

EXAMPLE***

OMB No. 0925-0001 and 0925-0002 (Rev. 12/2020 Approved Through 02/28/2023)

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.**

Commented [A1]: NOTE – This is the non-fellowship biosketch.

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc1

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 Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	BS	05/2003	Psychology
University of Vermont	PHD	05/2009	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/2013	Public Health and Epidemiology

A. Personal Statement

I am an Associate Professor of Psychology, and my research is focused on neuropsychological changes associated with addiction. 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. 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 2015-2016, 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. In summary, I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project.

Commented [A2]: CHANGE – As applicable, include details on ongoing and completed research projects from the past three years that they want to draw attention to within the personal statement, Section A.

Ongoing and recently completed projects that I would like to highlight include:

R01 DA942367

Hunt (PI)

09/01/16-08/31/21

Health trajectories and behavioral interventions among older substance abusers

NIH Biosketch Guidance Document

R01 MH922731

Merryle (PI), Role: co-investigator

12/15/17-11/30/22

Physical disability, depression and substance abuse in the elderly

R21 AA998075

Hunt (PI)

01/01/19-12/31/21

Community-based intervention for alcohol abuse

Citations:

1. Merryle, R.J. & **Hunt, M.C.** (2015). 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. (2018). 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. (2019). Predicting the substance-abuse treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
4. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing*, 38(2), 9-23. PMID: PMC9002364

B. Positions, Scientific Appointments, and Honors

Commented [A3]: **CHANGE** - Previous section B. was titled: Positions and Honors.

Positions and Scientific Appointments

2021– Present	Associate Professor, Department of Psychology, Washington University, St. Louis, MO
2020 – Present	Adjunct Professor, McGill University Department of Psychology, Montreal, Quebec, Canada
2018 – Present	NIH Risk, Adult Addictions Study Section, members
2015 – 2017	Consultant, Coastal Psychological Services, San Francisco, CA
2014 – 2021	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2014 – 2015	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2014 – Present	Board of Advisors, Senior Services of Eastern Missouri
2013 – 2014	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2011 – Present	Associate Editor, <i>Psychology and Aging</i>
2009 – Present	Member, American Geriatrics Society
2009 – Present	Member, Gerontological Society of America
2009 – 2013	Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2006 – Present	Member, American Psychological Association

Commented [A4]: **CHANGE** – List in reverse chronological order all current positions and scientific appointments both domestic and foreign, including affiliations with foreign entities or governments. This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary).

Honors

2020	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society
2019	Excellence in Teaching, Washington University, St. Louis, MO
2018	Outstanding Young Faculty Award, Washington University, St. Louis, MO

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 and 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.
 - a. Gryczynski, J., Shaft, B.M., Merryle, R., & **Hunt, M.C.** (2013). 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.**, Merryle, R., & Venturi, R. (2014). 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., Merryle, R., & Jensen, J.L. (2015). 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. (2018). 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, 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.
 - a. **Hunt, M.C.**, Merryle, R. & Jensen, J.L. (2015). 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., Merryle, R. & Jensen, J.L. (2018). Aging out of methadone treatment. *American Journal of Alcohol and Drug Abuse*, 15(6), 134-149.
 - c. Merryle, R. & **Hunt, M.C.** (2020). 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 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.

Commented [A5]: CHANGE – For the non-Fellowship Biosketch, Section D. has been removed.

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- a. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among elderly substance abusers. *Journal of the Geriatrics*, 60(4), 45-61.
- b. **Hunt, M.C.** & Pour, B. (2015). Methadone treatment and personal assessment. *Journal Drug Abuse*, 45(5), 15-26.
- c. Merrylye, R. & **Hunt, M.C.** (2018). The use of various nicotine delivery systems by older nicotine addicts. *Journal of Ageing*, 54(1), 24-41. PMID: PMC9112304
- d. **Hunt, M.C.**, Jensen, J.L. & Merrylye, R. (2020). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:

<https://www.ncbi.nlm.nih.gov/myncbi/1CifFFV4VYQZE/bibliography/public/>