



Contemplative Studies Centre (CSC) Academic Seed Funding Program (ASFP)

ASFP Bio-doc

- **Completion of an ASFP Bio-doc is compulsory for Project Leads and strongly advised for Key Contributors.**
- **This template is not discipline specific, please complete all sections in a style appropriate to your discipline.**
- **Do NOT exceed four pages in length.**

Name:	Jane Rohanat		
Current position:	Senior Lecturer, School of Science	Held since:	JAN 2021
Your role on proposed project:	Project Lead		
Qualifications: Institution & location	Degree type (if applicable)	Completion MM/YYYY	Discipline/Field of Study
Australian National University, Canberra	BSC	10/2009	
University of Technology, Sydney	PhD	10/2014	Bio Medicine

Add or delete rows as needed.

1. Previous positions

2019 – 2020 Lecturer, Department of Medicine, Middle College, Dohbury, VE, UK
2014 – 2018 Fellow, Intrel Research Program, National Institute on Drug Abuse, Baliore, MW, USA

2. Personal Statement

I am an Associate Professor of Psychology, and my research is focused on neuropsychological changes associated with substance use disorders. 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 substance use disorders. 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 older people with substance use disorders, 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 project.

3. Up to ten publications I would like to highlight (includes research books and chapters, journal articles and conference publications):

1. Merrylye, R.J. & Rohanat, J.S. (2015). Independent living, physical disability and substance use among older adults. *Psychology and Aging*, 23(4), 10-22.
2. Rohanat, J.S., Jensen, J.L. & Crenshaw, W. (2018). Substance use and mental health among community-dwelling older adults. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.
3. Rohanat, J.S., Wiechelt, S.A. & Merrylye, R. (2019). Predicting the substance use treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
4. Rohanat, J.S., Wtr gthelt, tigr , R. (2019). Predicting the substance use treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
5. Rohanat, J.S., Wirt helt, Slp glfdpplfd[g, R. (2016). Rfguerh uf rufhr r frhf reh f rieuhf reih rhf rehfasdpoa dkaoifjds ifdiof jghmn needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
6. Rohanat, J.S., wer echelt, S.A. & Merrylye, R. (2015). Fjh dsjfhd f djkfhd sf kjdsfh kdjshf dksjfh ks needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
7. Rohanat, J.S., wety echelt, S.A. & Merrylye, R. (2014). Predicting the substance use trfk roro frf orkfo rofkrokforfkoprk foprk health, 45(2), 236-245. PMID: PMC9162292

4. Up to ten pieces of further performance evidence I would like to highlight:

Includes but is not limited to:

- *graduate or undergraduate teaching and course development*
- *intellectual property, including patents, trademarks, designs and plant breeder's rights*
- *non-traditional research or other academic activity outputs, including live performances, recordings or renderings of creative works, public exhibitions and portfolios*
- *research income, including Australian competitive grants, such as ARC and NHMRC grants; other public sector income; and industry funding and investment from Australia and overseas*
- *research supervision and advice, including higher degree by research student completions*
- *professional development, mentoring and research or other academic leadership*
- *fellowships, memberships, awards, and keynote addresses*
- *policy development and advice*
- *research or other academic activity impact, including the use of research to achieve environmental, cultural, social or economic changes or improvements, and*
- *research or other academic collaboration.*

5. Contributions to my discipline/field

1. My early publications directly addressed the fact that substance use 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 concerns about a substance use disorder. These publications document this emerging concern and guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the behavior, and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for older adults with substance use disorders 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., & **Rohanat, J.S.** (2013). Community based participatory research with late-life substance use disorder. *American Journal of Alcohol and Drug Abuse*, 15(3), 222-238.
 - b. Shaft, B.M., **Rohanat, J.S.**, Merryle, R., & Venturi, R. (2014). Policy implications of genetic transmission of alcohol and drug use in women who do not use drugs. *International Journal of Drug Policy*, 30(5), 46-58.
 - c. **Rohanat, J.S.**, Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2015). Early-life family and community characteristics and late-life substance use. *Journal of Applied Gerontology*, 28(2), 26-37.
 - d. **Rohanat, J.S.**, Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2018). Community-based intervention strategies for reducing alcohol and drug use in older adults. *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 people with substance use disorders and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of substance use disorders and the disruptive potential of networks in substance use treatment. This body of work also discusses the prevalence of alcohol and amphetamine use in older adults and how networking approaches can be used to mitigate the effects of these disorders.
- a. **Rohanat, J.S.**, Merryle, R. & Jensen, J.L. (2015). The effect of social support networks on morbidity among older adults with substance use disorders. *Journal of the American Geriatrics Society*, 57(4), 15-23.
 - b. **Rohanat, J.S.**, 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. & **Rohanat, J.S.** (2020). Randomized clinical trial of cotinine in older people with nicotine use disorders. *Age and Ageing*, 38(2), 9-23. PMID: PMC9002364
3. Methadone maintenance has been used to treat people with substance use disorder 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. Older adults 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.
- a. **Rohanat, J.S.** & Jensen, J.L. (2013). Morbidity among older adults with substance use disorders. *Journal of the Geriatrics*, 60(4), 45-61.
 - b. **Rohanat, J.S.** & Pour, B. (2015). Methadone treatment and personal assessment. *Journal Drug Abuse*, 45(5), 15-26.
 - c. Merryle, R. & **Rohanat, J.S.** (2018). The use of various nicotine delivery systems by older people with nicotine use disorder. *Journal of Aging*, 54(1), 24-41. PMID: PMC9112304
 - d. **Rohanat, J.S.**, Jensen, J.L. & Merryle, R. (2020). *Aging and substance use disorder: ethnographic profiles of older people with substance use disorder*. NY, NY: W. W. Norton & Company.

A Complete List of my Published Work can be found online at:

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