



South Central MIRECC Communiqué

A publication of the Mental Illness Research, Education, and Clinical Center

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“Closing the efficacy-effectiveness gap”

Note from the Director

Greer Sullivan, MD, MSPH

Within the South Central MIRECC, we have long recognized the imperative to “grow our own” researchers and have devoted considerable time and resources to a series of programs designed to do this, including our fellowship program, the Training Residents in Psychiatric Scholarship (TRIPS) program, the Grant Writing Scholars program, Pilot Research Grant program, and our new Genesis and Training Awards programs. (For a description of these programs, please visit our website at <http://www1.va.gov/scmirecc/>). We were delighted when Scott Cardin, PhD, who completed the Houston-based MIRECC fellowship program, secured employment at the Biloxi VA after “graduation” from the fellowship. We are especially pleased when graduates of our MIRECC-supported programs remain within VISN 16, so that our training efforts directly benefit mental health services in our network. We hope we can assist Dr. Cardin as he pursues his own research interests and helps others at Biloxi to do so.

The article below attracted my attention because it suggests that we in the MIRECC have the potential to begin our “pipeline” of research training even earlier. I encourage all MIRECC investigators to think about approaches to develop, engage, and encourage promising young investigators as early as possible! We thank Dr. Judy Lyons for bringing Mr. McIntyre to our attention and for assisting him with these opportunities.

Youngest MIRECC Researcher?

Nolan McIntyre & Judith A. Lyons, PhD
G.V. (Sonny) Montgomery VA Medical Center
University of Mississippi Medical Center, Jackson, MS

The Jackson VA may be host to the youngest MIRECC researcher. Nolan McIntyre began collaborating with the MIRECC while a junior at William B. Murrah High School in Jackson, MS. Mr. McIntyre’s engagement with MIRECC is part of the Base Pair curriculum. Initiated in 1992 with funding from the Howard Hughes Medical Institute, the Base Pair program is a combined effort between the University of Mississippi Medical Center (UMMC) and the Jackson Public School District to offer high school students a chance to participate in an actual biomedical research setting. The two-year program involves extensive coursework at UMMC and pairs each student with a researcher who further instructs the student in current medical research. Students work on an independent research project or contribute to ongoing team research. Although much of the first year is consumed in orientation and basic lab training, by the second year students begin to present their research at several different science competitions, conferences, etc.

Most Base Pair students are in the basic sciences. Mr. McIntyre is one of the few students currently in the clinical sciences and is the first to be affiliated with VA and the MIRECC. Last year, as a

junior, he worked alongside Dr. Lyons and Mr. Daniel Debrule, a psychology intern, to help create a writing intervention for OIF/OEF veterans with PTSD. This summer, he conducted a literature review of interventions for caregiver burden to build his research knowledge in the subject and to prepare his final project. He is assisting Dr. Lyons with a comparison of two clinical interventions to reduce caregiver burden. His involvement will continue throughout this school year and into next summer before he departs for college. To build his scientific communication skills, he will present his findings at several science competitions and conferences throughout the state of Mississippi. This program serves as an invaluable resource for him in his science education, as the experience and knowledge learned during these two years in high school parallel or exceed many undergraduate research courses. Mr. McIntyre plans to begin his undergraduate education in the fall of 2007. The experience gained in the Base Pair Program will help him meet the demands of his higher education.

For information about the Base Pair Program, go to <http://basepair.library.umc.edu/about.htm>. We also want to point out that NIH grantees can often receive “minority supplements” to existing grants. This mechanism allows for the support of junior trainees of minority ethnicity at the high school level and older.

Meet the MIRECC Researchers: Dr. Thomas Kosten

Editor's note: This series of short interviews with South Central MIRECC researchers is intended to introduce readers to these investigators and their research. We hope that this series will communicate the wide range of mental health research being conducted in VISN 16 and also cue other investigators about possible links to their own work. Dr. Kosten is one of the newest members of our MIRECC family. He relocated to the Michael E. DeBakey VA Medical Center, Houston in July 2006. We are very pleased to introduce Dr. Kosten.

Interview with

Thomas R. Kosten, MD

Research Director for the Substance Use Disorder QUERI

Senior Advisor on Addictions, Chief of Staff Office, Michael E. DeBakey VA Medical Center
Professor of Psychiatry and Neuroscience, Baylor College of Medicine, Houston, TX

Editor: *What is your area of research?*

Dr. Kosten: My area of research is addictions, particularly stimulants like cocaine and opiates. More recently I have been working in nicotine dependence and its treatment in psychotic patients. Past work has been in PTSD. Most of my research is clinical, involving clinical trails of pharmacotherapies, neuroimaging (SPECT and fMRI), and pharmacogenetics.

Editor: *What active studies do you have going?*

Dr. Kosten: My current studies include four major areas. First, I have a study using disulfiram for cocaine dependence with pharmacogenetic matching based on a functional polymorphism of the gene coding for dopamine beta hydroxylase (DBH), which is important for making dopamine into norepinephrine. A gene variant making abnormally low levels of DBH predicts a good response in reducing cocaine use. Second, I have studies looking at smoking in schizophrenia treated with a nicotinic cholinergic alpha 7 agonist and treated with contingency management. This agent, tropisetron, appears to both reduce the cognitive impairment seen in schizophrenics (which is partially improved by tobacco smoking) and reduce smoking in schizophrenics. This medication is also being studied in China. The contingency management piece is being tested in a VA study at Houston and Seattle as part of the SUD-QUERI. We plan on using a “fishbowl” type of reinforcement, where the patient gets draws from the fishbowl that contains hundreds of

vouchers, some worth \$2 and some worth up to a \$150 prize. Better participation in the smoking cessation treatment merits more draws from the fishbowl and, therefore, more chances to win a big prize. Third, I have a similar clinical trial using the “fishbowl” technique to reinforce treatment attendance by cocaine abusers who will be getting a cocaine vaccine. We recently completed a placebo controlled study showing that the vaccine was better than placebo for cocaine abstinence. Fourth, we are doing fMRI neuroimaging studies with amphetamine administration to examine the effects on impulsivity and measures of brain activity differing between normals and stimulant abusers. We then plan to examine potential treatment medications for their ability to modulate these fMRI responses and subjective effects of amphetamine in abusers. Successful agents will go on into outpatient clinical trials.

There are other studies, which are part of my NIDA Center grant, including amphetamine administration studies with new pharmacotherapies at Yale, and larger amphetamine and cocaine clinical trials in Little Rock in collaboration with Alison Oliveto, Ph.D. Finally, I have a clinical trial in Russia examining naltrexone and guanfacine as a treatment to reduce heroin relapse.

Editor: *What are the implications or potential benefits of your research?*

Dr. Kosten: New pharmacological treatments for stimulant, nicotine and opiate dependence, and relapse prevention are the main benefits from these studies.

Editor: *How did you get started in this area of research?*

Dr. Kosten: During my medical school and residency training, I worked in substance abuse clinics for methadone and then naltrexone. In medical school, I worked with M.J. Kreek and Vincent Dole who first developed methadone maintenance, while I was an MD-PhD student at Rockefeller and Cornell in NYC. We worked on the first studies giving methadone to adolescent heroin addicts. Later at Yale during my residency, I worked with Herb Kleber in the naltrexone and methadone clinics doing work on rapid detoxification using clonidine and then naltrexone in combination with clonidine. From there, I simply started writing more and more papers and getting grants so that before I knew it, I had developed an area of clinical research that I enjoyed and did well at.

Editor: *What person or experience had the most influence on your research career?*

Dr. Kosten: Drs. Kreek at medical school and Dr. Kleber during my residency in psychiatry.

Editor: *What advice would you give to junior investigators and to people who are new to research?*

Dr. Kosten: Do what you enjoy, and find a mentor whom you find enjoyable to be with and to learn from. The research area will then develop as an extension of an engaging personal relationship and will be rewarding on every level.

Editor: *How can people get in touch with you if they have questions about your work?*

Dr. Kosten: It is easiest to reach me via my Baylor email – Kosten@bcm.edu. Happy to discuss research ideas or arrange for a visit to the Houston VA, if you like.



No Web-based Presentations until January

Due to the holidays, the *MIRECC Bringing Science to Practice* web-based conference series on the third Thursday of the month is suspended for November and December. The series will resume again in January 2007. Watch this newsletter for further announcements. For additional information about this series, contact Randy.burke@med.va.gov

Network Consumer Board Is Actively Engaged

Debra Hollis and Michelle Sherman, PhD

The VISN 16 MIRECC Consumer Advisory Board (CAB) was created in 2000 with the goal of ensuring that our MIRECC education, research, and clinical initiatives were responsive to the needs of our veteran consumers. In 2003, the CAB was restructured to also guide the VISN leadership in strategic planning and decision making. The CAB is in alignment with recommendations from the President's New Freedom Commission on Mental Health that state that:

- Veteran consumers and family representatives should participate in facility mental health leadership meetings and decision making about program changes.
- Each facility will develop and publicize a structure for veteran consumers and family members to provide input on the extent to which staff are adhering to a recovery model. Consumer Councils at each facility will be charged with developing and implementing a suitable system.

The VISN 16 CAB is composed of 11 representatives from various stakeholder groups. These include the VAMC Chiefs of Staff, VAMC Directors, the School of Public Health, NAMI, clinical managers, frontline mental health providers, and consumers (from local Consumer Councils, veteran service organizations, the political arena, and auxiliary members). Board members serve for a period of two (2) years with staggered terms.

The mission of the CAB is to: "advise the South Central VA Health Care Network (VISN 16) Mental Illness Research, Education, and Clinical Center (MIRECC) and the Mental Health Product Line (MHPL) regarding development of educational programs and improvement of clinical services to benefit veterans and educate veterans, consumers, and their families about MIRECC and MHPL accomplishments."

Quarterly meetings are held via conference calls, and one annual face-to-face meeting takes place at the annual MIRECC retreat. At its quarterly meetings, the CAB hears presentations from the MHPL, the MIRECC, or other VA network research organizations. The CAB reviews and advises the MHPL and MIRECC regarding needed improvements in VA mental health services. The CAB also assists in identifying agencies that provide services for patients outside of the VA. The MIRECC provides personnel to support the CAB structure and planning efforts.

At the annual MIRECC retreat, the CAB sets clinical and education priorities for the upcoming year. For 2006, the CAB recommended that focus should be given to promoting peer support models, addressing issues related to cultural competency, reducing clinic wait times, and outreach to aging veterans. Over the past year, the CAB has also reviewed a number of informational products, researched peer support models, made recommendations for advancing psychosocial rehabilitation efforts, participated in the PTSD Trauma Task Force, and worked on the national initiative for TIDES (Translating Initiatives in Depression into Effective Solutions). Much of this feedback has been incorporated into ongoing educational and clinical initiatives, as well as new research.

A current focus for the CAB is the development of a VISN-wide association of veteran consumer groups that have representation at every VAMC. To facilitate this goal, the CAB is developing a profile of local Consumer Councils and working on a plan to enhance communication among these groups. As part of this plan a "Consumer Corner" will be established in the *South Central MIRECC Communiqué*. The "Consumer Corner" will feature articles with general information on consumer groups and highlight the activities of individual groups.

At this time, six VISN 16 medical centers have active Consumer Councils. Others are in the early stages of development. We hope to have actively functioning councils at all medical centers in the near future. The CAB will support existing sites with technical assistance and work with any other sites that would like to create their own councils.

In next month's newsletter look for a roster of existing VAMC Consumer Councils including contact information and recent accomplishments.

For more information about the CAB, please contact Michelle Sherman, Ph.D., current Chair (michelle.sherman@va.gov) or Debra Hollis, MIRECC Project Coordinator (hollisdebral@uams.edu).



New Personnel **The MIRECC Welcomes Mary Farmer**

In July, the MIRECC welcomed our new Director of Evaluation, **Mary S. Farmer**. We are very fortunate to have Ms. Farmer with the MIRECC as she has an extensive track record in both evaluation and education and is familiar with the VA. Prior to joining the MIRECC, Ms. Farmer worked for the Geriatric Research Education Clinical Center (GRECC), where she was responsible for evaluating the outcomes of geriatric healthcare programs provided to the hospitals within VISN 16 and monitoring assessment tools to assure they are capturing the appropriate information. From 1996-2003, she worked as an independent consultant for school districts to evaluate the application of programs and their effect on outcome measures mandated by the state of Arkansas. In 1992-1995, she was the evaluator for a National Science Foundation-funded program at the University of Hawaii in Honolulu. In this position Ms. Farmer conducted field tests and supervised the application of tools to measure grant outcomes for over 3,100 research participants.

In addition to her evaluation experience, Ms. Farmer is known for her training and education skills. For the past three years, she has conducted the Seven Habits of Highly Effective People training for the Central Arkansas Veterans Healthcare System and serves as a member of the Education Council for CAVHS. She is currently a doctoral student in Public Policy at the University of Arkansas with an emphasis in healthcare policy.

Since Ms. Farmer will be in charge of a number of key MIRECC administrative functions, including maintaining our research database (in which we maintain information about our investigators' grants and publications), many of you will undoubtedly come into contact with her. You will recognize her by her infectious enthusiasm, high energy, positive attitude, and excellent organizational skills. Ms. Farmer is the proud Mom of three daughters and one son, and lives in Cabot where (she says!) her three dogs, three cats, and one horse function as "replacements" for her grown children. We are thrilled and lucky to have her join the MIRECC. Please welcome her.

Successful Baylor/MIRECC Psychopharmacology Update

The 11th Annual Baylor College of Medicine/MIRECC *Psychopharmacology Update* was held October 13th and 14th in Houston, Texas. Dr. Marangell is the Program Director and Founder of the Program. This year's course was attended by 196 participants from 21 states, including approximately 16 MIRECC affiliates. Speakers and topics included John Rush, M.D., "STAR-D and Clinical Pearls for Treating Depression in the Real World"; Christopher J. McDougle, M.D., "The Psychopharmacology of Autism"; Joseph P. McEvoy, M.D., "A Clinician's Guide to the CATIE Data"; Katherine Shear, M.D., "Trauma, Grief and Ethics"; Max Hirshkowitz, Ph.D., "The New Psychopharmacology of Sleep"; Martha Sajatovic, M.D., "A Clinical Update on Geriatric Psychopharmacology"; Lauren B. Marangell, M.D., "Update on Bipolar Disorder"; Glen O. Gabbard, M.D., "Distinguishing Cluster B Personality Disorders from Bipolar II Disorder".

Our thanks to all who attended and participated. Make plans now to attend next year!

MIRECC Research Rounds

The South Central MIRECC **Research Rounds** will present Thomas Teasdale, DrPH, on *“Improving Nurse Aide Strategies for Managing Problem Behaviors,”* Monday, November 13 at 2:00 PM CT. He will discuss a proposal to examine his Dementia Coping Skills CD-ROM. Dr. Teasdale is a MIRECC investigator with the Oklahoma City VA Medical Center and Associate Professor at the Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma College of Medicine.

The purpose of this series is to increase the knowledge of MIRECC investigators about each others’ research interests and expertise. This series employs a commercial web-based conferencing technology called Web-Ex. Please contact Dr. Thomas Teasdale (Thomas-teasdale@ouhsc.edu) for information about how to access the system.

Online Resources for Psychiatric Rehabilitation

Compiled by Kathleen Dohoney, PsyD, VA North Texas Health Care System, Dallas, and Lisa Martone, APN, Central Arkansas Veterans Health Care System, Little Rock

www.mentalhealth.med.va.gov/cc/ VA’s Consumer Council Newsletter

The VA Mental Health Consumer Liaison Council is part of The Committee on Care of Veterans with Serious Mental Illness (SMI). The Veterans Eligibility Reform Act of 1996 (Public Law 104-262) charged the Committee to report annually to the Under Secretary for Health, Department of Veterans Affairs, on the capacity of the Veteran Health Administration (VHA) to effectively meet the treatment and rehabilitation needs of veterans with serious mental illness. The Consumer Liaison Council meets with the full committee, and includes membership from veteran service organizations, mental health advocacy organizations, and the Substance Abuse & Mental Health Service Administration (SAMHSA). They have provided the perspective of the veterans and families served by mental health programs in VHA through the medical facilities and community outpatient clinics.

The web page publishes a monthly newsletter for veterans and their families with information on mental health issues. There are resources posted to help families familiarize themselves with some of the VHA special programs in mental health, and links that provide more information on mental health advocacy groups, as well as VA programs. Finally, the website offers the opportunity to download a Mental Health Consumer Council Guide on how to develop a Consumer Council.

www.cdirectory.org National MH Consumers’ Self-Help Clearinghouse

The Directory of Consumer-Driven Services (CDS) is a project of the National Mental Health Consumers’ Self-Help Clearinghouse. The purpose of the Directory is to provide consumers, researchers, administrators, service providers, and others with a comprehensive central resource for information on national and local consumer-driven programs. Such programs have a proven track record in helping people recover from mental illnesses. The CDS Directory highlights the vital role consumer-driven programs play in the continuum of care and allows programs to share their successful innovations with others.

Through the CDS Directory, mental health consumers can find local services and supports that best meet their needs; managers and staff of consumer-driven services can examine the practices of other programs, borrow solutions to common challenges, and network with people running similar programs; organizations operating consumer-driven services have a forum to

promote their programs' accomplishments; systems administrators and peer specialists exploring the creation of new programs can compare the merits of existing programs and identify useful resources; and researchers studying consumer-driven services can locate and contact programs they wish to study (e.g., multiple programs matching a particular service model) and will be able to review existing research.

VA Special Fellowship in Advanced Psychiatry and Psychology Seminar Series for November 2006

All seminars are hosted on the VA videoconferencing system. Fellows and other interested parties should find out where the videoconference will take place at their local sites.

November 15: *The Challenges of Risk Research in Mental Health*

Time: 12:00 – 2:00 pm CST

Presenter: **Helena Kraemer, Ph.D.**, Professor of Statistics, Department of Psychiatry, Stanford University



November Conference Calls 1-800-767-1750

- 6—Education Core, 2:00 PM CT, access code 16821#
- 14—Directors Call, 3:30 PM CT, access code 19356#
- 15—Program Assistants, 2:00 PM CT, access code 43593#
- 23—National MIRECC Recovery Interest Group – *canceled due to holiday*
- 28—Directors Call, 3:30 PM CT, access code 19356#
- 16—PSR Group Call, noon CT, access code 85388#

The next issue of the *South Central MIRECC Communiqué* will be published December 4, 2006. Deadline for submission of items to the December newsletter is November 27. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at Michael.Kauth@med.va.gov or FAX to (504) 589-5287.

South Central MIRECC Internet site: www.va.gov/scmirecc

SC MIRECC intranet site: yaww.visn16.med.va.gov/mirecc/mirecc.htm

National MIRECC Internet site: www.mirecc.va.gov