

THE VISN 5 MIRECC MATTERS

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FROM THE DIRECTOR'S DESK

Alan S. Bellack, PhD, ABPP

We are beginning our fourth year and it is very rewarding to take a step back and consider our growth. Our MIRECC family now includes 18 investigators and 16 staff who are based in the VA and an additional 11 investigators and 15 staff based at the University of Maryland. In the last year our cadre of investigators have secured some \$2,034,024 in grant funds from VA, NIH, non-profit foundations, and industry, and we have published some 40 papers. We are conducting cutting-edge research on cognitive rehabilitation, treatment of substance abuse in schizophrenia, psychopharmacology, women with serious mental illness (SMI), medical comorbidity, and evaluation of services. Our Education Core sponsored four regional conferences and put on 24 educational programs for VISN staff, veterans and their families. Our Clinical Core has assisted the Mental Health Service Line in many ways, including improving the quality of care for long-term stay patients at Perry Point, assessing strategies for reducing lengths of stay, teaching staff how to conduct empirically validated clinical strategies, such as social skills training and motivational interviewing, and improving services for veterans with SMI and substance abuse problems. The Clinical Core has also launched an innovative and exciting program aimed at forging better linkages with families of veterans with serious mental illnesses. Of special note is the fact that many of our investigators are relatively new to the VA. As we have gradually learned about the special needs of our veterans, and developed relationships with Service Line management and staff, the pace and significance of our contributions have grown. We can only see our productivity and ability to help our veterans and the Service Line continue to increase in the future.

DOUBLE TROUBLE CONFERENCE WAS A SUCCESS!

Submitted by Cindy Clark, RN

On Monday, September 23, 2002 the MIRECC presented the "Double Trouble: Substance Abuse and Mental Illness" conference at the U.S. Fish and Wildlife Service in Shepherdstown, West Virginia. The conference faculty discussed various stimulating topics including psychopharmacological management of mental illness and substance abuse, non-pharmacological treatments, integrated services, and psychopathology. The last half hour of the day was allotted for a question and answer session with the day's speakers. The near capacity audience of 230 participants expressed great enthusiasm and interest in the program. Statements from evaluations described appreciation for an "excellent program", "valuable information provided by speakers", and a "beautiful conference setting." There's still time to register for our next conference, "Schizophrenia and the Criminal Justice System," on December 2 and 3, 2002. We hope you can make it!

MPRC 25th ANNIVERSARY SYMPOSIUM

Submitted by Robert Schwarcz, PhD

The Maryland Psychiatric Research Center (MPRC) celebrated its 25th anniversary of operation on September 18 and 19, 2002. The festivities were anchored by a scientific symposium that featured MPRC faculty and an illustrious panel of outside speakers, including Nobel Laureate **Arvid Carlsson, MD**, three past presidents of the Society for Neuroscience and the Editor-in-Chief of the American Journal of Psychiatry. Symposium topics covered the wide scope of schizophrenia-related research conducted at the MPRC, ranging from diagnostic concepts, novel treatment approaches and brain imaging to the molecular and cellular abnormalities underlying the pathophysiology of the disease. In addition, approximately 40 posters were presented on various related topics. The symposium was well attended, with several hundred people from all over the U.S. and even Europe. We look forward to another successful 25 years!

COMPUTER ASSISTED COGNITIVE REMEDIATION

Submitted by Dwight Dickinson, PhD

Several months ago we described the MIRECC's initiative to develop and test a Computer-Assisted Cognitive Remediation program (CACR) for veterans with serious mental illness. This exciting program uses computerized exercises combined with therapist-guided problem solving training to boost cognitive performance. It targets aspects of cognition (attention, reasoning/problem solving) that are critical for vocational performance, healthcare compliance, independent living, and other aspects of everyday functioning. A key aim of our development work has been to standardize the intervention and make it portable and practical for use in a wide variety of treatment settings. In contrast to other cognitive remediation programs, our program draws remediation exercises from the vast array of commercially available educational software. To promote sustained participation in our program, we have carefully selected a variety of software exercises with interesting content, clear objectives, and sophisticated audiovisual characteristics that patients find fun and rewarding to use.

Alan S. Bellack, PhD has worked closely with MIRECC investigators **Dwight Dickinson, PhD, Jim Gold, PhD, Wendy Tenhula, PhD, Sarah Morris, PhD**, and a dedicated group of research assistants, in the early stages of development for this intervention. Our group was awarded a small grant through the VA's Baltimore Research and Education Foundation. Our first participants' responses during a "pre-pilot" feasibility trial were encouraging. In general, they were intrigued by the computers, found the selected exercises challenging and fun, and found the training interventions helpful. Most participants not only completed the pilot program, but also signed up for additional, optional remediation sessions. Moreover, despite only brief exposure to exercises, participants showed signs of performance improvement in response to practice and training.

While we await feedback on proposals for further funding, we have launched a 24-session pilot trial of the intervention, with a CACR treatment group and a control group matched for computer exposure and therapist contact. Currently, we have seven subjects enrolled. We are also planning pilot neuroimaging work that will attempt to identify changes in brain activity associated with participation in CACR.

The VAMHCS Mental Health Service Line, and particularly the Baltimore VA Partial Hospitalization Program (PHP), have supported our efforts enthusiastically. They are referring possible participants and providing us with dedicated space to establish computer laboratories in the PHP and the Perry Point VA Vocational Rehabilitation Program, which the MIRECC has outfitted with necessary computer equipment and furniture. Look for details of this ongoing work in future editions of the VISN 5 MIRECC MATTERS.

CRITICAL TIME INTERVENTION FOR VETS WITH SERIOUS MENTAL ILLNESS

Submitted by Lisa Dixon, MD

Patients with psychiatric disorders are at very high risk for symptom relapse, suicide, violence, rapid re-hospitalization and a variety of other adverse outcomes during the period following hospital discharge. However, a successful transition from inpatient to outpatient treatment care can reduce the risks of these outcomes. It is thus important to optimize the timeliness and adequacy of such outpatient follow-up, both to reduce costs and improve patient outcomes. While previous work has evaluated correlates of enhanced retention in psychiatric treatment, few studies have specified interventions that directly target and improve continuity of care. We are about to embark on a newly funded study that will test such an intervention. The current study will test a brief 3-month, relatively low intensity (and thus inexpensive) critical time intervention (CTI) for veterans with serious mental illnesses (SMI) at the point of inpatient-outpatient transition. The CTI model is intended to enhance the continuity of mental health services for mentally ill individuals by helping them bridge the gap between institutional and community based services.

While the Department of Veterans Affairs has implemented MHICM (Mental Health Intensive Case Management), a high intensity, clinical case management programs for the 10% of veterans with SMI who are most needy, a lower intensity, less costly program is needed for the larger portion of veterans with SMI who need some assistance in maintaining themselves in mental healthcare. This study is recruiting for veterans within the acute inpatient psychiatric units of four VISN 5 sites (Baltimore, Martinsburg, Perry Point, and Washington, D.C.) determined to be at high risk for treatment dropout or delayed follow up care but who are not eligible for MHICM.

We hypothesize that veterans randomized to CTI will have: significantly reduced time to the first outpatient mental health visit; a greater number of outpatient mental health visits; better continuity of outpatient psychiatric treatment; significantly fewer psychiatric hospitalizations and emergency room visits; and significantly reduced psychiatric symptoms following hospital discharge as compared to veterans who receive usual care.

In short, veterans with SMI are a vulnerable and costly population for the VA. The shift from inpatient to outpatient care has created the need to focus on improving continuity of care to avoid adverse outcomes, including suicide. This proposal to test CTI will help fill this gap in knowledge, for which there is a significant need. Stay tuned to the VISN 5 MIRECC MATTERS for results.

EDUCATION FELLOWSHIP

Submitted by John Junginger, PhD

The VISN 5 MIRECC was one of several MIRECC sites recently awarded a two-year specialized training program in Advanced Psychiatry and Psychology by the Office of Academic Affiliations, Department of Veterans Affairs. The program is accepting applications for a psychiatry and psychology fellow to begin July 2003. This is an interdisciplinary program, whose goal is to train psychiatrists and psychologists to become outstanding clinical researchers in high priority areas of mental health. The program combines individualized, mentored research and clinical training with a state-of-the-art curriculum that emphasizes research methods, statistics, epidemiology, mental health systems, quality improvement methods, education and service delivery. The fellowship sites at each MIRECC are linked electronically for various didactic, academic, and research activities. Fellows will devote 75% of their time to research and educational activities and 25% to clinical training. In collaboration with their mentors, Fellows will develop

and implement a research project, publish and present findings, participate in grant writing, and use the latest technology for educational activities and clinical service delivery.

If you would like more information or would like to apply for this Fellowship, please contact **Paul Ruskin, MD**, Psychiatry Director at (410) 605-7354 or email at Paul.Ruskin@med.va.gov, or **John Junginger, PhD**, Psychology Director, at (410) 605-7817 or email at John.Junginger@med.va.gov.

DISCHARGING LONG-STAY PATIENTS INTO THE COMMUNITY: UNDERSTANDING OUR SUCCESSES AND FAILURES

Submitted by Jeanne Geiger-Brown, PhD, RN

In April 2000, an initiative was introduced to discharge long-stay patients (patients hospitalized for more than 180 days) from psychiatric beds at the Perry Point VA. Some patients have developed a new and rewarding life outside of the hospital, while others have not had successful community tenures and continue to seek and receive rehospitalization.

In order to more fully understand the specific factors that may predict a successful discharge for long stay patients, the Clinical Core of the MIRECC formed a Performance Improvement (PI) Team, which identified a cohort of long-stay patients and reviewed records, administrative encounter data, and key informant surveys completed by social workers. For patients who returned home with family, four problems were found to be associated with readmission: financial conflicts within the family, nighttime incontinence, hoarding behavior and other behavioral dyscontrols, and substance abuse. For patients discharged to a community residence (CR), problems associated with criminality (shoplifting, burglary, oppositional and defiant behavior), incontinence, medical problems, disruptive behavior and being absent without leave were reasons that CR sponsors returned patients to the hospital. Still others relapsed to alcohol or drug use and were unwelcome to remain in the CR. However, veterans enrolled in MHICM (Mental Health Intensive Case Management) services did particularly well in avoiding lengthy readmission.

Key informant data were used to identify patterns of residual symptoms of patients at the time of discharge and association with community failure. The most common residual symptoms at discharge were strongly held delusional beliefs, blunted affect, and difficulties with self care. Behaviors observed during hospitalization that increased the risk of community failure included: hallucinating, being easily irritated and offended, being verbally offensive to others, poor medication compliance, being uncooperative with staff requests, and exhibiting violence towards others.

The team is now formulating recommendations for action based on these data.

GET READY FOR THE NEXT FAMILY CONFERENCE!

Based on the very positive response to our two previous family conferences, the MIRECC will sponsor another conference for veterans and their families entitled "Mental Illness and Substance Abuse: A Family Perspective". The conference will be held on November 9, 2002 in the Baltimore VA Medical Center auditorium from 8:30 am to 12:00 pm, with lunch following in the cafeteria. The program will include the following: **John Butchart, MD**, Medical Director of the Mental Health Intensive Case Management Team (MHICM) and the Partial Hospitalization Program (PHP), will provide an introduction to the conference and discuss VA services available in both the areas of mental health and substance abuse; **Fred Osher, MD**, Director for the Center for Behavioral Health, Justice, and Public Policy, Department of Psychiatry, University of Maryland, will speak on dual diagnosis, specifically focusing on the challenges for patients and family; and **Bette Stewart**, consultant and trainer for NAMI (National

Alliance for the Mentally Ill) Family-to-Family Education, will speak about community resources. In addition, The Mental Health Players, who are affiliated with the Mental Health Association of Maryland, will present role-plays on dealing with mental illness and substance abuse. If you have missed the previous two conferences, be sure not to miss this one!

CONGRATS ARE IN ORDER!

Dwight Dickinson, PhD has recently been appointed as an Assistant Professor of the University of Maryland, School of Medicine. **Dr. Dickinson** is currently the Assistant Director of the MIRECC Research Core and an investigator in the MIRECC's Computer Assisted Cognitive Remediation project (see article above). Congratulations **Dr. Dickinson!**

We would also like to say congratulations to **Lisa Dixon, MD, MPH** who was recently awarded an HSR & D grant to study Critical Time Intervention for veterans with serious mental illness. Please read the article above to learn more about the program.

We are pleased to announce that **Phil Luber, MD**, who recently joined the MIRECC, has now accepted a position as Director of Education and Training in the Department of Psychiatry. This is in addition to his duties as Medical Director of the VA Mental Health Clinics.

Congratulations also to **Kathy Graf, BS**, who has accepted a promotion and moved to the Office of the Chief Nurse Executive. Kathy served as the MIRECC's dedicated secretary, and was a valuable asset to the MIRECC team. Congratulations Kathy, it won't be the same without you!

Finally, another member of the MIRECC staff, **Jeanne Geiger-Brown, PhD, MSN, RN, CS**, has moved on. **Dr. Geiger-Brown** is now full-time faculty at the University of Maryland, School of Nursing. Thank you for all of your contributions. Congrats-we'll miss you!

UPCOMING EVENTS

November 9, 2002
8:30 AM – 12:00 PM
Mental Illness and Substance Abuse: A Family Perspective
Location: Baltimore VAMC Auditorium
Lunch will be provided

Refer to article above for more information

For more information, contact Cindy Clark, RNC, CD, at Cynthia.Clark2@med.va.gov or 410-605-7298

November 12, 2002
8:30 AM – 4:30 PM
Tenth Annual Maryland Schizophrenia Conference
Location: Martin's West, Baltimore, MD
Lunch will be provided

This all-day conference hosted by the Maryland Psychiatric Research Center will cover a variety of issues related to schizophrenia. Topics will include: etiology, pharmacotherapy, the role and use of evidence-based practice, and NIMH treatment development initiative.

For more information visit www.mdschizconf.org or call (410) 402-6051

December 2 & 3, 2002

Schizophrenia and the Criminal Justice System

Location: Sheraton Baltimore North Hotel, Towson, MD

This two-day conference will cover issues related to the interface between the criminal justice system and the mental health treatment needs of patients with schizophrenia. Topics will include: treatment of inmates with schizophrenia, prison diversion programs, the reduction of recidivism, and innovative programs for community re-entry.

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

March 29 – April 2, 2003

The International Congress on Schizophrenia Research

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

May 4-6, 2003

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

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

June 9, 2003

Women and Affective Disorders 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

Fall 2003

Schizophrenia and Medical Comorbidity

Topics and location to be announced