

IN MEMORIAM



IN MEMORIAM Barbara H. Stanley Ph.D

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Barbara H. Stanley was an ACNP Fellow and accepted into membership in 2014. Sadly, she died on Wednesday January 25th 2023 in Scotch Plains, N.J. She was 73. Her daughter, Melissa Morris, identified the cause as ovarian cancer.

At the time of her passing, Dr. Stanley, was Professor of Psychology in Psychiatry at Columbia University and Director of Suicide Prevention Training for the New York State Office of Mental Health and a Research Scientist at New York State Psychiatric Institute.

I was introduced to Barbara Stanley in 1978 by her husband Michael Stanley when I joined NYU as a research fellow in Psychiatry. Michael was studying the pharmacology of antipsychotics and offered me a desk in his office. I was studying the

pathogenesis of mood disorders and the action of antidepressants. This act of kindness was only the beginning of many that led to a close collaboration until Michael died unexpectedly in his sleep in 1993, leaving Barbara to raise their two children and keep their joint research program running. Michael was the person who suggested to me that, in order to study the pathogenesis of mood disorders, I should collect brain specimens from suicide decedents at the New York City Chief Medical Examiner's Office, which was located next to the NYU Medical Center. He was an expert in measuring monoamine metabolites using HPLC, and I had done assays of monoamine oxidase activity in brain postmortem and in platelets as part of my doctoral thesis research. Our team was complete when Barbara put together a set of clinical ratings relevant for psychopathology related to suicidal behavior. In 1983, the three of us got two grants from NIMH at the same time. One grant was to study postmortem brain in suicide decedents. The second grant was to study CSF monoamine metabolites and HPA axis function in depressed suicide attempters. Those studies identified a set of brain abnormalities related to serious suicidal behavior that were independent of major depression. Barbara's packet of rating scales went on to be adapted into a comprehensive psychological autopsy that is still used by our Columbia/NYSPI group to clinically phenotype all cases and controls in our brain collection. Her clinical rating packet has undergone many changes but remains the core of the rating packet used for our current studies of nonfatal suicidal behavior.

Barbara transitioned from a major interest in ethics of research in psychiatric patients to the field of suicide research. She worked for years with Maria Oquendo and Hanga Galfalvy on subtyping suicidal ideation and behavior from a clinical and biologic perspective. She pioneered the use of ecological momentary assessment to study suicidal ideation and its relationships to mechanisms employed by patients to cope with stress and suicidal ideation. Barbara was as great a clinician as she was a researcher. She was a devoted and caring clinician who took care of many very sick patients. She embraced the opportunity to mentor postdoctoral fellows and junior faculty and guide them forward as they developed into mature researchers and clinicians.

She helped researchers see that suicidal behavior needed to be directly addressed, in terms of research, treatment and prevention, and not only as a symptom of another disorder.

Reflecting her vision as a researcher and as a clinician, she teamed up with Greg Brown, Director of the Penn Center for the Prevention of Suicide at the University of Pennsylvania, to create the [Stanley-Brown Safety Planning Intervention](#) that clinicians use to help patients experiencing suicidal ideation and urges to compose a written plan that lists coping strategies, sources of support or distractions that could help them avoid acting on their suicidal thoughts or urges.

This instrument replaced so-called "no suicide contracts" that were never shown to work effectively. Barbara and Greg showed that this Safety Plan approach worked, and patient testimonials gave idiographic richness to our understanding of its effectiveness

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and how it helped patients long after they had made their list. This instrument is now used globally.

In 2018, a [study](#) of suicidal patients presenting to the Emergency Department at Veterans Affairs hospitals found that a written safety plan constructed while in the emergency department, and combined with follow-up phone calls, halved the suicidal behavior rate and doubled the likelihood of receiving mental health treatment in the following six months.

Dr. Stanley wrote more than 200 papers. She was a Fellow of the American Psychological Association and the ACNP. At the time of her death, she was president of the [International Academy for Suicide Research](#). She had been the Editor in Chief of the Archives of Suicide Research for many years, and served on boards and committees of many professional organizations.

The New York Times reported that Barbara Hrevnack was born on Aug. 13, 1949, in Newark. Her father, John Hrevnack, worked as a tool-and-die maker, and her mother, Marie (Wnukowski)

Hrevnack, worked in the claims department of an insurance company.

She earned a bachelor's degree at Montclair State College and a doctorate in clinical psychology at New York University.

In addition to her daughter, Melissa, she is survived by her son, Thomas Stanley, and her siblings, John Hrevnack, Michael Hrevnack and Joanne Kennedy. We, in Columbia Psychiatry have lost a dear friend, a gifted, generous, and caring colleague and a giant in the field of suicide research.

J. John Mann ¹ 

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