

## Science in the Spotlight

### Cognitive Remediation for Schizophrenia

Margaret McNamara McClure (VISN 3 MIRECC)

Schizophrenia patients experience two classes of symptoms: positive and negative. Positive symptoms include hallucinations and delusions. Negative symptoms include flat affect and amotivation. An extensive body of research suggests that impaired cognition is another core feature of schizophrenia. Over the last several years, researchers in our MIRECC have been working to better understand these cognitive symptoms and their impact on functional outcomes.

We have found that individuals with schizophrenia generally have mild to moderate impairment in most cognitive domains. These may include attention, concentration, memory, verbal skills, visual skills, and problem-solving skills. Patients often have much more difficulty on tasks that require working and episodic memory and executive functioning. These cognitive difficulties are relatively stable over time but they appear to diminish more than expected in late life.

Cognitive impairments appear to closely relate to functional outcomes. We found that performance on measures of attention, working memory and processing speed were related to a laboratory based measure of social competence. Measures of attention, working memory, and executive functioning were related to a laboratory based measure of functional competence. We were able to predict patients' community activities and work skills based on their performance on these two competence measures. Thus, we believe that functional and social skills are an important mediator between cognitive impairments and functional disability.

We have recently turned our attention to treating these cognitive impairments using techniques such as cognitive remediation therapy (CRT). CRT focuses on the acquisition

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## Veteran's View

### Seamless Transition for the 21<sup>st</sup> Century

D. I. Beatty

From the view of a veteran of Operation Iraqi Freedom II there are many different aspects of recovery which we as Veterans could possibly experience. The casualties of war and injuries received have changed VERY LITTLE in the past 200 years. However our knowledge and ability to treat battlefield injuries has improved dramatically in the past 30 years. The hard lessons learned in Southeast Asia have guaranteed the survival and rehabilitation of our current Veterans, as well as advance the care of previous generations of Veterans.



Now, more than ever, Veterans need each other. In my opinion, there is no doubt, that the persons best suited for the care of our nations' Veterans are OTHER VETERANS. That has been proven by the Veterans who have lobbied so that I have the benefits I do. Regardless of race, color, creed, and era, there is a bond established between those who serve together. There is an equally important bond which the families of the Service Members are sometimes robbed of in the event of life changing injuries.

Now, how do we define injury? Is it PTSD, Traumatic Brain Injury, Amputations, Severe Burns, Spinal Cord Injury? These are only the major SEVERE injuries of current Veterans as well as those of past wars. But, keep in mind the most debilitating of these are the ones which are

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### Advances in Treatment of PTSD and Assessment of TBI - VISN 20 MIRECC

Investigators from our MIRECC are leading two national multicenter studies of prazosin for combat trauma PTSD. These studies are the result of our MIRECC's discovery that inexpensive generic prazosin is effective for PTSD nightmares. It decreased sleep disruption and increased overall sense of well being and ability to function in Vietnam War combat Veterans. The first study is a 13 site VA Cooperative Study (CSP 563), "Prazosin for Combat Trauma PTSD (PACT)." The study is underway. The first volunteers were enrolled in January, 2010. More than 300 combat Veterans with PTSD from all conflicts will receive either prazosin or a placebo pill for 6 months. Effects on trauma nightmares, sleep, overall PTSD symptoms and global clinical status will be determined. The second study will compare prazosin with placebo on the same measures in active duty soldiers and Veterans who have returned from combat deployments to Iraq and Afghanistan. This study, funded by the Department of Defense,

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## National Contributions to Implementation of the Uniform Mental Health Services Plan - VISN 5 MIRECC

Our MIRECC's *VA Psychosocial Rehabilitation Training Program (VA-PRT)* was established in 2008. This program provides training, technical support and consultation in evidence based psychosocial interventions. The target audiences are VA practitioners and mental health program leaders who work with seriously mentally ill veterans and their families. To date, this program has trained 251 VA staff across the country in evidence-based rehabilitation practices including social skills training. Our approach combines 2-day face-to-face workshops and 24 weeks of follow-up clinical supervision. The program has also implemented a train-the-trainer component to help disseminate and support widespread implementation of skills training. As of March 2010, fifteen clinicians have participated in the train-the-trainer component.

Our MIRECC also serves as the administrative hub-site for the VA National Fellowship Training Program in Psychosocial Rehabilitation and Recovery Oriented Services. This multidisciplinary post-graduate program offers state-of-the-art, clinical training that focuses on the theory and practice of psychiatric rehabilitation. Mentored clinical and research training is individualized to the Fellow. The curriculum emphasizes a comprehensive psychosocial rehabilitation and recovery-oriented approach to service delivery, education and implementing change in a mental health care setting. Fellows work with Veterans with serious mental illnesses and receive training in delivering a range of evidence-based practices. The fellowship is currently offered at seven VA sites across the country. To date, the fellowship program has trained over 50 Fellows. The majority have chosen to remain in the VA system. They continue to work in psychosocial rehabilitation and support the VA's recovery-based model of service. In addition to administrative oversight, our hub-site has also coordinated a cross-site didactic seminar series and co-sponsored the VA Innovations Fair at the last two US Psychiatric Rehabilitation Association Annual Conferences. For more information, contact Richard Goldberg, PhD at [Rgoldber@psych.umaryland.edu](mailto:Rgoldber@psych.umaryland.edu)



## MIRECC Initiative on Antipsychotic Management Improvement (MIAMI) - VISN 22 MIRECC

Significant advances have been made in the medication management of psychosis. However, these are being offset by the weight gain associated with newer 2<sup>nd</sup> generation antipsychotic medications. Compared to the general population, individuals with schizophrenia are almost twice as likely to be overweight or obese. Obesity increases risk for many serious medical problems. These include diabetes, hyperlipidemia and hypertension. These are increasingly recognized as critical side-effects and pervasive problems in the treatment of psychotic disorders.

The MIAMI Project is administered collaboratively by the VISN 22 and VISN 16 MIRECCs. It is a two-year national program designed to assist in implementing metabolic monitoring and management strategies across VA mental health clinics. To achieve this goal, the MIAMI Project will offer a number of educational resources nationally.

- VA clinicians and administrators readily have access to educational materials, guidance documents and implementation tools via the intranet (<http://vaww.mirecc.va.gov/miamiproject/>).
- A technical assistance center has been established. It offers clinical consultation on the metabolic effects of antipsychotics, advice about effective implementation strategies, and assistance in implementing clinical reminders and performance monitoring/feedback.
- A national workshop will be held on May 18, 2010 in the Washington D.C. area. Representatives from each network's primary care and mental health services will attend. They will then provide further training in their networks.

If you are interested in learning more about the MIAMI project, please contact Dr. Noosha Niv at [noosha.niv@va.gov](mailto:noosha.niv@va.gov).

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is a major collaboration between VA and DoD. Volunteers are being enrolled at Madigan Army Medical Center, Ft Lewis, WA; Walter Reed Army Medical Center in Washington, DC; and VA Puget Sound Health Care System. Together, these studies will provide the evidence base for refining treatment guidelines for the already widespread use of prazosin for PTSD.

Investigators from our MIRECC are exploring the potential of multiple neuroimaging techniques to evaluate the long term effects of "mild" traumatic brain injuries caused by blast concussions in Veterans returned from combat deployments in Iraq and Afghanistan. Approaches include functional neuroimaging and measurement of neuronal damage biomarkers in cerebrospinal fluid. Preliminary results of PET brain scans from the first 12 Veterans studied are promising. They suggest areas of decreased brain activity that may be related to the persistent symptoms that many of these Veterans continue to experience years after return from deployment. Veterans will be followed over time to determine long term effects of the multiple blast concussions frequently experienced by war fighters in Iraq and Afghanistan, and to pursue effective therapies for these common injuries.



### Novel Computer Treatment for Drug Abuse - VISN 1 MIRECC

Counseling is a key component of drug abuse treatment. Up to this time, the main approach to individual drug abuse counseling was face-to-face with a therapist. There are challenges with this method of treatment delivery. These include limited availability of skilled therapists, need for coordination of schedules, and need for transportation to treatment. Researchers from our MIRECC and Yale University have shown that a computer-delivered coping skills training program can boost treatment success. Seventy-seven individuals with drug abuse issues participated in this 8 week treatment study. All were given standard care. One half received the addition of a multimedia computer program based on the principles of cognitive-behavioral therapy (CBT). CBT uses the learning process to train individuals how to change addictive behaviors. When used for drug abuse treatment, CBT helps individuals in several ways. They learn to recognize situations in which they are most likely to use drugs, avoid these situations when appropriate, and cope more effectively with a range of drug-related problems. Compared to participants who only met with a counselor, those who used the computer-based program had fewer drug-positive urine specimens. They also had longer periods of abstinence during treatment. This is the first time that a computer-based treatment has been shown to work for individuals with drug abuse issues.

This research represents an important breakthrough. It delivers a proven behavioral therapy in a user-friendly online format. Therapy can be administered anytime and anywhere there is a computer, including the individual's home. This supports the VHA Handbook 1160.01 requirement that substance abuse treatment be provided by methods that are sensitive to veterans' needs. Our MIRECC has received approval to plan a VA Cooperative Study to further evaluate the effectiveness of computer-based CBT in VA substance abuse treatment programs. For further information: [Kathleen.Carroll@yale.edu](mailto:Kathleen.Carroll@yale.edu)

### ACCESS Reaches Veterans not in VA Care Through Community Partners - VISN 16 MIRECC

The goal of the Assisting Communities to Collaborate for Expanded Soldier Support (ACCESS) project is to address the mental health needs of rural and OEF/OIF Veterans. Funded by the Office of Rural Health, ACCESS focuses on Veterans in VISN 16 who are not presently receiving care in the VA. Led by Dr. Kirchner, this project partners with three groups of community "first responders" to provide support and engage veterans in VA care. The three groups are the criminal justice system, secondary education personnel, and clergy. One arm of the project will develop a Veteran's Treatment Court in Lonoke County, AR. Some Veterans cope with their combat experiences through drugs and alcohol, which may eventually lead to criminal charges. Recent evidence finds that Veterans court participants are far less likely to be rearrested. A second arm of the project partners with community colleges in Arkansas to provide mental health counseling and care that is not typically available for Veterans on campus. A large proportion of service members are from southern states, and many recently deployed Veterans are enrolling in school to further their education. The third arm provides specialized training for community clergy on physical, mental, psychosocial, and spiritual issues often experienced by OEF/OIF service members and their families. This project is further supported by partnerships with the Arkansas National Guard, the Central Arkansas Veterans Health System, the Governor's Yellow Ribbon Committee, and other state agencies. For further information: [michael.kauth@va.gov](mailto:michael.kauth@va.gov)

### Improving Assessment and Treatment of Post Deployment Mental Health Issues - VISN 6 MIRECC

**Neuroimaging** – Improving identification of mild traumatic brain injury (TBI) is important for both diagnosis and treatment. Diffusion MRI shows promise for assessing white matter injury. We use advanced neuroimaging analysis to quantify brain measures from subjects without TBI (reference group). This allows generation of a 3-D statistical map comparing a single TBI subject to the reference group. In our pilot study, areas of white matter disruption were found in most (8/9) TBI subjects and no (0/10) non-TBI subjects. Thus, our preliminary results suggest that we can effectively assess white matter injury in a single subject. This method shows strong potential to help in the diagnosis of patients with history of mild TBI.

**Genetics** - Currently, knowledge about genetic influences on development of PTSD is quite limited. The purpose of our ongoing study is to evaluate the association of certain genetic variations that affect neurotransmitters with PTSD. We have completed a preliminary analysis in 387 trauma-exposed Veterans. Our results support a previously identified correlation between low-expression 5HTTLPR genotypes and PTSD in Caucasian but not African American subjects. In contrast, associations with genetic variants in SLC6A4 and SLC6A3 were more similar across ethnic groups. Analyses with a larger group will allow us to determine whether these polymorphisms modulate the risk of developing PTSD.

**Biomarkers** – We tested a panel of candidates in a group of 90 male Veterans. We found blood levels of a neurosteroid (allopregnanolone) to be inversely associated with depression, anxiety, and pain symptoms. In addition, the ratio of allopregnanolone to progesterone was reduced in Veterans with depression and PTSD. These findings suggest a decrease in synthesis. Thus, the enzymes might have a role in these disorders. We have completed a pilot study of pregnenolone supplementation in Veterans with mild TBI and PTSD. Improvements in resilience and Cluster D symptoms (irritability, sleep difficulty, poor concentration) were correlated with increased blood levels of neurosteroids post-treatment. These preliminary findings suggest that neurosteroids are potential biomarkers for the prediction of PTSD, depression, and pain symptoms in OEF/OIF Veterans. They also have promise as novel medications.

For further information: [katherine.taber@va.gov](mailto:katherine.taber@va.gov)



### Update - VISN 17 MH COE

**Evidenced-based Programs Update** - Suzy B. Gulliver, PhD's and Dena Davidson, PhD Broad Spectrum Treatment (BST) and Naltrexone study has been peer-reviewed and accepted to the SAMHSA's National Registry of Evidenced-based Programs and Practices. The BST and NTX treatment is a 3- to 6-month program that uses manual-guided cognitive behavioral therapy in combination with naltrexone pharmacotherapy (50 mg daily) to treat adults with alcohol dependence. BST therapists deliver 8-14 individual sessions incorporating components of motivational enhancement therapy (MET), community reinforcement, and 12-step approaches. Significant effects were found in that clients in the BST plus long-term naltrexone condition reported the longest median time to the first drink as well as the longest time to the first day of heavy drinking across the follow-up period compared with clients in the other three conditions. Also, clients who received BST plus naltrexone reported a higher percentage of days abstinent than clients receiving MET plus naltrexone.

**Collaboration Update** - CoE/Baylor University collaboration continues as we train and equip future researchers for the VA. Under the direction of Marc Kruse, PhD, Postdoctoral fellow, three posters were accepted by the Research Society on Alcoholism (RSA): *The Association Between Patterns of Drinking and Symptoms of Post Traumatic Stress Disorder in Military Veterans*; *The Effects of Childhood Trauma Exposure on Post-Deployment Patterns of Drinking in Combat Veterans*; and *Drinking to Cope in Returning War Veterans*.

**Awards Update** - Marc Kruse, PhD received two outstanding and significant awards in April, 2010. The 2010 NIDA/NIAAA Early Career Award and the RSA Junior Investigator Award.

### Grants Update -

Sandra Morissette, PhD (PI), Department of Veterans Affairs/RR&D, "Functional Outcomes in OEF/OIF Veterans with PTSD and Alcohol Misuse" Funding Period: 2010-2013. Total Direct Costs: \$821,397

Nathan Kimbrel, PhD DVA VISN 17 New Investigator Award, "Gene x Environment Effects on PTSD, Depression, and Alcohol Misuse" Funding Period: 2010-2012. Total Direct Costs: \$90,000

For more information: [david.tharp@va.gov](mailto:david.tharp@va.gov)



## Primary Care – Mental Health Care Integration - VISN 2 CIH & VISN 4 MIRECC

The Uniform Mental Health Services Handbook (UMHSH) improves access to Mental Health (MH) services by requiring their integration into Primary Care (PC). Every medical center and large Community Based Outpatient Clinic seeing more than 10,000 Veterans per year is required to provide a blended program. The program must include both co-located, collaborative mental health staff in PC **and** care management for mental health disorders such as depression. The Center for Integrated Healthcare and the VISN 4 MIRECC support the implementation of these programs by offering VA staff trainings in their focus areas. Both Centers offer 2½ day, repeated face-to-face trainings followed by telephone-based meetings to further support the implementation of these programs.

The Center for Integrated Healthcare (CIH) is located in the VA Healthcare Network Upstate New York (VISN 2). We have offered regional conferences on PC-MH integration, focusing on co-located, collaborative care (CCC) since 2006. Now the CIH is embarking on a new venture to provide skills-based training opportunities to VA clinicians, administrators and program leaders. The next training will be held on June 15<sup>th</sup> through 17<sup>th</sup> in Buffalo, NY. The trainings emphasize both how to function as a mental health provider in primary care and how to blend care management with co-located, collaborative care. Subject matter experts from CIH, VISN 4 MIRECC, the VA PC-MH Integration office, and from VA facilities with successfully blended programs will present. Topics will include the basics of PC-MH Integration, evidence-based skills needed for successful CCC, blending CCC with care management, supervision of Care Managers, and consulting with Primary Care Providers. For more information on these trainings: [randy.allen@va.gov](mailto:randy.allen@va.gov).

The Behavioral Health Laboratory (BHL) was developed by the Philadelphia site of the VISN 4 MIRECC. It is one of only two UHSH approved mental health care management models. The BHL is a multi-component model that involves evaluation, triage, and care management of patients in PC. The BHL is now implemented as a two-hub clinical service. The Pittsburgh hub of the VISN 4 MIRECC provides these services in the western part of the VISN. The Philadelphia hub provides services in the east. Our MIRECC also supports trainings on PC-MH integration. These are conducted approximately every 6 weeks in Philadelphia. Trainings include an overview of integrated care, specifics on care management for depression, anxiety, and alcohol misuse, blending care management with co-located care, and a discussion of marketing and implementation. Subject matter experts from VISN 4 MIRECC, the VISN 2 CIH and the VA PC-MH Integration office present. The next training is planned for May 11<sup>th</sup> to the 14<sup>th</sup>. For more information on BHL: [johanna.klaus@va.gov](mailto:johanna.klaus@va.gov).

More information can be found at the Primary Care-Mental Health Integration website at <http://vaww1.va.gov/pcmh/>

## Improving Assessment and Treatment of Veterans with PTSD and Dementia - VISN 21 MIRECC

**Evidence Based Psychotherapy Dissemination Program** - This national VA program for VA providers began in June 2008. It focuses on evidence-based treatment for depression. Cognitive Behavior Therapy (CBT) and Acceptance and Commitment Therapy (ACT) training includes intensive three day in-person didactics and six months of clinical supervision.

**Conferences and Lectures** - We have provided two major conferences and many lectures to community based organizations on dementia and post-traumatic stress disorder.

- *Updates on Dementia Conference*, now in its 12<sup>th</sup> year, draws 350-400 attendees. These include healthcare providers, patients, and caregivers. Continuing education credit is granted to psychologists, social workers, nurses, and administrators for nursing homes and residential care facilities. Sponsors include the Alzheimer's Association, Institute on Aging, GRECC, Stanford Geriatric Education Center, and Family Caregiver Alliance.
- *Updates on PTSD Conference* focuses on healthcare providers of Veterans. Video teleconferencing reaches beyond the local attendees to outlying VA facilities throughout VISN 21. Participating sites include Hawaii, Guam, American Samoa, and the Philippines. The major co-sponsor is the National Center for PTSD.

**Educational Products** - We are collaborating with OMHS, EES, and NCPTSD to develop web-based self-help and psycho-educational programs. Completed projects:

- *Considering Professional Help* is intended for Veterans with PTSD who are contemplating seeking care but are confronting practical (e.g., do not know how to find care) and attitudinal barriers (e.g., stigma).
- *Managing Triggers* is designed to help Veterans with PTSD self-manage distress cued by trauma reminders.
- *Assessing and Treating Driving Problems in OEF/OIF Veterans*, which trains clinicians in addressing driving challenges that are commonly experienced in recent Veterans.
- Upcoming special issue of the *Journal of Alzheimer's Disease* on standard and innovative applications of neuroimaging. The target audience is healthcare providers who serve patients with dementia.

For more information: [eric.kuhn@va.gov](mailto:eric.kuhn@va.gov) or [allyson.rosen@va.gov](mailto:allyson.rosen@va.gov)

## Improving Outcomes for Veterans - VISN 19 MIRECC

**Improving Medication Adherence** - Successful treatment for many suffering from major mental illness requires taking medications. Poor medication adherence is associated with increased risk for negative events. These include psychiatric hospitalization, increased need for emergency psychiatric services, greater substance abuse, and poorer mental functioning. On the other hand, patients may also take more than prescribed doses of medications. Overdoses, intentional or accidental, may be thought of as another form of non-adherence. Clearly, an intervention that optimized medication adherence would be of enormous potential benefit. Our MIRECC is launching a study to determine if blister-packaging of medication could accomplish this goal. We will track psychiatric inpatients for 12 months following discharge. Monthly medication adherence ratings will be used to determine if blister-packaging medications leads to better adherence than dispensing medication as usual. Monthly reports of suicide-related behaviors will be used to determine if blister-packaged medication reduces overdose behaviors. For more information: [peter.gutierrez@va.gov](mailto:peter.gutierrez@va.gov)

**Suicide Prevention** - In response to the "Blue Ribbon Work Group on Suicide Prevention in the Veterans Population", a collaboration to create educational materials was established. It includes the Office of Mental Health Services, VA Central Office, our MIRECC and the VA Center of Excellence in Canandaigua, NY. The materials created are:

- Resource guide for family members of Veterans - "*Information and Support after a Suicide Attempt*" is a resource guide for family members of Veterans who are coping with suicidality. Self-care resources are designed to help family members cope with a Veteran's suicide attempt. Care for Others resources provide guidance for adults who are caring for those who are coming to terms with a family member's or Veteran's suicide attempt, such as children. Prevention Post-Attempt resources help family members support Veterans after a suicide attempt. The guide includes descriptions and locations of these resources.
- Discussion prompts for children of Veterans who have attempted suicide - These guidelines for talking to children about a family member's suicide attempt provide an outline of how and what to say to children. They are divided into three age-appropriate handouts. Although designed for use by a mental health professional, they are written in language that is easy for family members to use and understand.
- ACE cards - These are portable tools on which the steps for being an active and valuable participant in suicide prevention are summarized. A is for "ask the Veteran", C is for "care for the Veteran", and E is for "escort the Veteran". The accompanying brochure elaborates on each step, discusses warning signs of suicide, and provides safety guidelines.

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**Veteran's View** *continued from page 1*


NOT visible. Having suffered from mild TBI BEFORE it was a publicized injury, and dealing with issues related to PTSD, it was plainly visible to me, that these are hidden dangers which are immediately overlooked in the haste to return home after numerous, and lengthy deployments.

The VA has done an excellent job in reacting to the surge of OIF and OEF Veterans seeking assistance. This is my opinion from my personal experience. I have been very fortunate, in receiving care from a VA in VISN 6 which has VERY dedicated individuals who ensure that OIF/OEF Veterans are getting the care they deserve.

However, the current population of Veterans produced by Iraq and Afghanistan has proven to be something more than the Nation expected. MANY individuals NEVER seek initial care from the VA, OR enroll after they discover issues which affect their quality of life, and mental health. On the other hand, there are SO many stories of triumph, and survival and determination from young SEVERELY WOUNDED VETERANS. This has inspired many people to start up Grass Roots Organizations whose only beneficiaries are: the Veterans of Iraq and Afghanistan. WE ARE MERELY THE YOUNGEST.

Keep in mind please that I was injured in late 2004, and have had the privilege of being cared for by the finest doctors, nurses, and therapists in the country during my stay at Walter Reed Army Medical Center. Our family of four with two young children was fortunate enough to stay in the Fisher House on the WRAMC campus. Upon returning home, my entire family was EMBRACED by the community, which has enabled me to stand up again on my own two feet, even if they are both prosthetics. Without this support system, I could just as easily be living on the street instead of living a normal life and thriving.

Now, I realize my experience has been THE BEST CASE SCENARIO for recovery from severe injuries, but I also see fellow Veterans of ALL ERAS whose service and sacrifice is no less painful or meaningful than my own. However, why do they seem to be in a different category than Veterans of OIF/OEF as a general consensus of the nation? It causes me pain, to think of how there are Vietnam Veterans suffering from the same injuries which I do that have been living their lives for the past 40 years in quiet suffering, while I continue to overshadow them.

I am biased, for the simple reason that my family has been bleeding, and dying for this country since before it was a country. But I have not forgotten the Veterans of the past. THEY earned me my benefits, and rights, and the life I can afford to live because of that.

So as you read this article, consider this. I truly believe if we wish to achieve a “seamless transition” for our returning Service Members, it must come with a shift from the focus in and around the Hospitals, and VA Treatment Centers to the communities in which our Veterans and their Families live and work! The Average American wants to help our Veterans, so we also need to ensure a shift to focusing the spotlight on ALL Veterans. My service in Iraq is cheapened, every time someone walks past a World War Two Veteran to shake my hand.

So I challenge you, who read this article. Involve yourself in any way you can, and don't forget the younger generations who still need to remember the cost of freedom. My children are well acquainted with it.

**Science in the Spotlight**
**Cognitive** *continued from page 1*

of cognitive skills in the areas most impaired in schizophrenia. CRT is a “restorative” strategy. The intent is to effect partial or full correction of cognitive deficits. It differs from a “compensatory” approach, which seeks ways to “work around” the deficits’ effect on function. CRT has been shown to be effective in several studies. In one, 50% of patients with schizophrenia demonstrated normal neuropsychological functioning following CRT. Another study found evidence of normalized functioning (as measured with functional magnetic resonance imaging, fMRI) in brain regions associated with working memory following CRT. Other studies have shown these gains are still present at 6-month and 12-month follow-up intervals.

Most exciting are the benefits that CRT seems to have on the functional outcomes of patients with schizophrenia. Those treated with CRT in combination with supportive employment have demonstrated improvement in several areas important for functional outcome. These include greater treatment adherence, fewer depressive symptoms, more working hours and higher wages. CRT's effect on social and functional competence measures has not previously been evaluated. We have incorporated these measures into our research program. Our goal is to determine whether improvements on these measures translate into improvements in functional outcome. CRT appears to be an effective strategy for promoting recovery in patients with schizophrenia. We are excited to evaluate its effectiveness for Veterans.



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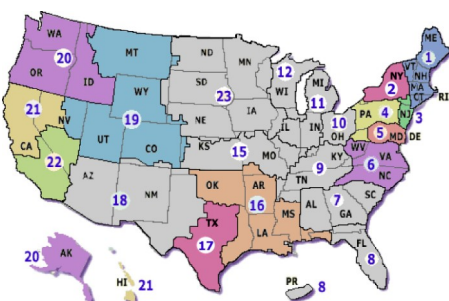
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## National MIRECC Website

[www.mirecc.va.gov](http://www.mirecc.va.gov)

## Locations of MIRECCs & MH COEs



## MIRECC and MH COE Directors & Education Activities

### VISN 1 MIRECC

**Director:** Bruce Rounsaville, MD

**Focus:** Improve care for Veterans with mental illness and substance dependence.

**Activity:** The Peer Education Center offers monthly seminars and workshops for VA Peer Support Providers.

**Contact:** [patricia.sweeney@va.gov](mailto:patricia.sweeney@va.gov)

### VISN 16 MIRECC

**Director:** Greer Sullivan, MD,

**Focus:** Improve access to evidence-based practices in rural and other underserved populations.

**Activity:** Online Working with Couples training – Fall 2010; Assessment of TBI modules – Summer 2010

**Contact:** [michael.kauth@va.gov](mailto:michael.kauth@va.gov)

### VISN 2 Center for Integrated Healthcare

**Director:** Stephen Maisto, PhD, ABPP

**Focus:** Improve care by integrating behavioral health services into the primary care setting.

**Activity:** Co-located Collaborative Care Staff Training, June 16-18 2010, and quarterly thereafter, Buffalo NY

**Contact:** [randy.allen@va.gov](mailto:randy.allen@va.gov)

### VISN 17 COE for Research on Returning War Veterans

**Director:** Suzy Gulliver, PhD

**Focus:** Identify the characteristics that mediate potential psychopathological response to war-related stress.

**Activity:** Traumatic Brain Injury Grand Rounds V-tel lecture series.

**Contact:** [david.tharp@va.gov](mailto:david.tharp@va.gov)

### VISN 2 COE at Canandaigua

**Director:** Kerry Knox, PhD

**Focus:** Improve access to care and the adaptation and evaluation of innovative approaches for at risk Veterans for suicide.

### VISN 19 MIRECC

**Director:** Lawrence E. Adler, MD

**Focus:** Study suicide with the goal of reducing suicidality in the Veteran population.

### VISN 3 MIRECC

**Director:** Larry Siever, MD

**Focus:** Investigate causes and treatments of serious mental illness to enhance recovery of Veterans.

### VISN 20 MIRECC

**Director:** Murray A. Raskind, MD

**Focus:** Investigate the genetics, neurobiology, and treatment of schizophrenia, PTSD, and dementia.

**Activity:** Bi-monthly 'MIRECC Presents' v-tel lecture series

**Contact:** [lauren.stoner@va.gov](mailto:lauren.stoner@va.gov)

### VISN 4 MIRECC

**Director:** David Oslin, MD

**Focus:** Advance care for veterans with concurrent physical, mental, and/or substance use disorder.

**Activity:** Primary Care-Mental Health Integration training including the Behavioral Health Lab platform, care management, and implementation.

**Contact:** [jennifer.rego@va.gov](mailto:jennifer.rego@va.gov)

### VISN 21 MIRECC

**Director:** Jerome Yesavage, MD

**Focus:** Individualize treatments for Veterans with PTSD or with Alzheimer's Disease.

#### MIRECC Fellowship Hub Site

**Activity:** Caring for Veterans with Post Deployment Health Concerns: Past, Present, and Future

September 14-15 2010, Chicago IL  
**Contact:** [louise.mahoney2@va.gov](mailto:louise.mahoney2@va.gov)

### VISN 5 MIRECC

**Director:** Alan S. Bellack, PhD, ABPP

**Focus:** Improve care for Veterans with schizophrenia and for their families.

**Activity:** VA Social Skills Training for Serious Mental Illness, August 10-11 2010, Baltimore MD

**Contact:** [matthew.wiley@va.gov](mailto:matthew.wiley@va.gov)

### VISN 22 MIRECC

**Director:** Stephen R. Marder, MD

**Focus:** Improve functional outcomes of Veterans with psychotic disorders.

**Activity:** Motivational Interviewing Training, June 24-25, 2010 in Los Angeles, CA

**Contact:** [noosha.niv@va.gov](mailto:noosha.niv@va.gov)

### VISN 6 MIRECC

**Director:** John A. Fairbank, PhD

**Focus:** Translational medicine center for assessment and treatment of post-deployment mental illness.

**Activity:** Post Deployment Mental Health Issues - monthly lectures presented by V-tel and audio

**Contact:** [mary.peoples1@va.gov](mailto:mary.peoples1@va.gov)

### VISN 22 COE for Stress and Mental Health

**Director:** James Lohr, MD

**Focus:** Understand prevent, and heal the effects of stress.

## Partnering with VISN 3 Mental Health Care Line for Enhanced Care of Veterans - VISN 3 MIRECC

**CBT for Psychosis (a Recovery-Oriented Evidence-Based Practice)** - 28 staff members have completed 36 hours of training followed by 30 hours of clinical supervision to implement this evidence-based practice. Veterans have been receiving this recovery-oriented service. We will evaluate Veteran outcomes, rates of implementation, and the nature of coaching that result in higher implementation rates. We will also evaluate two different styles of facilitation at the service level and its impact upon implementation.

**Suicide Prevention Program** – We are evaluating multiple aspects of suicide prevention:

- We have developed a Suicide Risk Assessment (SRA) tool. We are evaluating its impact on multiple suicide prevention practices. These include provider experience with the SRA, relationship between rating on the SRA and subsequent treatment plan, relationship between rating on the SRA and selection for the High Risk List, effect on suicide behavior rates, and correlation between the SRA and Columbia Scale for Suicidal Ideation.
- We have a DoD funded program to evaluate Dialectical Behavioral Therapy (DBT) as a treatment for all Veterans on the High Risk List with a variety of comparison groups. DBT is a cognitive behavioral treatment approach developed to treat chronically suicidal individuals and individuals with borderline personality disorder.
- We are also investigating multiple factors that might lead to suicidal behavior. These include social cognition (social isolation vs. perception of social isolation), emotional regulation, and ability to inhibit behavior (related to serotonin messaging and changes in serotonin system).

**Training for Family Psychoeducation (FPE) Consultation/Education** - Two medical centers are working with us to fully implement a family psychoeducation program. We also partnered with the MHCL to develop and deliver a FPE training program and subsequent coaching to implement family treatment at the other VISN 3 facilities.

**Cultural Competency and Person-Centered Care** - We have developed a Cultural Competency curriculum for staff and are now developing materials for the education of MH staff, particularly psychiatrists, in the use of Veteran-centered communication and care in order to make every contact a recovery-oriented one.

**Health, economic and social consequences of OEF/OIF service** - This study will involve New Jersey National Guard members deployed to Iraq. A central focus will be on identifying the types and level of resources required to better address the multiple needs of returning Veterans.

**Gender-based differences** - This study will compare the mental health characteristics, service needs and service utilization among male and female Veterans with PTSD seeking VA treatment. The data generated from this study will be used as the basis for future large-scale surveys of the mental health care needs of women Veterans with PTSD. Moreover, we will use the results of this study to develop survey instruments relevant to future research with both the National Guard and VA treatment populations.

