultural for us to be talking about mental health in the church, but it’s a great opportunity to reach people who need help.”**

**— Dr. Sidney H. Hankerson**

Dr. Hankerson came to Columbia in 2009 after receiving a competitive NIMH-funded research fellowship. **Myrna M. Weissman, PhD**, the Diane Goldman Kemper Family Professor of Epidemiology and Psychiatry at Columbia University, Vagelos College of Physicians and Surgeons, and Chief of the Division of Translational Epidemiology at the New York State Psychiatric Institute, served as Dr. Hankerson’s mentor. “Sydney was interested in disparities in health care, so we talked and I said, ‘Everybody knows there are disparities. Let’s do something about it.’ Together we designed studies and received funding from the Brain and Behavior Foundation [formerly NARSAD] and several other grants to pursue them.”

Dr. Hankerson studied how community-based interventions could address factors such as lack of access to care, financial constraints, stigma, and distrust of health care professionals that contribute to African-Americans’ low depression treatment rates. “When I first



*Dr. Sidney H. Hankerson*

arrived at Columbia, I attended several community meetings with Dr. Williams, gave free mental health workshops, and talked to numerous community leaders,” says Dr. Hankerson. “I conducted several focus groups with pastors, who described depression as a ‘silent killer’ in the black community.”

Indeed, recent data from the Department of Health and Mental Hygiene show that major depression is the No. 1 cause of disability in New York City, but many people refuse to seek depression care. “The pastors’ insights caused me to pursue their role in mental health care more in-depth.” A landmark national study found that more people contact clergy first for mental health problems compared with psychiatrists, psychologists, or general medical doctors.

“Our clergy are trusted,” says Dr. Hankerson. And yet, faith communities are often ill-equipped to address the needs of members struggling with depression and other mental health illnesses. “The notion that people of faith don’t get depressed or struggle with other mental health problems creates tremendous tension that we have to work through. It’s often countercultural for us to be talking about mental health in the church, but it’s a great opportunity to reach people who need help.”

For example, Dr. Hankerson found high rates of depression (20 percent) via a depression screening study among congregants at three black churches in New York City. The study was the first of its kind, and Dr. Hankerson was invited to the White House twice in 2016 to discuss the results and his community-based program.

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## Mental Health First Aid: Engaging Communities to Improve Access to Quality Services (continued from page 3)

Dr. Hankerson is delivering the evidence-based, eight-hour Mental Health First Aid training in Harlem's First Corinthian Baptist Church and other trusted community venues. His program draws on the strong social ties within communities of faith and the credibility of clergy to combat the stigma of mental health troubles. He seeks to build connections among congregants and healthcare providers.

"Churches have addressed the emotional needs of their congregations for years," says Dr. Hankerson. Mental Health First Aid, which is available in English and Spanish, trains faith leaders – pastors, imams, deacons, and other clergy – and Harlem community members to assess and support someone experiencing a mental health crisis. Participants learn to detect signs and symptoms of depression and other mental illnesses, and the program provides a five-step action plan for connecting people to appropriate support.

Perhaps most importantly, programs like Mental Health First Aid housed with the Wellness Center will address a long-standing obstacle preventing access to appropriate health care among African-Americans – mistrust of mainstream medical science and health care in general. "We know that people of color – African-Americans and Latinos – are disproportionately affected by high blood pressure,

diabetes, depression, anxiety, stroke, and other chronic medical conditions," says Dr. Hankerson. "The Wellness Center provides an amazing opportunity for the development of new partnerships with scientists, physicians, psychologists, and, most importantly, among members of the West Harlem community. We will identify how we can provide the best care, delivered in a culturally sensitive way, and how we can positively impact the lives of people in West Harlem."

"People love Sydney because he's clearheaded and he has a mission, but he also wants to involve the science," says Dr. Weissman, who is working with Dr. Hankerson on implementing a similar program for the New York City Department of Health and Mental Hygiene. "He's very articulate, very responsive, and has really earned the trust of the community."

*Adapted from "Going Outside the Four Walls," by Sharon Tregaskis, published in Columbia Medicine, 2017 Annual Report*

#### For More Information

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