

Keynote Plenary Speaker



Interview with Dr. Jenessa Johnston

Joshua Gordon, M.D., Ph.D. is a renowned neuroscientist and psychiatrist who is currently Chair of the Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons following his notable tenure as the Director of the National Institute of Mental Health (NIMH). His strength as a leader is evident not only from his successful track record, but in the strength of his convictions balanced by a kind approach when discussing challenges in the scientific community. After his remarkable plenary at the American Society of Clinical Psychopharmacology's annual meeting, titled "The New and the Old of is Newer Better", we got the opportunity to sit down with him and discuss where the field is headed.

Joshua Gordon, M.D.

Columbia University

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JJ: “In your plenary, you discussed the shifting definitions of “better” and what that means for pharmacology. Could you speak a bit more on this, and if there will ever be a point where we can define what is a “better” therapeutic based on a specific metric?”

JG: I definitely think that efficacy is still one way to indicate a better medication – however we haven’t had an example of – other than perhaps clozapine for treatment-resistant schizophrenia – any particular drug being better than another. They all seem to work modestly well. So efficacy ends up being just one category. Another category, as I mentioned in the talk, is the notion that we could consider something as “better” for a specific class of patients or an individual patient. We have tried that in the past through looking at clinical subsyndromes, famously with atypical depression and tricyclic treatment which wasn’t robustly successful. With better data we can do a better job in precision psychiatry. The third option is identifying drugs that are better tolerated or easier to take for patients. If you don’t have to take a drug continuously, the option to medicate less frequently may be preferable for patients even if the drugs perform similarly.

JJ: There’s a theme of patient-centered decisions in these shifting definitions of “better”. Do you think these forms of definitions should be clinician and researcher driven, or do you think there should be a big movement for patient voices here?

JG: Absolutely yes. As an example, TMS (Transcranial Magnetic Stimulation) is an option that requires repeated visits to the doctor over short periods of time, however that seems to be preferable to some patients due to the low side effects. So, if it has modest efficacy, but low side effects, it may be worth the burden of having to visit the doctor’s office all the time. Hearing the patients’ voices of what they prefer is essential. The other thing we often neglect is the notion that we may be targeting the wrong symptoms. The example I like to use is in autism – individuals who are higher functioning with autism will state that they are less concerned about their social function and more concerned about anxiety or sensory overstimulation. However, many autism trials have focused on those social skills and haven’t come up with good treatments. Why not pivot to the other symptoms that of great concern for many individuals with autism?

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JJ: You have held significant leadership positions throughout your tenure as a researcher and clinician – what have these positions given you in terms of perspective on science communication and translation?

JG: My first exposure to a leadership position was early in my career as an associate of my residency program where I was responsible for mentoring residents interested in research. Even that position gave me the perspective to see different kinds of research broader than my own, not just what it took, but also the importance and impact of it. In our fields we are so hyperspecialized that we tend to get consumed from an academic and egotistical perspective that our research is the key to unlocking the future. And what you begin to appreciate in leadership is that you have a beautiful garden with lots of different vegetables that mature at different parts of the season – you still need all of that to grow and thrive.

JJ: Similarly, how do you properly communicate to the public about advances in science across such broad topics?

JG: Expressing how important this work is is a challenge and incredibly crucial. The BRAIN initiative is a good example. From a scientific perspective, the BRAIN initiative is this sort of narrow slice of neuroscience focused on understanding how circuits in the brain produce behavior. However, from the get-go there were things that that BRAIN initiative did to be able to persuade policy makers; the most important of which was to excite people. Quite famously, early in the planning stage there was a demonstration of Obama fist bumping a robotic arm powered by a brain chip. Linking neuroscience to practical applications and exciting people is a wonderful way to capture the public's attention.

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JJ: Evidently you have encountered many challenges throughout your tenures at various institutions – do you have advice on handling these challenges, particularly during times of uncertainty like now?

JG: When you step into these positions and face challenges such as the federal attacks on Columbia and science in general, something to keep in mind is that you have a lot of people around you to rely on. The most important thing is to gather their input and create an atmosphere where the people that you work with feel like they can both challenge you and give you their best ideas, knowing that you will respect them. Responding to challenges is a team sport. The other thing that is helpful is recognizing that nothing is forever. Things are never as bad or as good as they seem. Try to remember that the challenges one faces are time limited. Finally, try not to respond to the most extreme things you hear about, prioritize trying to understand what is actually happening.

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JJ: Dr. Gordon's words of wisdom are reassuring during a time where everything feels as if it is constantly changing within science. Strong leadership is essential during these tumultuous times, and Dr. Gordon truly embodies what makes a great leader.

A big thank you to him for his time and wonderful plenary at this year's #ASCP2025 Annual Meeting.

Jenessa Johnston, Ph.D.

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