



MIRECC Matters

Volume 10, Issue 5

October 2009

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RECOVERY AFTER AN INITIAL SCHIZOPHRENIC EPISODE (RAISE)

The goal of the "Recovery After an Initial Schizophrenic Episode (RAISE)"

study is to design and test an intervention that promotes engagement and participation in treatment, fosters recovery, reduces or prevents disability in persons experiencing a first episode of psychosis (FEP), and does so within publicly financed mental health systems. Given our current scientific knowledge and therapeutic capabilities, the best strategy for limiting the cumulative morbidity of schizophrenia and related psychotic disorders, and the costs associated with their care, is to intervene at their earliest identifiable stage. The RAISE study is based on the premise that early and optimized intervention can alter the course of schizophrenia, reduce disability and promote recovery. Dr. Lisa Dixon, Associate Director of the MIRECC Research Core and Co-Principal Investigator for RAISE, states, "I have

treated numerous patients with schizophrenia who were very early in the course of their disorder over the years. I have often experienced frustration as they became increasingly disabled in ways that I thought were possibly preventable. So when the request for applications came

I hope that our project will demonstrate that our team-based approach will prove to reduce and ultimately prevent disability among persons experiencing their first episode of schizophrenia.

- Lisa Dixon, MD

out from NIMH, I was very motivated to become part of an effort to apply".

However, there is more to early intervention than just intervening early. Relative to persons with more long-standing disorders, individuals experiencing their first

psychotic episode are, in general, (1) younger and therefore dealing with developmental issues of transition to adulthood, (2) relatively naive to the mental health system and often still living with their families, (3) more likely to have diagnoses that evolve over time, (4) more likely to be non-adherent to medications, and (5) needing lower doses of medications as well as adaptations of psychosocial interventions to the early phase of the illness. Therefore, the key elements of the RAISE model involve: 1) Early implementation with evidenced-based therapeutic interventions drawn from evolving best practice guidelines; 2) Phase-specific and person-centered approaches; 3) Integrated care by involvement of family and social network, and by a specialized multi-disciplinary team providing multi-element interventions for mental and physical health and substance abuse issues, and 4) Continuity of care focusing on proactive outreach and engagement,

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assessment, adherence monitoring and transition to follow-up care coordinated by a Recovery Specialist.

The RAISE team includes individuals from more than 25 academic and mental health institutions across the country, including the University of Maryland School of Medicine and the VA Maryland Health Care System. The team is led by Dr. Jeffrey Lieberman, Columbia University College of Physicians and Surgeons, (Principal Investigator) and Dr. Dixon, University of Maryland School of Medicine, (Co-Principal Investigator). **Dr. Lieberman's expertise** in first-episode psychosis research and psychopharmacology and **Dr. Dixon's** in psychosocial treatment development, services research and consumer involvement have pre-

pared them well for these important roles on this project.

The project is divided into three phases. The first phase will finalize the intervention using input from scientists and community stakeholders. The second phase will establish the feasibility of the model and the experiment itself by implementing the program in community-based sites. In the third phase, a total of 330 participants will be randomly assigned to one of two conditions in eight clinical sites. Partnerships are established with two public mental health systems in New York and Maryland to test the RAISE model in the real world of clinical practice using public mental health resources, where reimbursement from private and public sources is not available. But will any

of that benefit veterans? According to Dr. Dixon, **"Several VISN 5 MIRECC** investigators are co-investigators on the RAISE project. We believe that the project is very relevant for veterans in its potential to test a program that would prevent long term disability. Schizophrenia and psychotic disorders exact an extraordinarily high human and material cost for veterans. If our hypotheses are supported and our program is successful, it would be highly relevant for the VA".

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Meet the New MIRECC Researchers



AN INTERVIEW WITH DR. SETH HIMELHOCH

Seth Himelhoch, MD, MPH, is a psychiatrist and Associate Professor at the University of Maryland School of Medicine in the Department of Psychiatry. He currently serves as A MIRECC Investigator as well as the Director of Mental Health and Substance Abuse Services at the UM School of Medicine's Infectious Diseases Clinic.

What is your area of research?

My goal as a physician-scientist is to combine my clinical interests in psychosomatic medicine with my training in health services research in order to build a program of research that develops, tests, and ultimately

disseminates novel methods for treating co-occurring mental health and substance abuse disorders among those infected with HIV. This area of research is important for two reasons. First, psychiatric disorders are reported to be present in nearly 50% of HIV infected people receiving HIV related medical care. Second, psychiatric disorders in general and depression, PTSD, and substance abuse in particular are associated with worse adherence to HIV treatment as well as worse HIV related outcomes. Thus, developing novel interventions to treat psychiatric disorders in the HIV medical setting may lead not only to improved psychiatric outcomes but, perhaps more importantly, better adherence to HIV treatment and longer survival.

What studies do you have in progress?

There are three:

With a grant titled, "HIV Care for Substance Users with Psychiatric Disorders" from the National Institute on Drug Abuse, I'm conducting a pilot study to determine the

prevalence of PTSD among those receiving methadone maintenance treatment at the Walter P. Carter Center Methadone Program. I'm also looking at a telephone-based substance abuse counseling intervention for those on Suboxone maintenance treatment (for opioid de-

"I was struck by how little research was investigating outcomes of medical care for individuals with HIV and serious mental illness."

pendence).

A pilot study for "Developing Telephone Psychotherapy for HIV Related Depression", (funded from the National Institute of Mental Health), is in progress, with the randomized trial scheduled to begin in the fall.

With funding from the Centers for Disease Control, a project called "Rapid HIV Testing in Community

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New MIRECC Administrative Core Manager

Amy Drapalski, PhD, has taken on the role of the **MIRECC Administrative Core Manager**. As part of her position, she will be collecting information regarding the research, education, and clinical accomplishments of the MIRECC, developing reports on MIRECC activities, connecting with the Research, Education, and Clinical Cores, and organizing the annual Advisory Committee

meeting.

After completing her post-doctoral fellowship in psychology at the VISN 5 MIRECC, Dr. Drapalski joined the MIRECC to assist Alan S. Bellack, PhD, MIRECC Director and Chair of the National Recovery Advisory Committee, on efforts to implement the national recovery agenda. This included increasing the use of consumer-centered, recovery-oriented

services and evidence-based treatments for veterans with mental illness. She also continued her work on research projects focused on consumer-oriented interventions for increasing family involvement in mental health care and strategies for addressing internalized stigma among veterans with serious mental illness.



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Mental Health Centers” is in the planning stages, with recruitment set to begin in the fall/winter.

I’m also evaluating novel treatment interventions for people with co-occurring PTSD and HIV.

Why were you interested in this area of research?

As a consultation-liaison psychiatrist, I was struck by how little research was investigating outcomes of medical care for individuals with HIV and serious mental illness. I realized I had an opportunity to do formative work that could improve the clinical

outcomes for a very vulnerable population of people while making an important contribution to the field of public health.

Who had the greatest influence on your picking this area?

My colleagues and mentors at the Robert Wood Johnson Clinical Scholars Program had the greatest influence on helping me pick this area of research. I was also inspired by Dr. Lisa Dixon’s pioneering work in investigating medical outcomes among those with serious mental illness.

How can someone get in touch with you if they're interested in your work?

They can email me at: shimelho@psych.umaryland.edu.

Helping Veterans with Serious and Persistent Mental Illness Quit Smoking

Smoking is the leading cause of preventable death in the United States. It contributes to increased rates of diseases such as lung cancer and heart disease, and adds dangerous complications to health problems such as diabetes and obesity. Despite widespread recognition of the devastating health effects of smoking, over 70% of people with schizophrenia and other serious and persistent mental illnesses (SPMI) smoke cigarettes. That rate is at least double that of the general population and remains high despite decreases in rates of smoking in the general population. These extraordinary smoking rates contribute to elevated morbidity and mortality, have other life-threatening health-related consequences, and increase health care costs for treating smoking related illnesses in this population. Therefore, treating smoking is critical in improving the health of people with SPMI.

A new study by MIRECC investigators will help determine what interven-

tions will be the most effective in helping individuals with SPMI quit smoking. Drs. Lisa Dixon, Melanie Bennett, and Clayton Brown received a Clinical Science Research and Development grant to study a new intervention called “Behavioral Treatment of Smoking Cessation in SPMI (BTSCS)”, which is designed specifically for individuals with SPMI. BTSCS uses strategies that have been found to be helpful in reducing smoking and substance use and tailors them to meet the unique needs of individuals with SPMI. Specifically, BTSCS includes a three-month group treatment program that addresses skills for quitting smoking and coping with cravings as well as social and coping skills aimed at helping participants develop ways to cope with high risk smoking situations without smoking. In addition, participants are informed about medication aids such as Zyban and nicotine replacement therapy, and assisted in obtaining and using these aids if interested. Importantly, BTSCS does not require medication use, as many individuals with SPMI are not able or willing to take

additional medications. Therefore, it is important to design interventions that are broadly applicable to smokers with SPMI.

Participants in the study will be randomly assigned to receive BTSCS or a supportive comparison group. The comparison group is based on an American Lung Association program and represents programming that would be available for individuals who want to quit smoking. One aim of the study is to determine if BTSCS is more helpful to participants in terms of their quitting smoking. In addition, we will examine whether BTSCS is helpful in individuals who fail to quit smoking, in terms of reducing smoking and enhancing motivation to quit in the future.

For more information, contact Dr. Melanie Bennett at: mrbennett@psych.umaryland.edu

“The Enemy Within: Understanding the Impact of Stigma on the Recovery Process in Mental Health” Conference

During National Mental Health Awareness Week, the VISN 5 MIRECC and the VAMHCS Mental Health Clinic Center presented a conference focused on the impact of the stigma associated with mental illness. Over 118 VA employees, veterans, family members, and representatives from community organizations attended the one-day conference at the Baltimore VA Medical Center. The goal was to provide a forum for gaining a better understanding of stigma and its effects, explore personal feelings regarding mental illness, and consider ways to eliminate stigma.

MIRECC investigator Dr. Amy Drapalski presented **Understanding and Addressing Internalized Stigma** and discussed research on internalized, or self-stigma, and the effects on mental health recovery. She also provided strategies for responding to stigma and dislodging already internalized messages. Author Anne

Sheffield followed with a personal account of living with depression, and described how internalized stigma creates feelings of demoralization and decreased hope and self esteem. After a Veteran Panel discussed their personal experiences with stigma, conference goers had a choice of several break-out sessions. **StigmaBusters** (presented by Deneice Valentine, NAMI of Greater Baltimore) taught the participants practical ways to confront stigma and discrimination in various real-life settings, while **“Virtual Voices”** (led by Cindy Clark, RN, C, CD, MIRECC), allowed participants to listen to a specially designed recording that simulated the experience of hearing voices. While listening through headphones, the participants were instructed to undertake a series of tasks. Other workshop choices included **“Strategies for Ending Self Stigma”** (Dr. Alicia Lucksted,

MIRECC), which highlighted strategies one could use to minimize self-stigma, and **“Stigma...In Our Work, In Our Lives”**, (presented by Kristen Myers and Archie Wallace, On Our Own of Maryland) which shed light on the impact of stigma on the design, delivery, and receipt of services, and discussed strategies to reduce stigmatizing behavior in the participants’ surroundings. Following the break-out sessions, conference participants reconvened to hear Connie Walker, Captain US Navy (Ret) and President of NAMI Southern Maryland, present **“A Mother’s Perspective”** about stigmatizing behaviors and attitudes within the military and the mental health system. The day ended with a Speakers and Veterans Panel question-and-answer session.



An Electronic Publication of the
VA Capitol Health Care Network (VISN 5)
Mental Illness Research, Education, and Clinical
Center (MIRECC)
www.mirecc.va.gov/visn5



Upcoming Events

MONTHLY SGA CONSULTATION SEMINAR

First Thursday of every month:

November 5, 2009 & December 3, 2009

1:00 - 2:00 PM

MIRECC conference room, BVA (6A-168)

or PPVA VTel conference room, Bldg 364 (C-110)

or call 800-767-1750, code 79846

Psychopharmacology Case Conference: Clinicians are invited to bring questions about a difficult or challenging psychopharmacology case, or to just attend to listen. Case Conference leaders are Robert Buchanan, MD, MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, PhD, MIRECC investigator and Assistant Professor in the UMB Department of Psychiatry, and Neil Sandson, MD, inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadline: December 1, 2009

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations **in response to the VA's Action Agenda to transform VA mental health services to a recovery model.**

This program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects, new programs to educate staff, veterans, and/or family members of veterans about mental health recovery models, or specific recovery-oriented services/programs. For more information or to receive an application, please contact Alicia Lucksted, PhD, MIRECC Recovery Coordinator, at Alicia.Lucksted@va.gov, 410-706-3244.