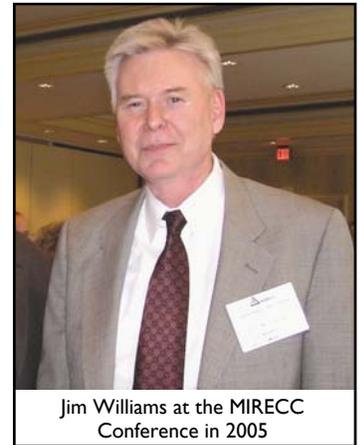


Jim Williams, A Good Friend, Retires

by Michael R. Kauth, PhD

On January 3, 2007, after 30 years of Federal Government service (including 4 years in the Air Force), James W. Williams retired. Jim recently served as Executive Assistant to the Deputy Chief Patient Care Services Officer for Mental Health. Although we in the MIRECCs and the VISN 2 Center for Integrated Healthcare (CIH) are happy for Jim and wish him well, we are sad to see him go. We will miss his professionalism and dedication and will also miss his friendly style and welcoming manner. Jim was the point of contact for the MIRECCs and special mental health programs and a trusted individual if ever there was a problem. His accessibility, generosity, inclusiveness, and wisdom made our jobs easier and we thank him for that. One of Jim's outstanding qualities was his innate sense of what VA Leadership or Congress wanted. He knew the rules and regulations and how to interpret policy, as only an experienced Central Office insider can. Most of all, Jim knew how to get things done and is a genuinely nice guy.



Jim Williams at the MIRECC
Conference in 2005

For these and many more reasons, Jim has significantly contributed to the success and stability of the MIRECCs.

Jim came to the VA in 1983, after 3 years at the National Institutes of Health, and began his career at VA Central Office by working on the Psychology Staffing Guidelines project, which introduced him to the many Mental Health colleagues he befriended over the years. He moved into what is now the Office of Mental Health Services in the early 1990s and, in 1994, became the Executive Assistant to Dr. Thomas Horvath, the incoming Director of that office, and worked with him to help create the MIRECCs. From the beginning, Jim made it clear that he and VA Central Office valued the Education arm of the MIRECCs and he strove to have Education viewed on par with the Research and Clinical arms. Toward this end and soon after the second group of MIRECCs was funded, Jim helped to establish the National MIRECC Education Group as a way to highlight education activities and encourage collaboration. This biennial newsletter was one of the first MIRECC products resulting from that collaboration. Jim consistently focused attention on the Education Group by encouraging Central Office leaders to attend our conference calls and by placing Education Group updates on the MIRECC Directors' business agenda. As a small token of our appreciation and in anticipation of his retirement, Jim was made an honorary member of the Education Group at the 2006 Best Practices Meeting in Portland, OR.

Retirement plans for Jim include sleeping late and plenty of travel along with volunteer work. Jim also plans to continue his relationship with the MIRECCs and with his many friends in VA. On behalf of the MIRECCs and CIH, I want to say best wishes to our good friend, Jim Williams, in his well-earned retirement. All of us in the MIRECCs and the CIH are very grateful to Jim's vision and hard work! We will miss you, and we will take your example to heart. Thank you for helping us to improve mental health care and services for veterans. ♦

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Improving Employment Outcomes for Dually Diagnosed Veterans in the VISN 1 MIRECC

by Bruce Rounsaville, MD

The New England (VISN 1) MIRECC works to improve health services for patients with "dual diagnosis." That is, the focus on intervention, education, and research is designed specially to help veterans suffering from major mental illness and addiction problems. Having two types of illness makes it more difficult to recover from either one. Specifically, our MIRECC is developing innovative treatments, devising more effective ways to deliver existing treatments, and creating better programs to train VA providers in therapies with scientifically proven efficacy. These goals are being achieved through an ambitious multidisciplinary research program consisting of

(Continued on page 2)

Desert Pacific MIRECC Focus: To Help Veterans Recover

by Louise Mahoney, MS

Recovery in patients with chronic psychosis involves multiple factors. The right medicine to treat the active symptoms needs to be identified. If the patients are able to work, they need to be able to find and keep a job. And, they need to engage in healthy activities to increase physical well being and enjoy satisfying relationships with their peers and family. The VISN 22 MIRECC has utilized the diverse expertise of our investigators to establish a well coordinated effort that guides research and clinical practice for treating individuals with serious mental illness and helps them establish and achieve their goals. This article highlights three areas in

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VISN 1 MIRECC *(Continued from page 1)*

an interrelated series of studies at three levels: (a) health services research, (b) applied clinical research, and (c) basic clinical research on the neurobiological basis of dual diagnosis.

Many of our current efforts are focused on helping dually diagnosed veterans participate more actively in their own recovery. This approach aims to maximize veterans' strengths rather than placing primary emphasis on relieving symptoms or counteracting weaknesses. In a recent study that reflects the VA mission and our recovery focus, VISN 1 MIRECC researchers achieved a 70% increase in competitive employment outcomes by providing incentives to dually diagnosed veterans participating in a VA vocational rehabilitation program. Unemployment is a serious problem for veterans with mental illness and the VA has invested heavily in Compensated Work Therapy (CWT) programs that provide paid work opportunities for veterans with mental disorders. This paid, non-competitive job experience is the mainstay of vocational rehabilitation efforts in VA and is meant to serve as a bridge to obtaining competitive employment. The competitive employment outcome in CWT has increased nearly every year since 1993 but has never exceeded 42%. Participants with both mental illness and substance abuse have an even lower rate of competitive employment. The MIRECC incentive program was designed to improve these success rates by providing monetary incentives contingent on achieving job-seeking goals such as preparing a resume and abstaining from drugs and alcohol, as verified by urine tests. In this study, 100 veterans received the CWT program as usual or the CWT program with added incentives. The added incentive group had superior outcomes in most areas including getting a competitive job (50% vs. 28%), preparing a resume (86% vs.

68%), applying for a job within 4 months (78% vs. 50%), and staying clean from drugs and alcohol (50% vs. 28%). These findings confirm results from a smaller pilot study in which success rates were doubled by adding incentives. This study was led by MIRECC researcher Charles Drebing, PhD, and included a MIRECC team of Alice Van Ormer, PhD, Lisa Mueller, PhD, Marcie Hebert, PsyD, Walter Penk, PhD, Nancy Petry, PhD, Robert Rosenheck, MD, and Bruce Rounsaville, MD.

A case example illustrates the impact of this intervention. Mr. B, a 50-year-old veteran with a history of alcohol abuse, depression, and unemployment was randomized to the incentive group and received monetary incentives for staying sober and searching for a competitive job. Over the course of the intervention period, Mr. B experienced occasional setbacks in his sobriety but continued to work with the staff on finding employment. He began working competitively and maintained his sobriety during the follow-up period. One year after his participation in the study ended, he emailed a member of the study staff and reported that he has been successfully employed and sober since obtaining a job during the study. Mr. B noted that his current job is in his preferred field and that the incentive program helped him turn the corner into both substance abuse recovery and employment.

These improved success rates for dually diagnosed veterans have important implications for the VA CWT program which provides services to over 22,000 veterans annually and pays over \$34 million in wages. Replication in a VA cooperative study is being considered as the degree of improved outcome is both statistically and clinically significant. Through a comprehensive research program, the VISN 1 MIRECC seeks to increase the opportunities for veterans with dual diagnoses to reach their recovery goals.♦

Desert Pacific MIRECC *(Continued from page 1)*

which the VISN 22 MIRECC has made significant advances during the last eight years in caring for individuals with schizophrenia.

Developing a Chronic Care Model

Alex Young, M.D., MSHS, and collaborators are embarking on EQUIP-2 (Enhancing Quality of Care in Psychosis), a 3-year project to implement and evaluate an evidence-based chronic illness care model for schizophrenia based on results of the first EQUIP project. The initial EQUIP project developed and tested a model for schizophrenia that incorporated routine reporting of each patient's "psychiatric vital signs" along with protocols for assertive, coordinated care, evidence-based medication prescribing, and engagement in family services. At the end of the 4-year study, clinicians had gained new insight from the routine assessment of patient status and began using this new information in their clinical decision making. There was also an improvement in treatment with medication and management of side effects such as weight gain.

In the fall of 2000 when the MIRECC program was in its infancy, we reported on one veteran, we'll call him Mr. K, a patient of VISN 22 MIRECC clinicians. Mr. K was thriving thanks to the support he received from a variety of mental health services at the VA hospital in Los Angeles.

We spoke with Mr. K recently and are happy to report that he continues to thrive. He has expanded his role in mental health advocacy as an appointed member of the Los Angeles County Mental Health Commission, where he has a voice in policy making and has joined the National Alliance on Mental Illness (NAMI) "In Our Own Voice" (IOOV) program as a speaker. IOOV provides insight into the recovery process to consumers, caregivers and mental health professionals. Mr. K has spoken at high schools, colleges and nursing schools. He also works two days per week doing computer research for a mental health help line.

Mr. K is a living and working example of how recovery is possible for people with severe mental illness.

EQUIP-2 expands the project to eight specialty mental health programs in four VISNs, and adds the computerized Patient Assessment System (PAS), an innovative self-directed computerized assessment developed by Matt Chinman, PhD. Sitting at a kiosk, using a touch screen interface, patients are able to enter information to assess mood, medication side effects, and functional status. They will receive a printed status report at each session that includes changes since their last visit. The PAS was originally developed as a pilot project

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Combined VA Mental Health Conference

The first ever combined VA mental health conference, **Transforming VHA Mental Health Care: Promoting Recovery and Integrated Care**, will take place **July 18-20, 2007**, in Arlington, VA. This meeting combines and replaces the Mental Illness Research, Education, and Clinical Center (MIRECC) and Best Practices in Mental Health conferences into one comprehensive mental health conference. Additional partners in the conference are the Vet Centers, Northeast Program Evaluation Center (NEPEC), SMITREC, PERC, Mental Health (MH) and Substance Use Disorder (SUD) QUERI, National Center for Post-traumatic Stress Disorder (NCPTSD), CESATE, VISN 2 Center for Integrated Care, and the newly established Centers of Excellence. This large conference will focus on the diverse clinical, research, and educational initiatives related to VHA's Mental Health Strategic Plan and six key areas: recovery oriented services, integrated care, suicide risk identification and prevention, access to care, OEF/OIF returnees, and emerging best practices. This is a unique opportunity to foster collaboration among researchers, clinicians, and educators, promote new VA research, and enhance opportunities for psychiatry and psychology fellows.

Desert Pacific MIRECC *(Continued from page 2)*

funded by the VISN 22 MIRECC and is now being considered for use nationally with patients with traumatic brain injury (TBI). EQUIP-2 will focus on Individual Placement and Support (IPS) and Wellness as target evidence-based practices provided to the enrolled patients.

Discovery of New Medications

Stephen Marder, MD and Michael Green, PhD, are co-investigators of the Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) program. This NIMH-sponsored initiative was designed to support the development of new medications for improving the cognitive impairments of schizophrenia. One product is the MATRICS Consensus Cognitive Battery, a brief battery of tests that target seven areas of cognition. These brief assessments provide a standardized approach for measuring cognitive ability in patients and in drug development (www.matrics.ucla.edu). MATRICS also established guidelines for clinical trials for potential cognitive-enhancing medications and new approaches for drug discovery. The guidelines developed by MATRICS are being utilized in the Treatment Units for Research on Neurocognition and Schizophrenia, another NIMH-sponsored initiative headed by Dr. Marder (www.turns.ucla.edu).

Animals models of disease play an important role in testing new drug discoveries. Mark Geyer, PhD has been using mice that have deficits in Pre-Pulse Inhibition (PPI), a trait that has been found to exist in individuals with schizophrenia and several other psychiatric disorders. PPI is a pre-cognitive event and measures the reduction in startle from a loud noise, by a weaker pre-stimulus. Jared Young, PhD, a post-doctoral student, is working with mice that are missing the alpha-7 nicotinic acetylcholine receptor, part of a brain messaging system that is believed to play an important role in attention and learning. Mice without this receptor learn more slowly and

have shorter attention spans. Both of these models may prove useful in identifying and testing new treatments for improving cognition in individuals with schizophrenia.

Psychosocial Rehabilitation

Robert Kern, PhD, has incorporated fundamental principles of cognitive impairments in psychosis into the design of psychosocial rehabilitation programs. Building upon the work of MIRECC colleagues who have identified specific deficits in learning and memory in individuals with schizophrenia, Dr. Kern has developed vocational and social skills training programs for veterans that utilize a method called errorless learning. In errorless learning, new skills are broken down into simple, small learning elements that have a higher likelihood for success. These elements receive repeated practice and can be used to help veterans learn simple vocational skills as well as more complex social skills.

William Horan, PhD, just completed a pilot study of an intervention designed specifically for veterans to improve social cognition. It has been shown in previous studies that the better one understands the thoughts and emotions of others, the better one functions in daily life. Dr. Green is comparing interventions designed to improve social cognition with interventions targeting other cognitive domains.

The VISN 22 MIRECC has had great success in building on the strengths of its individual investigators to foster a rich environment for nurturing the success of junior investigators and for developing innovative programs to provide the best possible care for our veterans. ♦

EDUCATION ACTIVITIES

VISN 1 May 9, 2007	Towards a Positive Clinical Psychology in the VA Bedford VA Medical Center, MA Contact: Lisa.Mueller@med.va.gov
VISN 3 2007	Recovery in Action Facility-based training—Multiple sessions Contact: Bruce.Levine@va.gov
VISN 4 April 20, 2007	4th Annual PADRECC/MIRECC Symposium on Neurodegenerative Diseases: The Interface of Psychiatry and Neurology Philadelphia, PA Contact: ruckdesc@mail.med.upenn.edu
VISN 6 TBA, Summer 2007	Mild Traumatic Brain Injury (mTBI): What the Mental Health Provider Needs to Know W.G. "Bill" Hefner VAMC Salisbury, NC Contact: Katherine.Taber@va.gov
VISN 16 May 14-15, 2007	Old Traumas, New Traumas Co-sponsored by Texas Dept. of Health Services Houston, TX Contact: Michael.Kauth@med.va.gov
VISN 19	Suicide Risk Assessment & Evidence-based Interventions On-site Training Program Various Locations Contact: Jan.Kemp@va.gov
VISN 20 Ongoing 2007	"MIRECC Presents," a bi-weekly V-Tel Conference 1st and 3rd Wednesday of each month Contact: Lauren.Stoner@va.gov
VISN 21 August, 2007	Meeting the Unique Mental Health Care Challenges of our Newest Warriors Contact: Eric.Kuhn@va.gov

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NATIONWIDE MIRECCs

VISN 1

Bruce Rounsaville, MD, Director
(203) 932-5711 x7401

West Haven, Connecticut

<http://www.veteranrecovery.med.va.gov/>

**Improve care for veterans with mental illness
and substance dependence**

VISN 3

Larry Siever, MD, Director
(718) 584-9000 x3704

Bronx, New York

<http://www.visn3.mirecc.va.gov/>

**Investigate causes and treatments of serious
mental illness to enhance recovery of veterans**

VISN 4

David Oslin, MD, Director
(215) 823-5849

Philadelphia, Pennsylvania

<http://www.va.gov/visn4mirecc>

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

VISN 5

Alan S. Bellack, PhD, ABPP, Director
(410) 605-7451

Baltimore, Maryland

<http://www.va.gov/visn5mirecc>

**Improve care for veterans with schizophrenia
and for their families**

VISN 6

Harold Kudler, MD, Acting Director
(919) 286-6933

Durham, North Carolina

<http://www.mirecc.va.gov/MIRECC/visn6.asp>

**Create a translational medicine center for the
clinical assessment and treatment of
post-deployment mental illness**

VISN 16

Greer Sullivan, MD, MSPH, Director
(501) 257-1971

North Little Rock, Arkansas

<http://www.va.gov/scmirecc/>

**Close the gap between mental health research and
clinical practice**

VISN 19

Lawrence E. Adler, MD, Director
(303) 303-8020 x2832

Denver, Colorado

<http://www.mirecc.va.gov/MIRECC/visn19.asp>

**Improve care for suicidal veterans through
integration of research, education and clinical
practice**

VISN 20

Murray A. Raskind, MD, Director
(206) 768-5375

Seattle, Washington

<http://www.mirecc.va.gov/MIRECC/visn20.asp>

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

VISN 21

Jerome Yesavage, MD, Director
(650) 852-3287

Palo Alto, California

<http://www.mirecc.va.gov/MIRECC/visn21.asp>

**MIRECC Fellowship Hub Site
Individualize treatments for veterans with PTSD or
with Alzheimer's Disease**

VISN 22

Stephen R. Marder, MD, Director
(310) 268-3647

Los Angeles, California

<http://desertpacific.mirecc.va.gov>

**Improve functional outcomes of veterans with
psychotic disorders**

VISN 2 Center for Integrated Healthcare (CIH)

Steven Batki, MD, Director
(315) 425-6749

Syracuse, New York

**Dedicated to improving the quality of health care
for veterans by integrating behavioral health ser-
vices into the primary care setting**

**National MIRECC
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www.mirecc.va.gov



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