

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		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.

A. Personal Statement

Briefly describe why you are well-suited for your role in the project described in this application. 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 your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project, provided that those publications do not appear in Section C. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

C. Contributions to Science

Briefly describe up to five of your most significant contributions to science. 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. For each of these contributions, reference up to four peer-reviewed publications that are relevant to that contribution. The description of each contribution should be no longer than one half page including any figures. Please also provide a URL to a full list of your published work as found in a publicly available digital database such as PubMed or My Bibliography which are maintained by the US National Library of Medicine..

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0046). Do not return the completed form to this address.

D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

BIOGRAPHICAL SKETCH

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

NAME Hunt, Morgan Casey		POSITION TITLE Associate Professor of Psychology	
eRA COMMONS USER NAME (credential, e.g., agency login) huntmc			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
University of California, Berkeley	B.S.	05/90	Psychology
University of Vermont	Ph.D.	05/96	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/98	Public Health and Epidemiology

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. Merrylye, 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. & Merrylye, R. (2008). Predicting the substance-abuse treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
4. 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, member

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. Contributions 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.
 - a. Gryczynski, J., Shaft, B.M., Merrylye, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. *American Journal of Alcohol and Drug Abuse*, 15(3), 222-238.
 - b. Shaft, B.M., Hunt, M.C., Merrylye, 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.
 - c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merrylye, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. *Journal of Applied Gerontology*, 28(2), 26-37.
 - d. 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. PMID: PMC9000292

2. In addition to the contributions described above, I documented the effectiveness of various intervention models for older substance abusers and demonstrated the effectiveness of social support networks. These studies emphasized the 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.
 - a. Hunt, M.C., Merrylye, 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.
 - b. Hunt, M.C., Pour, B., Marks, A.E., Merrylye, R. & Jensen, J.L. (2005). Aging out of methadone treatment. *American Journal of Alcohol and Drug Abuse*, 15(6), 134-149.
 - c. Merrylye, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing*, 38(2), 9-23. PMID: PMC9002364

3. Methadone maintenance has been used to treat narcotics addicts for many years but my research has shown that over the long-term those in methadone treatment view themselves as “losers” and they gradually understand that treatment is an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks

