

THE VISN 5 MIRECC MATTERS

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FROM THE EDITOR'S DESK

NAMI WALKS For the Minds of America

Amanda Teague, LGSW

The MIRECC is thrilled to announce our participation in the first NAMI Walk, which will take place on May 4, 2003 at Centennial Park in Ellicott City, MD. The Maryland Chapter of the National Alliance for the Mentally Ill (NAMI Maryland) is a pioneer in this pilot fundraising program, which will occur in 14 additional locations across the country. The MIRECC has put together a team to walk in support of veterans' with mental illness and is looking forward to joining NAMI members, friends, and other participants on May 4th. So far we have 40 walkers on our team and our goal of raising \$7000 for NAMI is within reach! All proceeds from the walk will be used to fund NAMI Maryland Programs, which include support, education, advocacy and the encouragement of research involving mental illnesses. We look forward to supporting NAMI by walking for mental illness education and awareness.

If you would like to sponsor the MIRECC Team, please contact **Shannon Thomas-Lohrman, MS** at 410-605-7000, extension 4733. Please take a look at the NAMI Maryland website (www.md.nami.org), if you are interested in participating or learning more about the walk.

ENGAGING DUALY DIAGNOSED VETS

Submitted by Cynthia Clark, RN

The quality of care that our veteran's with "dual diagnoses" of mental illness and substance abuse receive has long been of great concern to both the staff of the Mental Health and Substance Abuse Clinics. Despite the dedicated efforts of many staff in both areas, these veterans often fall through cracks in the system and the Emergency Room becomes their primary source of care when crises arise, medications run out, or relapse occurs.

To provide better care for this special population, staff from the Mental Health Clinic, Substance Abuse Clinics, and the MIRECC began meeting last summer to explore possible treatment options. As a result, the Engagement Group was established in August 2002. Dually diagnosed veterans attend group for 2-5 weeks, while an assessment of their needs and recommendations for treatment can be made through the combined efforts of the Mental Health and Dual Diagnosis Clinics. The Engagement Group team works diligently to design a treatment plan tailored to each veteran. The group serves as a gateway into the Dual Diagnosis Clinic, the Mental Health Clinic, the Partial Hospitalization Program (PHP), or the Addictions Day Treatment Program (ADTP).

From the start of the Engagement Group, there have been 72 referrals and 53 veterans who have attended on average 2-3 times. The Engagement Group Planning Committee includes **Paul Benson, PhD**, coordinator of the Baltimore VAMC ADTP, **Melanie Bennett PhD**, MIRECC Co-Investigator for the "Evaluation of Behavioral Treatment for Substance Abuse in Schizophrenia" study, **Mark Arenas, PhD**, psychologist in the Baltimore VAMC Dual Diagnosis and Mental Health clinics, **Cynthia Clark, RNC**, MIRECC Education Core Member and nurse in the Baltimore VAMC PHP, and Amanda Teague, LGSW and Amy Buchanan, BA, MIRECC Education Core

Members and MIRECC therapists. The committee continues to meet on a bi-monthly basis to discuss progress of the group and to explore new directions for this ongoing engagement effort.

Dr. Arenas and Ms. Clark co-lead the group, which meets weekly at the Baltimore VAMC Partial Hospitalization Program. Any questions about this group may be directed to **Dr. Arenas** (x7406) or **Ms. Clark** (x7298). Referrals may be registered with **Jerome Boney** (410-605-7357) in the Methadone Clinic.

THE VISN 5 MIRECC: THE ACADEMIC SCAFFOLDING OF THE MENTAL HEALTH SERVICE LINE

Submitted by Stephen Deutsch, MD, PhD

The VISN 5 MIRECC has facilitated the integration of Mental Health services and provided academic scaffolding for research and training activities at all of the facilities within our Network. Over the past few years, the MIRECC has supported several important laboratory-based and clinical research endeavors that are directly relevant to the pathophysiology and pharmacotherapy of schizophrenia. The MIRECC supports a preclinical psychopharmacology laboratory in the DC facility that has spent the past several years characterizing the behavioral sensitivity of rodents to MK-801 (dizocilpine), a phencyclidine (PCP) analogue. PCP was developed as a unique dissociative anesthetic medication; it was able to cause disinterest in the environment without loss of consciousness. Unfortunately, PCP was diverted and became an abusable substance that can cause a schizophreniform drug-induced toxic psychosis in susceptible individuals. From a descriptive point of view, the psychosis precipitated by PCP resembles naturally occurring schizophrenia, manifesting positive symptoms (e.g., hallucinations), negative symptoms (e.g., affective flattening and social withdrawal), cognitive abnormalities (e.g., concretization of thought and interference with planning and problem solving), motor symptoms (e.g., posturing) and mood symptoms. For these reasons, the “PCP model of schizophrenia” is touted as the best pharmacological model of naturally occurring schizophrenia. In the mid-1980s, PCP was shown to bind to a hydrophobic channel domain of a specific type of glutamate-gated channel receptor, referred to as the NMDA receptor. Ordinarily, when L-glutamate is released from glutamatergic nerve terminals and binds to a specific “agonist” recognition site on the NMDA receptor, the channel is more likely to assume an open configuration. The opening of the NMDA-associated channel allows positively charged ions, particularly the calcium ion, to permeate or flux through the channel. By virtue of binding to a site within the channel itself, PCP interferes with, or antagonizes, L-glutamate’s ability to promote normal channel conductance. This condition caused pharmacologically by PCP is known as “NMDA Receptor Hypofunction (NRH),” which is also thought to occur pathophysiologically in schizophrenia. The goal of the MIRECC-funded laboratory in DC has been to characterize rodent behaviors resulting from the pharmacological induction of NRH with either MK-801 or PCP itself. In a series of carefully conducted experiments, the laboratory has characterized or replicated three model behaviors in rodents: (1) MK-801 was shown to raise the threshold voltage for electrically precipitated seizures in mice; (2) MK-801 elicits irregular episodes of intense jumping behavior in mice, referred to as popping; and (3) rats have been trained to distinguish between the interoceptive cues elicited by an injection of either PCP or saline. It is hoped that these animal paradigms will contribute to the identification of novel medications. Ideally, a novel medication will be identified by its ability to attenuate the sensitivity of rodents to behaviors or subjective interoceptive cues elicited by MK-801 or PCP. To date, several interesting lead compounds have been identified.

Also, because of the interest in the possible reduced expression of the α_7 nicotinic acetylcholine receptor in the brains of patients with schizophrenia, the laboratory has begun to explore mouse behaviors linked to competitive antagonism of this receptor. If successful, this model would

facilitate examination of selective nicotinic acetylcholine agonist interventions for the pharmacotherapy of schizophrenia.

Finally, because of the interest in the contribution of NRH and a deficiency of α_7 nicotinic acetylcholine receptors to the pathophysiology of schizophrenia, the MIRECC is also supporting two very exciting clinical research programs. One program is examining the safety and potential adjuvant therapeutic efficacy of topiramate in schizophrenia, an intervention designed to address, at least in part, the presumptive NRH in schizophrenia. The second program, which is being conducted collaboratively at the Perry Point site with investigators drawn from both the MIRECC and Mental Health Service Line

(David Arnold, MD, Stephen Deutsch, MD, PhD, Dwight Dickinson, PhD, Richard Rosse, MD, and Rhonda Reynolds, RN), is examining the safety and adjuvant therapeutic properties of galantamine in patients with schizophrenia.

In summary, the VISN 5 MIRECC has made a very tangible contribution to the care of our patients and education of our staff. Further, the MIRECC is funding new research that has the promise of providing newer and more effective treatments in the future. In VISN 5, the MIRECC and Mental Health Service Line have formed a strong, collegial and productive collaborative relationship.

CBT & ME

Submitted by Mark Arenas, PhD

On Friday, December 6, 2002, 15 clinicians from the Baltimore, Martinsburg, Perry Point and Washington VAMCs came together for a workshop entitled "Integrating Cognitive Behavioral Therapy (CBT) and Motivational Enhancement (ME) with Addictions Treatment". This workshop represented the second phase of a VISN 5 effort to provide front-line clinicians with information and skills that can increase effectiveness in treating veterans who struggle with addiction. Participants learned key perspectives of both CBT and ME and developed new interviewing skills. In addition, clinicians identified opportunities at their own sites to supplement ongoing programmatic efforts or to develop new program offerings using CBT and/or ME strategies.

The workshop combined both didactic and experiential learning opportunities. **Carlo DiClemente, PhD**, (University of Maryland, Baltimore County), began the workshop by outlining motivational considerations that are compatible with each step in the change process. **Dr. DiClemente's** seminal work on the concept of stages of change provided participants with a valuable context from which to understand and practice ME strategies. **Jeremy Herschler, MD**, presented his research on the "Single Session Therapy" model of motivational interviewing and then conducted a live demonstration interview with a veteran. In the afternoon sessions, clinicians from all the VISN sites interacted with each other in a team format to brainstorm about how they can apply ME techniques to situations provided by each VA, and to give each other feedback about incorporating these ME techniques.

Clinicians have now had a couple months to try out some of their ideas; we will be contacting them to begin the third phase of this project. A mail group had been created so that the four sites can easily communicate with each other about how they are doing. In addition, conference calls are being planned so that clinicians can provide feedback to their colleagues and share best practices. We will continue to update you as more progress is made in this valuable program.

IF YOU MISSED THE LAST FAMILY CONFERENCE, HERE'S YOUR NEXT CHANCE!

Submitted by Cindy Clark, RNC

Based on the success of the three family conferences that have been presented at the Baltimore VA Medical Center, **Michelle Cooke, LCSW**, and the Mental Health Clinic staff at the Martinsburg VA Medical Center have begun planning a family conference to be held at the Martinsburg VA. This event will be on Monday, May 5, 2003 in recognition of National Mental Health Month.

The focus of the conference will be on mental illness and substance abuse issues for veterans and their families. **Lisa Dixon, MD**, Associate Director of the MIRECC Research Core, will be speaking. **Bette Stewart**, NAMI Family-to-Family Education Consultant and Trainer at University of Maryland, Department of Psychiatry, will present information on family support. We look forward to another exciting family conference and hope you will encourage veterans and their family members to attend!

CONGRATS ARE IN ORDER!

We are thrilled to announce that **Jean Gearon, PhD**, has recently accepted an appointment as the MIRECC Clinical Core Director. Dr. Gearon is a MIRECC Investigator and an Assistant Professor at

the University of Maryland, School of Medicine. She and the other Clinical Core members will be working to assist the Mental Health Service Line in responding to emergency clinical needs. Additionally, the Clinical Core and its members are developing a conceptual framework to facilitate the transfer of evidence-based interventions to practice throughout VISN 5. Congratulations **Dr. Gearon!**

We would also like to congratulate Julie Kreyenbuhl, PharmD, PhD, on receiving the NIMH Mentored Career Development Award. During the 5-year award period, she will be working to understand psychiatrists' patterns of prescribing combinations of antipsychotic medications to individuals with schizophrenia. The ultimate goal of this award is to develop the knowledge and skills to design and implement interventions for psychiatrists that will improve the process of prescription decision-making for veterans and others with serious mental illnesses.

UPCOMING EVENTS

The International Congress on Schizophrenia Research

Date: March 29 – April 2, 2003

Location: The Broadmoor Hotel, Colorado Springs, Colorado

This biennial meeting allows scientists representing the broad range of disciplines involved with discovery in schizophrenia to gather to exchange data, techniques and ideas.

The deadline for regular registration is February 11, 2003. For more information and to register visit www.schizophreniacongress.org

Bringing Evidence-Based Mental Health Treatment to Veterans in the Community

Date: May 4-6, 2003

Location: Marriott Portland, Portland, Oregon

This three-day conference will include presentations and workshops covering issues pertaining to the enhancement of mental health treatment of veterans, their families and the community. Topics will include: family and caregiver support, clinical competency and models of care, and telemedicine and technology.

For more information contact Ruth Ann Tsukuda, MPH at RuthAnn.Tsukuda@med.va.gov

Mental Illness and Substance Abuse: A Family Perspective

Date: May 5, 2003

Location: Martinsburg VAMC, Martinsburg, West Virginia

This conference will allow veteran's and their families to learn about mental illness and how it is affecting their lives. Specifically topics will focus on mental illness and substance abuse issues.

For more information contact Cindy Clark, RNC at Cynthia.clark2@med.va.gov

Women and Affective Disorders 2003

Date: June 9, 2003

Location: Sheraton Inner Harbor, Baltimore, MD

This one-day conference will discuss issues related to women with affective disorders. Topics will include affective disorders during pregnancy and post-partum, bipolar disorder across a woman's life span, premenstrual dysphoric disorder, the hormonal basis of mood disorders in women, and legal issues confronting women with serious mental illness.

For more information, contact Erica Chestnut 1-800-949-1003, ext. 1857 or Erica.Chestnut@lrn.va.gov

Schizophrenia and Medical Comorbidity

Date: October 20, 2003

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.

For more information, contact Lisa Ey at ley@chepinc.org