

**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: 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 <i>(if applicable)</i>	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 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 research project.

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 people with substance use disorders

R01 MH922731  
 Merryle (PI), Role: co-investigator  
 12/15/17-11/30/22  
 Physical disability, depression, and substance use among older adults

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 use among older adults. *Psychology and Aging*, 23(4), 10-22.
2. **Hunt, M.C.**, 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. **Hunt, M.C.**, Wiechelt, S.A. & Merryle, R. (2019). Predicting the substance use 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 people with nicotine use disorder. *Age and Aging*, 38(2), 9-23. PMID: PMC9002364

## B. Positions, Scientific Appointments, 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 Substance Use Disorder Study Section, member
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, Intramural Research Program, National Institute on Drug Abuse, Baltimore, MD
2006 – Present	Member, American Psychological Association

### 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 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., & **Hunt, M.C.** (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., **Hunt, M.C.**, Merrylye, 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. **Hunt, M.C.**, Marks, A.E., Shaft, B.M., Merrylye, 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. **Hunt, M.C.**, 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. **Hunt, M.C.**, Merrylye, 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. **Hunt, M.C.**, Pour, B., Marks, A.E., Merrylye, R. & Jensen, J.L. (2018). Aging out of methadone treatment. *American Journal of Alcohol and Drug Abuse*, 15(6), 134-149.
  - c. Merrylye, R. & **Hunt, M.C.** (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. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among older adults with substance use disorders. *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 people with nicotine use disorder. *Journal of Aging*, 54(1), 24-41. PMID: PMC9112304
  - d. **Hunt, M.C.**, Jensen, J.L. & Merrylye, R. (2020). *Aging and substance use disorder: ethnographic profiles of older people with substance use disorder*. NY, NY: W. W. Norton & Company.

**Complete List of Published Work in MyBibliography:**

<https://www.ncbi.nlm.nih.gov/myncbi/1ICiFFV4VYQZE/bibliography/public/>