

# **New England (VISN 1) MIRECC on Dual Diagnosis**

Theme: Improve care for veterans with mental illness and substance dependence (dual diagnosis).

The New England MIRECC focuses on veterans with combined mental illness and drug or alcohol dependence (dual diagnosis). Veterans with dual diagnosis have special needs because having two types of illnesses makes it more difficult to recover from either one. This combination is a major part of VA practice, affecting nearly half of VA psychiatric inpatients. The aim of our MIRECC is to improve the treatment of dually-diagnosed veterans by developing innovative new treatments, devising more effective ways to deliver existing treatments, and creating better programs to train VA treatment providers in therapies with proven efficacy. These goals will be achieved through an ambitious multifaceted, multidisciplinary research program and through efforts to educate VA treatment providers about newly available treatments.

### **Clinical Interventions and Evaluations**

- <u>Computer Based Cognitive Behavioral Therapy for Drug Abuse</u>. Added to treatment as usual, this user-friendly computer based training program helps prevent relapse in patients with cocaine, marijuana and alcohol abuse.
- <u>Disulfiram/Naltrexone for alcohol dependence in Dually Diagnosed Vets</u>. The first study to show that anti-alcoholism drugs are effective in veterans with dual diagnosis.
- Modafinil and Contingency Management for Cocaine and Opioid Dependence. To prevent relapse to addictions, combining medications and behavioral treatment yields better results than either alone. This study combines a medicine that helps people think faster with a psychotherapy that provides incentives for abstinence to prevent relapse in patients who abuse cocaine.
- Money management for substance abusing patients with Severe Mental Illness(SMI).

  Substance Abuse often undermines recovery in veterans with severe mental illness because they spend their paychecks on drugs. This project provides a new approach to money management to help dually diagnosed veterans spend their money more wisely.
- Contingency Management to enhance job acquisition in vocational rehabilitation. Most mentally ill veterans who seek VA vocational rehabilitation do not succeed in landing a job. By providing incentives for completing the steps to employment, this program increases the chances of getting hired in the community.
- <u>Prazosin for veterans with Posttraumatic Stress Disorder (PTSD) and Alcoholism.</u> Prasozin reduces the nightmares associated with PTSD and improves recovery. This is the first study to test prazosin for veterans with both PTSD and alcohol abuse.
- <u>Buproprion + behavioral therapy for smoking and pathological gambling.</u> Most veterans who have a serious gambling problem are also cigarette smokers. Combined gambling smoking puts them at risk for financial and health consequences. This study evaluates a combination of psychotherapy and medications that can help veterans as they attempt to recover from both of these addictions.
- Monitoring side effects of Second Generation Antipsychotic Medicines in Dually Diagnosed <u>Veterans</u>. There are major trade-off's between traditional and newer medications that combat hallucinations and delusions. Older medicines cause more neurological problems but newer ones lead to weight gain and diabetes risk. This project helps VA clinicians to monitor diabetes risk in patients on newer medicines.

# **Selected Research Projects:**

- <u>Linking Brain Imaging to drug abuse treatment</u>. Our research uses real-time brain scans to see how the brain works differently before and after treatment for addictions. This research can match vets to the best treatments.
- Finding the Genes that increase risk for drug abuse and mental illness. This research scans the entire collection of genes to find those that make veterans vulnerable to dual diagnosis. Finding these genes can help researchers develop medicines and gene therapies that reverse the risk.

# **Selected Training and Education Programs:**

- <u>Training of peer counselors</u>. Recovering vets with dual diagnosis can help their peers in the recovery struggle. Using a Vet-to-Vet program, the New England MIRECC is providing training to help recovering vets help others.
- <u>Stepped training in Motivational Interviewing (MI).</u> MI promotes recovery from addictions through helping veterans recognize their own anti-addiction goals and desires. This project attempts to tailor MI training to meet the skill levels of addiction counselors.
- <u>In home messaging to prevent alcohol relapse</u>. Many veterans with alcoholism relapse shortly after completing alcohol detoxification. This program uses an in-home telephone messaging device to help veterans maintain sobriety in the weeks following completion of an alcohol detoxification program.

#### **Selected Publications:**

Carroll, KM, Ball, SA, Martino, S, Nich, C, Babuscio, TA, Nuro, KF, Fordon, MA, Portnoy, GA, Rounsaville, BJ. (2008) Computer-Assisted Delivery of Cognitive-Behavioral Therapy for Addiction: A Randomized Trial of CBT4CBT. American Journal of Psychiatry *165*:881-888.

Drebing, CE, Van Ormer, A, Mueller, L, Hebert, M, Penk, We, Petry, NM, Rosenheck, R, Rounsaville, B. (2007) Adding a contingency management intervention to vocational rehabilitation: Outcomes for dually diagnosed veterans. <u>Journal of Psychiatric Rehabilitation</u> 44(6):851-866.

Petrakis, I, Poling J, Levinson C, Nich C, Carroll K, Ralevski E, Rounsaville B. (2006) Naltrexone and Disulfiram in Patients with Alcohol Dependence and Comorbid Depression or Post Traumatic Stress Disorder. <u>Biological Psychiatry</u> 60(7): 777-783

Rosen MI, McMahon TJ, Rosenheck RA (2007): Does assigning a representative payee reduce substance abuse? Drug and Alcohol Dependence 86 (2-3): 115-122

Rosenheck RA and Mares AS. Implementation of Supported Employment for Homeless Veterans with Psychiatric or Addiction Disorders: Two-Year Outcomes. *Psychiatric Services* 2007; 58: 315-324.

# Leadership

Director: Bruce Rounsaville, M.D.

Co-Director for Health Services: Robert Rosenheck, M.D.

Co-Director for Medications Development: Mehmet Sofuoglu, M.D. Co-Director for Treatment Dissemination: Michael Sernyak, M.D.

Administrative Officer: Richard Carson

## Contact

Bruce Rounsaville, M.D. VA Connecticut Healthcare 950 Campbell Avenue (151D) West Haven, CT 06516 203-932-5711 x 7401