

Part C: UKZN Developing Research Innovation, Localization and Leadership in South Africa (DRILL) NIH Biographical Sketch Template

OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | Completion DateMM/YYYY | FIELD OF STUDY |
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**NOTE: The Biographical Sketch may not exceed five pages. Follow instructions below.**

**A. Personal Statement**

Briefly describe why you are well-suited for your role(s) in this project. The relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields. Note the following additional instructions:

* For institutional research training, institutional career development, or research education grant applications, faculty who are not senior/key persons are encouraged to complete this section, but not required to do so.
* Applicants for dissertation research awards should include a description of their career goals and intended career trajectory and their interest in the specific areas of research designated in the FOA, in addition to the information outlined above.
* Candidates for Research Supplements to Promote Diversity in Health-Related Research should include a description of their general scientific achievements and/or interests, as well as specific research objectives and career goals, in addition to the information outlined above. Indicate any current source(s) of educational funding.
* If there are factors affecting your past productivity that you wish to explain, such as family care responsibilities, illness, disability, or military service, you may address them in your personal statement.
* Indicate if you have published or created research products under another name.
* You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this biosketch or the application.
* Figures, tables and graphics are not allowed.

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include audio or video products; conference proceedings such as meeting abstracts, posters or other presentations;patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.

**B. Positions and Honors**

List in chronological order positions held since the completion of your most recent degree, concluding with your present position. High school students and undergraduates may include any previous positions. For individuals, such as fellowship applicants or career development award candidates, who are not currently located at the applicant organization, include the expected position at the applicant organization, with the expected start date.

List any relevant academic and professional achievements and honors. In particular:

* Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.
* Clinicians should include information on clinical licensure and specialty board certification, if applicable.
* Include present membership on any Federal Government public advisory committee.

**C. Contribution to Science**

Candidates for Research Supplements to Promote Diversity in Health-Related Research who are high school students, undergraduates, and postbaccalaureates are not required to completethis section.

Briefly describe up to five of your most significant contributions to science. While all applicants may describe up to five contributions, graduate students and postdoctorates are encouraged to consider highlighting two or three they consider most significant. Descriptions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication.

Each contribution should be no longer than one half page, including citations. These contributions do not have to be related to this project. For each contribution:

* Indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work.
* You may cite up to four papers accepted for publication or research products that are relevant to the contribution.
	+ Research products can include audio or video products; conference proceedings such as meeting abstracts, posters or other presentations;patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.
	+ These citations do not have to be authored by you.

You may provide a URL to a full list of your published work. This URL must be to a Federal Government website (a .gov suffix). NIH recommends using [My Bibliography](http://www.ncbi.nlm.nih.gov/books/NBK53595/). Providing a URL to a list of published work is not required, and reviewers are not required to look at the list.

**D. Research Support**

Note the following instructions for specific types of applicants/candidates:

* High school students are not required to complete this section**.**
* Applicants for predoctoral and postdoctoral fellowships, dissertation research grants, and candidates for Research Supplements to Promote Diversity in Health-Related Research from the undergraduate through postdoctoral levels should use this section to provide information about their scholastic performance, following the instructions below. In situations where applicants/candidates in these categories also have research support, they should complete both parts of this section.

*Research Support*

For all other individuals required to complete a biosketch, list selected ongoing and completed research projects for the past three years (Federal or non-Federal support). Briefly indicate the overall goals of the projects and your responsibilities. *Do not include number of person months or direct costs*.

Do not confuse “Research Support” with “Other Support.” Though they sound similar, these parts of the application are very different.

* As part of the biosketch section of the application, “Research Support” highlights your accomplishments, and those of your colleagues, as scientists. This information will be used by the reviewers in the assessment of each individual’s qualifications for a specific role in the proposed project, as well as to evaluate the overall qualifications of the research team.

In contrast, “Other Support” information is required for all applications that are selected to receive grant awards. NIH staff will request complete and up-to-date “other support” information from you after peer review.

*Scholastic Performance*

Predoctoral applicants/candidates (including undergraduates and postbaccalaureates): List by institution and year all undergraduate and graduate courses, with grades. In addition, in the space following the chart, explain any grading system if other than 1-100, A, B, C, D, F, or 0-4.0. Show levels required for a passing grade.

Postdoctoral applicants: List by institution and year all undergraduate courses and graduate scientific and/or professional courses germane to the training sought under this award, with grades. In the space following the chart, explain any grading system if other than 1-100, A, B, C, D, F, or 0-4.0. Show levels required for a passing grade.

Part C: NIH Biographical Sketch (Example)

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**BIOGRAPHICAL SKETCH (Example)**

**DO NOT EXCEED FIVE PAGES**.

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
| University of California, Berkeley | B.S | 05/1990 | Psychology |
| University of Vermont | Ph.D. | 05/1996 | Experimental Psychology |
| University of California, Berkeley | Postdoctoral | 08/1998 | Public Health and Epidemiology |
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**A. Personal Statement**

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. My research includes neuropsychological changes associated with addiction. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2005-2006 my career was disrupted due to family obligations. However, upon returning to the field I immediately resumed my research projects and collaborations and successfully competed for NIH support.

1. Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. Psychology and Aging, 23(4), 10-22.
2. Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
3. Hunt, M.C., Wiechelt, S.A. & Merryle, R. (2008). Predicting the substance-abuse treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245. PMCID: PMC9162292 Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. Gerontology, 46(3), 122-145.

**B. Positions and Honors**

**Positions and Employment**

1998-2000 Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD

2000-2002 Lecturer, Department of Psychology, Middlebury College, Middlebury, VT

2001- Consultant, Coastal Psychological Services, San Francisco, CA

2002-2005 Assistant Professor, Department of Psychology, Washington University, St. Louis, MO

2007- Associate Professor, Department of Psychology, Washington University, St. Louis, MO

**Other Experience and Professional Memberships**

1995- Member, American Psychological Association

1998- Member, Gerontological Society of America

1998- Member, American Geriatrics Society

2000- Associate Editor, Psychology and Aging

2003- Board of Advisors, Senior Services of Eastern Missouri

2003-05 NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer

2007-11 NIH Risk, Adult Addictions Study Section, members

**Honors**

2003 Outstanding Young Faculty Award, Washington University, St. Louis, MO

2004 Excellence in Teaching, Washington University, St. Louis, MO

2009 Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

**C. Contribution to Science**

1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
	1. Gryczynski, J., Shaft, B.M., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. American Journal of Alcohol and Drug Abuse, 15(3), 222-238.
	2. Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. International Journal of Drug Policy, 30(5), 46-58.
	3. Hunt, M.C., Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. Journal of Applied Gerontology, 28(2),26-37.
	4. Hunt, M.C., Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2007). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. Addiction, 104(9), 1436-1606. PMCID: PMC9000292
2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.
	1. Hunt, M.C., Merryle, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. Journal of the American Geriatrics Society, 57(4), 15-23.
	2. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. American Journal of Alcohol and Drug Abuse, 15(6), 134-149.
	3. Merryle, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. Age and Ageing, 38(2), 9-23. PMCID: PMC9002364
3. Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.

1. Hunt, M.C. & Jensen, J.L. (2003). Morbidity among elderly substance abusers. Journal of the Geriatrics, 60(4), 45-61.
2. Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
3. Merryle, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. Journal of Ageing, 54(1), 24-41. PMCID: PMC9112304
4. Hunt, M.C., Jensen, J.L. & Merryle, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

**Complete List of Published Work in MyBibliography:** [**http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending**](http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending)

**D. Research Support**

**Ongoing Research Support**

R01 DA942367 Hunt (PI) 09/01/08-08/31/16

Health trajectories and behavioral interventions among older substance abusers

The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts.

Role: PI

R01 MH922731 Merryle (PI) 12/15/07-11/30/15

Physical disability, depression and substance abuse in the elderly

The goal of this study is to identify disability and depression trajectories and demographic factors associated with substance abuse in an independently-living elderly population.

Role: Co-Investigator

Faculty Resources Grant, Washington University 08/15/09-08/14/15

Opiate Addiction Database

The goal of this project is to create an integrated database of demographic, social and biomedical information for homeless opiate abusers in two urban Missouri locations, using a number of state and local data sources.

Role: PI

**Completed Research Support**

R21 AA998075 Hunt (PI) 01/01/11-12/31/13

Community-based intervention for alcohol abuse

The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals.

Role: PI