

## 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

Required for all Senior/Key Personnel

POSITION TITLE: Associate Professor of Psychology

List current position. Should match ASSIST profile.

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<br>(if applicable) | Completion Date<br>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

Ideally Section A is revised for each application to make the best possible case that your background, education, preparation, skills, and experience make you uniquely suited for your particular role on the proposed project. This is particularly true for the concluding statement about why you are well-suited to perform the proposed work. Often longer, especially for junior faculty who must make a stronger case for themselves as capable of successfully executing the project.

I am an Associate Professor of Psychology associated with substance use disorders, 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 of my previous experiences. I am aware of the importance of frequent communication in constructing a realistic research plan, timeline, and budget. The current 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.

Pls may wish to draft concluding statement for Co-Is to ensure the role described matches the rest of the

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

NIH defines "recently completed" as within the past 3 years

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

Suggest some combination of: most relevant to the proposed project, demonstrate hx of prior successful collaboration with the proposed team, most impactful, lead/senior authorship, and/or demonstrate mentoring (depending on activity code). Ensure consistent formatting and citation style throughout the document.

1. Merrylye, R.J. & **Hunt, M.C.** (2015). Independent 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. & 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. Merrylye, 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

Confirm using term “Scientific Appointments” vs “Employment.” Confirm positions are listed in reverse chronological order.

|                |   |
|----------------|---|
| 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, Psychology and Aging  |
| 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  |

|      |   |
|------|---|
| 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  
However, because many older  
there are reasons to believe  
publications found that older  
providers to deal with emergi  
document this emerging conc  
providers to recognize sympt  
interventions. By providing ev  
standards of care for older ad  
in relevant medical settings w  
all of these studies.
  - a. Gryczynski, J., Shaft, B.M  
research with late-life sub  
222-238.

- For each contribution, indicate the following:
  - the historical background that frames the scientific problem;
  - the central finding(s);
  - the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and
  - your specific role in the described work.
- Though you are asked to describe central findings, refrain from including information like preliminary data that belongs elsewhere in the application.
- Consider including a bolded header for each contribution.
- Include no more than 5 contributions with no more than 4 citations each.
- Each contribution should be no more than ½ page including citations.
- Include PMCID's where applicable to demonstrate compliance with NIH public access policy.
- You may describe manuscripts in preparation/submitted in the text, but citations must be to articles that have been accepted.
- No requirement for either contributions or citations to be listed in chronological order. Consider citing most impressive and or relevant items first.

- 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/1ICifFFV4VYQZE/bibliogra>

Ensure that if you include an optional link to a full list of your published work it is to a .gov site. This is the only allowable active hyperlink in the biosketch.

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