



South Central MIRECC Communiqué

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“Closing the efficacy-effectiveness gap”

Partners in a Successful Trauma Conference

Michael R. Kauth, PhD, Co-Director, South Central MIRECC, Houston, TX

On May 14-15, the South Central MIRECC hosted the conference entitled, “*Old Traumas, New Traumas, and New Approaches to Treating Trauma,*” at the Hotel Derek in Houston, TX. More than 140 clinicians and health care administrators packed the meeting to learn about traumatic stressors associated with combat duty in Iraq and Afghanistan, as well as effective treatments for trauma, innovative methods for delivering treatment, and the effects on individuals, the community, and state and VA health care systems after Hurricanes Katrina and Rita. This 7th trauma conference sponsored by the MIRECC marks the first time that this conference has included partnerships with a state health care system, two universities, and the military!

The presenters were exceptional. Keynote speaker, Matthew Friedman, MD (National Center for PTSD), gave a broad overview of the history of posttraumatic stress disorder (PTSD) and its treatment and discussed public health implications during disaster. Dr. Friedman described the neurobiology of stress associated with alterations in the fear circuitry. Next, Kim Arlinghaus, MD (Michael E. DeBakey VAMC), described the prevalence of traumatic brain injury (TBI) in Operation Iraqi Freedom/ Operation Enduring Freedom (OIF/OEF) veterans and how to assess it. She also discussed the new TBI screen in the VA medical records. Lieutenant Colonel Charlotte “Charlie” Weiss (111th Area Support Medical Battalion, San Antonio) then discussed the high prevalence of psychiatric symptoms among Texas Army National Guard units that were sent to disaster areas to provide relief following the 2005 hurricanes, soon after their return from combat duty in Iraq and Afghanistan. LtCol Weiss was joined by SFC Kaufman, who shared his personal experience and photos serving in New Orleans after Hurricane Katrina, and by Captain Bruno, who shared her photos and experience serving in Iraq.

In the afternoon, the audience split into two concurrent breakout sessions. In one session, Carolyn Greene, PhD (NCPTSD, Pacific Islands), reported on successful efforts to use teleconferencing to provide anger management groups to veterans diagnosed with PTSD who live in remote areas of the Pacific. Then Jeffrey Pyne, MD (Central Arkansas VA Health Care System, Little Rock), described the status of virtual reality technology to simulate combat scenarios. VR technology has been employed to train troops for combat and has potential application for treating PTSD via simulated exposure. Dr. Pyne is using VR technology to investigate psychophysiological markers of PTSD. Wrapping up this section, Jon Allen, PhD (The Menninger Clinic), gave a thought-provoking talk about the essence of “hope” and its relevance in coping with trauma.

In the second concurrent session, Miles McFall, PhD (Puget Sound VAMC), described various approaches to outreach and provide services to OIF/OEF veterans. Next, Frederic Sautter, PhD (Southeast Louisiana VA Health Care System, New Orleans) discussed the effectiveness of family interventions to treat OIF/OEF veterans who have PTSD. Finally, John “Vince” Roca, PhD (CAVAHCS, Little Rock),

described an innovative program to teach National Guard personnel and ministers in the community skills to recognize OIF/OEF families in need and strategies for intervention.

Presentations on Tuesday morning focused on the effects of the 2005 hurricanes and included dramatic photographs and heart-wrenching stories about personal survival. Joseph Constans, PhD (SLVAHCS, New Orleans) described a study to assess the effect of Hurricane Katrina on veterans with and without a mental illness diagnosis in the New Orleans and Gulf Coast area, which were hardest hit. Next, Kathy Henderson, MD (VISN 16 Mental Health Product Line, Little Rock), discussed how the hurricanes effected VA facilities in the Gulf Coast region and throughout the Network. She detailed ongoing recovery efforts and several important changes to the VA health care systems and to the Network disaster plan. Then, David Wanser, PhD (Texas Health & Humans Services Commission), reported on the massive evacuation and disaster relief efforts undertaken by the state of Texas during the hurricanes. Finally, Drs. Wanser and Henderson, Kathryn Kotrla, MD (Texas A&M University), and Thomas B. Horvath, MD, FRACP (MEDVAMC) looked into their “crystal balls” and commented on the future of trauma treatment in the community and in the VA. The panel also identified critical ways that state, university, and federal institutions had to work together to provide seamless care to returning OIF/OEF veterans and their families.

A meeting of this size, scope, and quality requires many partners and many people working behind the scenes. I would like to thank the conference co-sponsors: the South Central MIRECC, the VA Employee Education System (EES) in VISN 16 and 17, the VISN 17 PTSD subcommittee, the Department of Psychiatry at Texas A&M University, The Menninger Department of Psychiatry & Behavioral Sciences at Baylor College of Medicine, The Menninger Clinic, the Texas Department of State Health Services, the Texas Health Institute, the Texas Army National Guard, and Abbott Laboratories. A great deal of gratitude goes to the Planning Committee who spent many hours worrying about every detail. The Committee included Sara “Su” Bailey, PhD; Kathy Henderson, MD; Michael Kauth, PhD; Kathryn Kotrla, MD; Walter Penk, PhD; and Sharon Sutton, PhD. Two people were absolutely critical for the success of this meeting; thanks to Ms. Brenda Schubert and Ms. Mathilda Jordan-Ceaser for their expert coordination of conference logistics and on-site support.

Presentations from the program are now accessible on the SC MIRECC web site:

<http://www1.va.gov/scmirecc/page.cfm?pg=67>

If you missed the conference this year, you missed a great deal. Watch for announcements for a 2008 conference and plan to attend next year!



Two New Clinical Education Products Are Available

The South Central MIRECC has two new products for clinicians. A graphically powerful brochure entitled, *Making the Invisible Visible: Clinical Guide for Recognizing Traumatic Brain Injury in Veterans*, provides clinicians critical information about traumatic brain injury among veterans and how to screen for it. Screening questions parallel the new TBI screen in CPRS. “Next step” recommendations are also included. This brochure was developed by Kimberly A. Arlinghaus, MD; Helene K. Henson, MD; Stephanie Sneed, MD; and Janet Hickey, MD at the Michael E. DeBakey VA Medical Center, Houston.

In addition, relaxation skills manuals are now available. The *Relaxation Enhancement Therapist Manual* and *Stress-for-Less Patient Manual* are step-by-step guides for teaching relaxation skills using breathing control, muscle relaxation, and guided imagery within a group format. Relaxation logs and instructions for audio recording personal relaxation tapes are included. These manuals were developed by C. Laurel Franklin, PhD; Shelia Corrigan, PhD; Stephanie Repasky, PsyD; Karin E. Thompson, PhD; Madeline Uddo, PhD; & Jessica Walton, MS, at the Southeast Louisiana Veterans Health Care System, New Orleans.

To request a product, contact Michael.kauth@va.gov. A list of additional products is attached.

Meet the MIRECC Researchers: Dr. Lauren Marangell

Interview with

Lauren B. Marangell, MD

Associate Director of Research, South Central MIRECC
Brown Foundation Chair of the Psychopharmacology of Mood Disorders,
Department of Psychiatry
Baylor College of Medicine

Editor: *What is your area of research?*

Dr. Marangell: I study mood disorders; bipolar disorder, and major depression. My primary interest is the development of novel interventions, but toward that end I also study the course of illness and risk factors for these illnesses. I have conducted controlled trials in interventions ranging from natural products, such as omega-3 fatty acids, devices, such as vagus nerve stimulation and transcranial magnetic stimulation, as well as new medications and tests of evidence-based psychotherapies.

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

Dr. Marangell: We always have a number of studies going on at any one time. The NIMH is sponsoring several networks to study major psychiatric disorders. I am very pleased to be part of the NIMH Bipolar Trials Network and to serve as the national co-director. We hope to use this network to answer questions of high public health significance in the area of bipolar disorder. The prior NIMH Bipolar Network was the Systematic Treatment Enhancement Program for Bipolar Disorders, which collected longitudinal data on the clinical course of over 4,000 patients with bipolar disorder and has a repository of genetic samples on about 2,000 of these subjects. I am currently analyzing the clinical data and collaborating on a genetics projects to evaluation cyclic AMP signaling in bipolar disorder.

We are also participating in a NIMH study of late life mania; Drs. Kunik and Al-Jurdi are key collaborators at the Houston VAMC.

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

Dr. Marangell: I hope to contribute to the evidence base to better treat patients with mood disorders. This includes better use of existing

treatment, what to do when patients do not respond to standard treatments, and the development and testing of entirely new treatments. I hope that these interventions will improve functioning and quality of life, not just symptoms.

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

Dr. Marangell: I first fell in love with biological psychiatry when I was in medical school and witnessed the amazing changes in major psychiatric disorders in response to pharmacotherapy. I shortly thereafter became interested in research as I learned how much was unknown and how much I could potentially contribute to the field in my lifetime. During my residency, I was exposed to clozapine when it was a research compound and had the remarkable experience of treating a person who was hospitalized for 20 years and, ultimately, be able to see him discharged and gaining independence. While these experiences galvanized my interest in research, I was aware of my limited skills regarding study design and execution, statistical analyses, and other essential research skills. I decided to pursue a research fellowship and was offered a tremendous opportunity to work with Dr. Robert Post at the NIMH intramural program. I spent 3 years studying mood disorders and research design and became very devoted to this area of research.

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

Dr. Marangell: The patients who respond to treatment and say that they have gained their lives back.

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

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Dr. Marangell: Research training cannot be overemphasized. If formal research training is not possible where you are, obtain “hands on” training with a researcher at your location who has a track record of grant funding. Early on, you may work in an area that is not necessarily consistent with your interests in order to gain experience. You can

change research direction later. However, over the long-term, it is important to have a coherent research specialty and not to “jump around” with regard to research topics.

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

Dr. Marangell: Email is best:
laurenm@bcm.tmc.edu



Research Rounds on Couple-Based PTSD Treatment

The South Central MIRECC **Research Rounds** features, **Frederic Sautter, PhD**, on “*Development of a Couple-Based Treatment for PTSD*,” **Monday, June 11 at 2:00 PM CT**. Dr. Sautter is Director of Family Mental Health at the Southeast Louisiana Veterans Health Care System, New Orleans, LA. He is also co-Leader of the MIRECC Family Team.

The purpose of the Research Rounds is to inform MIRECC investigators about each others’ research interests and expertise and solicit feedback about work in progress. This series employs a commercial web-based conferencing technology. Please contact Dr. Thomas Teasdale (Thomas-teasdale@ouhsc.edu) for information about how to access the system.

Web-based Presentation on Ex-Offenders

The South Central MIRECC *Bringing Science to Practice* web-based conference series presents **James LePage, PhD**, on “*Vocational Rehabilitation and Veteran Ex-Offenders: A Manualized Vocational Reintegration Program*,” **June 21, 2007 at noon CT**. Dr. LePage is a clinical psychologist at the VA North Texas Health Care System in Dallas, TX. He is also Assistant Professor with the University of Texas Southwestern Medical School. Dr. LePage coordinates vocational services in the Homeless Domiciliary Residential Rehabilitation and Treatment Program.

PowerPoint slides for Dr. LePage’s presentation can be downloaded from a VA-networked computer at <http://yaww.visn16.med.va.gov/mirecc.htm> beginning June 20. The live audioconference can be accessed June 21 at **1-800-767-1750, access code 45566#**. This presentation is accredited for 1.0 hour of discipline-specific continuing education by the VA Employee Education System.

For additional information about this series, contact Randy.burke@med.va.gov

National Mental Health Conference July 18-20

For the first time, the ten MIRECCs and several VA organizations have partnered to hold a national conference July 18-20 in Alexandria, VA. The conference is entitled, “*Transforming Mental Health Care: Promoting Recovery and Integrated Care*.” Additional partners include the Mental Health Liaisons, NEPEC, SMITRC, PERC, the Mental Health and Substance Use Disorder QUERIs, NCPTSD, CESATE, VISN 2 Center for Integrated Healthcare, and the Vet Centers. The purpose of the conference is to present progress toward implementation of recovery oriented services, integrated care, and suicide risk prevention, as well as to promote collaboration among researchers, clinicians, educators, and trainees.

Conference information and registration materials can be accessed through the national MIRECC web site: <http://www.mirecc.va.gov/>

Abstracts

Sachs GS, Nierenberg AA, Calabrese JR, **Marangell LB**, Wisniewski SR, Gyulai L, Friedman ES, Bowden CL, Fossey MD, Ostacher MJ, Ketter TA, Patel J, Hauser P, Rapport D, Martinez JM, Allen MH, Miklowitz DJ, Otto MW, Dennehy EB, Thase ME. Effective of Adjunctive Antidepressant Treatment for Bipolar Depression. *The New England Journal of Medicine*, 356(17): 1711-1722, April 2007.

Background: Episodes of depression are the most frequent cause of disability among patients with bipolar disorder. The effectiveness and safety of standard antidepressant agents for depressive episodes associated with bipolar disorder (bipolar depression) have not been well studied. Our study was designed to determine whether adjunctive antidepressant therapy reduces symptoms of bipolar depression without increasing the risk of mania. **Methods:** In this double-blind, placebo-controlled study, we randomly assigned subjects with bipolar depression to receive up to 26 weeks of treatment with a mood stabilizer plus adjunctive antidepressant therapy or a mood stabilizer plus a matching placebo, under conditions generalizable to routine clinical care. A standardized clinical monitoring form adapted from the mood disorder modules of the *Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders*, fourth edition, was used at all follow-up visits. The primary outcome was the percentage of subjects in each treatment group meeting the criterion for a durable recovery (8 consecutive weeks of euthymia). Secondary effectiveness outcomes and rates of treatment-emergent affective switch (a switch to mania or hypomania early in the course of treatment) were also examined. **Results:** Forty-two of the 179 subjects (23.5%) receiving a mood stabilizer plus adjunctive antidepressant therapy had a durable recovery, as did 51 of the 187 subjects (27.3%) receiving a mood stabilizer plus a matching placebo (P=0.40). Modest nonsignificant trends favoring the group receiving a mood stabilizer plus placebo were observed across the secondary outcomes. Rates of treatment-emergent

affective switch were similar in the two groups. **Conclusions:** The use of adjunctive, standard antidepressant medication, as compared with the use of mood stabilizers, was not associated with increased efficacy or with increased risk of treatment-emergent affective switch. Longer-term outcome studies are needed to fully assess the benefits and risks of antidepressant therapy for bipolar disorder.

Niv N, Cohen AN, **Sullivan G**, Young AS. The MIRECC Version of the Global Assessment of Functioning Scale: Reliability and Validity. *Psychiatric Services*, 58(4): 529-535, April 2007.

Objective: This study examined the reliability and convergent, discriminant, and predictive validity of the Mental Illness Research, Education, and Clinical Center (MIRECC) version of the Global Assessment of Functioning (GAF) scale. The MIRECC GAF measures occupational functioning, social functioning, and symptom severity on three subscales. **Methods:** MIRECC GAF ratings were obtained for 398 individuals with schizophrenia or schizoaffective disorder who were receiving treatment at three Veterans Affairs mental health clinics. Assessments were completed by using the Positive and Negative Syndrome Scale and the Quality of Life Interview at baseline and nine months later. **Results:** All three MIRECC GAF subscales exhibited very high levels of reliability. The occupational and symptom subscales showed good convergent and discriminant validity. The social subscale was related to measures of social functioning and, to a greater degree, symptom severity. The occupational and social subscales significantly predicted their respective domains at the nine-month follow-up. The symptom subscale predicted negative symptoms at follow-up; however, it did not predict positive symptoms or cognitive disorientation. Instead, the social subscale was predictive of cognitive disorientation at follow-up. When the standard GAF was routinely administered by

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clinicians, scores demonstrated little validity.
Conclusions: The three MIRECC GAF subscales

can be scored reliably, and they have good concurrent and predictive validity. Further work is needed on brief measures of patient functioning, especially measures of social functioning.



Collage Intranet Site on Traumatic Stress & Readjustment

The “Traumatic Stress and Readjustment” Collage intranet website is designed to let VHA mental health professionals talk to national colleagues about any topic related to PTSD or readjustment. Clinicians and program managers across the country have for years expressed the desire to know more about what is happening in other parts of the VHA system, to hear how others are responding to the clinical challenges we all face, and to have more opportunity to share personal ideas and innovations. Many VA psychologists are now active on the site, using the “Forum” sections to participate in discussions that interest them and, especially, to create forums to explore issues that are not yet under discussion. “Closed” forums can be created, if you would like to link together your working groups or teams. Beyond the Forums, the site has many other useful components for those treating PTSD:

- Downloadable articles
- Links to key reports and policy documents
- Links to vet-relevant websites
- Video links
- Patient education materials
- PowerPoints
- Trauma Calendar/Training opportunities

Information – patient education materials, manuals, articles – can be uploaded by users for review and for use by others. Information can also be entered into the Calendar about any trauma- and readjustment-related educational events and conferences that are being offered.

To access the site, go to http://vaww.collage.research.med.va.gov/collage/E_behav/ and register as a new user. For more information about Collage, contact Josef I. Ruzek, PhD, Coordinator, Traumatic Stress and Readjustment, National Center for PTSD at Josef.ruzek@va.gov or 650-493-5000, extension 22977.



June Conference Calls 1-800-767-1750

- 4—Education Core, 2:00 PM CT, access code 16281#
- 11—Research Rounds, 2:00 PM CT, contact Thomas-teasdale@ouhsc.edu for access
- 12—Directors Call, 3:30 PM CT, access code 19356#
- 20—Program Assistants, 2:00 PM CT, access code 43593#
- 21—PSR Group Call, noon PM CT, access code 85388#
- 26—Directors Call, 3:30 PM CT, access code 19356#
- 28—National MIRECC Recovery Interest Group, noon CT, access code 22233#

The next issue of the *South Central MIRECC Communiqué* will be published July 2, 2007. Deadline for submission of items to the July newsletter is June 26. 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.

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