

THE VISN 5 MIRECC MATTERS

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FROM THE EDITOR'S DESK

Amy Buchanan, B.A.

I am very excited to announce that I will be taking over as editor of the VISN 5 MIRECC MATTERS. The previous editor, **Amanda Teague, LGSW**, will be increasing her responsibilities at the MIRECC by joining the Cooperative Study #494 ("A Randomized Trial of Cognitive Behavioral Treatment for PTSD in Women") as a therapist. Congratulations Amanda! I would be happy to hear any suggestions about the newsletter or ideas for articles via email at Amy.Buchanan@med.va.gov.

MIRECC WALKS FOR THE MIND OF AMERICA

Submitted by Shannon Thomas-Lohrman, MS



The MIRECC made an impressive showing in the first annual NAMI Walks for the Mind of America fundraising walk on Sunday, May 4, 2003. The National Alliance for the Mentally Ill (NAMI) is a grassroots, self-help, support, educational and advocacy organization dedicated to improving the quality of life for people with severe mental illnesses. Worth Magazine recently named NAMI one of the "Top 100 Charities Most Likely To Save the World", and the MIRECC jumped at the chance to make their first Walk a smashing success.

The MIRECC sent a total of 42 walkers, which included staff and their families, to the 2.4-mile walk around Centennial Park in Ellicott City, Maryland. If you happened to be in the area, you couldn't have missed us in our bright yellow TEAM MIRECC t-shirts! With everyone's help, the MIRECC raised a grand total of \$3,787.00, which goes directly to support NAMI Maryland's programs and to increase awareness of the need for America to develop a world-class treatment and recovery system for people with mental illness.

Special thanks to the Walk Committee (**Shannon Thomas-Lohrman, MS, Amanda Teague, LGSW, Wendy Potts, MS, and Sarah Morris, PhD**) for coordinating the MIRECC's participation and planning a post-Walk cookout, which was enjoyed by all. Thanks also to **Joy Minchew, BA**, for creating a special MIRECC banner that was proudly carried throughout the Walk. Congratulations go to **Danielle Bradley, BA**, who was the winner of the Team MIRECC t-shirt design contest, and **Wendy Tenhula, PhD**, who raised the largest amount of money. Thank you also to everyone in the VA who supported our effort with donations.

TREATMENT OF ALCOHOL USE DISORDERS IN PEOPLE WITH SCHIZOPHRENIA

Melanie Bennett, PhD, Alan S. Bellack, PhD, Lisa Dixon, MD, MPH

Alcohol is the most widespread substance of abuse among people with schizophrenia. Alcohol abuse and dependence result in a range of serious negative consequences for schizophrenia patients, including more severe symptoms of mental illness, more frequent hospitalizations, higher rates of violence and suicide, increased risk for HIV and AIDS, greater rates of homelessness, increased risk for criminal and sexual victimization, and treatment and medication noncompliance. There have been few trials of interventions for alcohol abuse in schizophrenia. There is agreement that schizophrenia patients with alcohol use disorders need both psychiatric and alcohol treatment. However, traditional alcohol treatment programs are too confrontative and cognitively demanding for many schizophrenia patients, while alcohol-abusing schizophrenia patients can be disruptive and noncompliant in typical psychiatric programs. Treatment also must incorporate strategies to reach patients and engage them in treatment, as well as involve intensive case management to assist patients in managing the many areas of their lives that are often stressful and chaotic, including unstable or lack of housing, poor medication management and failure to attend psychiatric treatment, health problems and lack of medical care, lack of financial resources, and lack of family or community support. Treatment of alcohol problems will be jeopardized by a failure to pay attention to and address such contextual issues. In addition, schizophrenia patients present a wide array of challenges for alcohol treatment. They generally show low motivation to change, they experience pervasive cognitive impairments that impede behavior change, and they show social impairment that causes difficulty developing social relationships with non-drinking peers and resisting pressure to use. Importantly, schizophrenia patients lack a supportive environment, links to community resources, and positive and rewarding activities that make life without drinking both possible and reinforcing.

We are beginning a project that is being funded by the National Institute on Alcohol Abuse and Alcoholism to develop an intervention for alcohol use disorders that addresses these unique needs of people with schizophrenia. This project will develop and pilot test a multifaceted behavioral intervention for schizophrenia patients with alcohol use disorders. Participants will be patients with DSM-IV diagnoses of schizophrenia or schizoaffective disorder, and concurrent diagnosis of Alcohol Abuse or Dependence. Treatment will be administered in a small group (4-8 patients) format, twice a week for 90 minutes over six months. Our approach will be based on social skills training techniques, along with interventions for alcohol use that will be modified to meet the needs of schizophrenia patients. The primary training techniques are instruction, modeling, role-play, and rehearsal.

The intervention will contain two sections. First, an important obstacle to effective treatment of alcohol problems in people with schizophrenia is nonattendance and noncompliance with treatment, things that are influenced by low motivation to change and the numerous stressful life events that keep people from attending treatment appointments. The Treatment Engagement and Intensive Case Management section will aim to engage patients in alcohol treatment and address life problems that can keep patients from attending treatment sessions. Motivational Interviewing (MI) incorporates collaboration with clients and providing clear feedback and advice, along with negotiating goals and problem-solving to overcome barriers to treatment. Importantly, studies with dual diagnosis patients find that MI is effective in boosting attendance and adherence to treatment. In the present study, MI will be conducted prior to treatment entry as a way to increase engagement in treatment and motivation to change alcohol use. In addition, intensive case management will be used to build a bridge between the treatment setting and life in the community. We will be adapting a model known as Critical Time Intervention, a time-limited case management approach that aims to engage patients in treatment and work with them to resolve crises, link to community resources and family relationships, obtain mental health treatment and identify rewarding non-drinking activities.

Second, there exists a large literature on effective treatments for alcohol use disorders. For our alcohol-focused section of the intervention, we will adapt a number of these procedures that seem especially germane for the problems faced by patients with severe mental illness and that they are likely to be able to learn and implement effectively. Specifically, the Alcohol-Focused Treatment will involve three main components. First, patients will learn and practice social skills and refusal skills. The goals of the social skills training segment are to enable patients to develop new social relationships that do not involve drinking, to reduce interpersonal conflict that might lead to drinking, and to teach basic alcohol refusal skills. Second, we will provide education and coping skills training. The educational component of our intervention will involve topics that are relevant to the connection between drinking and schizophrenia, as well as incorporating information that patients, from our clinical experience, tend to lack regarding the negative physiological effects of sustained alcohol use. Emphasis will be placed on providing information that is personally relevant to group members, rather than presenting a general admonition about the dangers of drinking. The coping skills segment will be aimed at teaching patients to address the dysphoria, depression, anxiety, and boredom that play a significant role in alcohol use for schizophrenia patients. Each coping skills training session will involve a discussion of the specific negative affective state, how to recognize this affective state, and creating a plan to cope with the particular form of negative affect when it occurs. Third, the relapse prevention training component will build on skills taught earlier in treatment focus on continued practice with coping with high-risk situations, continued practice resisting social pressure to drink, coping with lapses, and addressing use of other substances as a trigger for drinking.

This project is just getting starting and will continue for three years. Our goals are to develop an intervention that can reduce drinking among patients with schizophrenia, can be taught to a wide range of clinicians, and can be easily disseminated to others who work with this patient population.

THE MIRECC AT THE INTERNATIONAL CONGRESS ON SCHIZOPHRENIA RESEARCH

Submitted by Sarah Morris, PhD

A large contingent of MIRECC investigators and collaborators attended the International Congress on Schizophrenia Research held in Colorado Springs, Colorado, from March 30 to April 2, 2003. This meeting provides an unparalleled opportunity for schizophrenia researchers from around the world to present and discuss their work, as well as a chance to hear distinguished scientists in areas outside of psychiatry who provide interesting perspectives on schizophrenia. Poster sessions, plenary sessions, and symposiums addressed a wide range of topics, including molecular biology, genetics, neurotransmitter systems, brain structure and function, and many aspects of treatment. Highlights of the meeting included a symposium on the topic of new findings and innovative strategies in psychosocial

interventions that was moderated by **Alan S. Bellack, PhD**, and a symposium on the topic of cognition and its relationship to symptoms and course of schizophrenia, chaired by MPRC investigator and MIRECC collaborator, **Jim Gold, PhD**. The cognition symposium attracted such interest that there was standing room only.

The intellectual stimulation provided by the presentations and the natural beauty of the location were well worth the effort for those who attended the conference, but the true value of the meeting proved to be the opportunity to spend quality time with colleagues. The next International Congress on Schizophrenia will be held in 2005 in Savannah, Georgia.

SECOND NATIONAL MIRECC CONFERENCE

Submitted by Paul Ruskin, MD

The second MIRECC national conference, entitled "Providing Evidence-Based Mental Health Care to Veterans in the Community," was held May 4-6, 2003. The focus of the conference was on using practice guidelines, computer technology, and other methodologies to bring the best clinical practices to the veteran population. By the conclusion of the conference, it was clear that because of its national organizational structure and exceptional telemedicine and health informatics system, the VA is ideally situated to lead the nation in the large-scale implementation of evidence based mental health practice. Furthermore, it was also clear that the eight MIRECC's are playing a leading role in this groundbreaking VA effort.

One highlight of the meeting proved to be the two keynote addresses given by mental health consumers. One address was by a veteran with schizophrenia who is now working to help other veterans with mental illness. The other was by a veteran with PTSD who was gravely wounded in Viet Nam and now works with his wife, a mental health professional, to advocate for improved care for other Veterans with PTSD. The stories of these Veterans were truly inspirational, and demonstrated the improved flexibility and effectiveness of the VA mental health care system.

Another highlight of the program was the active participation of fellows from the national VA Special Fellowship Program in Advanced Psychiatry and Psychology. They displayed the findings of their research efforts at a special poster session, and three of the fellows presented their research at a breakout session. The quality of the work presented was impressive, and underscored the potential of the VA Special Fellowship Program to produce outstanding VA mental health researchers.

IMPLEMENTING RECOVERY-ORIENTED APPROACHES FOR VETERANS WITH SMI

Submitted by Wendy Tenhula, PhD

On March 27, 2003 about 30 mental health professionals from the MIRECC and the Mental Health Service Line participated in a satellite broadcast entitled "Implementing Recovery-Oriented Approaches for Veterans with SMI". The program presented the need for VA mental health services to help persons with SMI reach their fullest potential, and to expand the focus of treatment well beyond simply reducing symptoms. Recovery oriented treatment programs emphasize the strength of each individual patient, encourage patients to set goals, and often include peer role models and peer staff members as part of the treatment team. The program also highlighted the role of work – "real work for real pay" – in recovery and the importance of never giving up on anyone. Less than 1% of veterans with SMI currently receive any work restoration efforts.

In addition to presenting the basic principles of recovery-based treatment, the satellite broadcast program also showed examples of successful programs at the West Haven and Bedford VA Medical Centers and explored some of the challenges of putting this type of programming into place in the VA. Barriers to implementation that were discussed include low expectations of what is possible, lack of confidence in recovery models, little will to change systems and practices that we are used to, and stigma or stereotypes of SMI patients. The role of consumer involvement, educational programming, and support of hospital administration in overcoming these barriers were outlined and illustrated by the success of the programs at West Haven and Bedford.

The panel of speakers for this program included **Ed Knight, PhD, Fred Frese, PhD, Moe Armstrong, MA, MBA, and Miklos Losonczy, MD**. Medical Media (410-605-7090) can provide access to a video recording of the broadcast and copies of the handouts are available from **Cindy Clark** (410-605-7298 or Cynthia.Clark2@med.va.gov).

MARTINSBURG FAMILY CONFERENCE

Submitted by Cindy Clark, RNC

On May 5, 2003, in honor of Mental Health Month, a conference for veterans and their families was held at the Martinsburg VA Medical Center. **Paul Smits, MSW**, who is the Facility Service Line Manager at the Martinsburg VA, welcomed the audience and discussed an overview of local services. **Lisa Dixon, MD, MPH**, Associate Director, VISN 5 MIRECC, presented the topic of "Coping with Mental Illness and Related Issues in the Family." **Randy Mullinix, PA-C**, discussed "Substance Abuse in the Family." **Jack O'Dell, RN**, described the Mental Health Intensive Case Management program, which should begin operation by the end of the summer. Finally, **Bette Stewart**, a consultant and trainer at the University of Maryland, discussed NAMI Family-to-Family Education. All speakers were well received and the informative conference was a great success for all who attended.

CONGRATS ARE IN ORDER!

Congratulations to **Lisa Dixon, MD, MPH**, on her promotion to Professor of Psychiatry at the University of Maryland School of Medicine. Dr. Dixon will continue as the Associate Director of Research for the VISN 5 MIRECC as well as the Director of the Division of Services Research for the University of Maryland.

We are pleased to announce that **Melanie Bennett, PhD, Alan S. Bellack, PhD, and Lisa Dixon, MD, MPH**, have recently received a grant from the National Institute of Alcohol Abuse and Alcoholism (NIAAA). The study will focus on developing an intervention for alcohol abuse for people with schizophrenia. The investigators hope to begin recruitment in June and will have treatment groups at two locations, the Baltimore VA and the Walter P. Carter Center. For more information on this study, see the article on the treatment of alcohol use disorders and schizophrenia in this issue.

Congratulations go to **Mark Arenas, PhD** as well, who was recently named Director of the Maryland Psychology Internship Consortium (official program title is pending). Dr. Arenas has been serving at the Baltimore VA as a clinician, training supervisor, and administrator since 1992. We wish him great success as he leads the previously separate Baltimore VA, Perry Point VA, and University of Maryland Internship Programs in the formation of a unified training consortium.

We would like to extend a thank you to **Dina Friedman, PsyD**, for her service as the Director of the MIRECC Psychopharmacology Clinic for the last four years. She was instrumental in establishing the Clinic and ensuring that it is an active part of the MIRECC mission. Dr. Friedman is leaving the VA to focus on her private practice.

It is with feelings of sadness that we wish **Frederick Martin, PsyD**, a fond farewell as he assumes his new position as Coordinator of the Addiction Program at the West Los Angeles Veterans' Medical Center, Brentwood Division. In addition to his new job, Dr. Martin will be in closer proximity to his family members in California. "Rick" will be greatly missed, not only as the Acting Manager for Community Mental Health and for his contributions to the MIRECC, but as a good friend and support person. Best wishes to Rick in his new job.

We send our thanks to **Edress Robinson, BA**, as well, who was the lead research assistant on Dr. Wendy Tenhula's study, "The Generalization of Training in Schizophrenia," at the Perry Point V.A. Edress has left the MIRECC to move onto a new position at Family Advocacy Services. She has left us well prepared to continue the study without her, but things just won't be the same for the MIRECC at Perry Point without her there.

Additionally, we would like to thank and congratulate the Psychology Interns, who have contributed greatly to the MIRECC over this past year. **Natasha Durrant, PhD** graduated from Howard University this spring and is in the midst of choosing where to work this fall. We wish her the best of luck with the process and hope she stays on campus so we can continue to see her. **Joseph McGlinchey, PhD** will be doing a post-doctoral fellowship at Brown University. We have enjoyed having him with us at Perry Point this year and wish him well! **Piper Myer, PhD** will be moving to Chapel Hill, North Carolina to do a post-doctoral fellowship at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina. We wish them all the best on their future endeavors!

WELCOME TO NEW MEMBERS OF THE VISN 5 MIRECC TEAM

Karen Frew, RN, is a nurse who will be working part-time in the MIRECC Psychopharmacology Clinic replacing Dr. Dina Friedman. Karen has many years of nursing experience and has worked at MPRC in the Outpatient Research Program for seven years. She has been working in the MIRECC Psychopharmacology Clinic since December and will work together with Mary Olandu to recruit subjects for clinical trials, perform research assessments, monitor subjects' study participation, and maintain study records.

Mary Olandu, RN, is a nurse who will be working full-time in the MIRECC Psychopharmacology Clinic. Mary is just completing her nurse practitioner program at Coppin State College. She has worked for many years at Spring Grove Hospital, most recently as Infection Control Coordinator. In addition to her experience as a psychiatric nurse, she has previous research experience with the MPRC Treatment Research Unit at Spring Grove Hospital. In addition to administering research assessments, she will conduct physical exams and coordinate patients' psychiatric and medical care with their primary care providers as they participate in research protocols.

Darlene McCain has also recently joined the MIRECC team as the Research Core Administrative Assistant. She will assist MIRECC investigators in successfully completing the steps necessary for MIRECC review of study protocols. Welcome to the MIRECC team, Darlene!

Charaf Sedreddine joined the MIRECC and the Center for Behavioral Treatment of Schizophrenia (CBTS) this spring as a part-time office assistant. He helps out with a wide variety of tasks at the MIRECC and is a welcome addition to our staff.

UPCOMING EVENTS

July 28, 2003, 1-3 p.m. Baltimore
August 6, 2003, 12-1 p.m. Perry Point
August 14, 2003, 12-1 p.m. Martinsburg

VA Suicide Training Initiative

At this series of grand rounds, Dr. David A. Jobes of Catholic University, an expert in the field of suicidology, will present an overview of contemporary research, cutting edge perspectives on clinical practices with suicidal patients, and discussion of malpractice liability issues and related considerations of protective practice. Videotape copies of the presentation will also be available.

For more information, contact Howard Schulman at Howard.Schulman@med.va.gov

October 20, 2003

Schizophrenia and Medical Comorbidity

Location: Maritime Institute, Linthicum Heights, MD

This one-day conference will focus on the assessment and treatment of diabetes and Hepatitis C in patients with schizophrenia. Several national and local experts will address the relationship between diabetes, schizophrenia, and Hepatitis C, as well as management and various treatment options.

Spring, 2004

Working with Families of Veterans with Mental Illness

Location: Baltimore, MD

The MIRECC Education Core is planning a conference for the Spring of 2004 which will focus on the many issues involved in working with families of patients with mental illness.

For more information, contact Cindy Clark at Cynthia.Clark@med.va.gov or 410-605-7298.

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