

MINDVIEW

VOL. 3 | ISSUE 3 | AUGUST 2010 IMPROVING THE QUALITY OF LIFE FOR VETERANS WITH PSYCHOSIS

UPCOMING EVENTS

MOTIVATIONAL INTERVIEWING WORKSHOP

August 25-26, 2010
Location: Marion, IL
Contact: noosha.niv@va.gov

BEHAVIORAL FAMILY THERAPY WORKSHOP

September 14 -16, 2010
Location: Seattle, WA
Contact: sglynn@ucla.edu

MOTIVATIONAL INTERVIEWING WORKSHOP

September 20 - 21, 2010
Location: Los Angeles, CA
Contact: noosha.niv@va.gov

METABOLIC MONITORING AND MANAGEMENT WORKSHOPS

September 23, 2010 (Long Beach, CA)
October 12, 2010 (Los Angeles, CA)
October 19, 2010 (Las Vegas, NV)
October 26, 2010 (San Diego, CA)
November 2, 2010 (Loma Linda, CA)
Contact: noosha.niv@va.gov

MIRECC RETREAT

September 27, 2010
Location: Long Beach, CA
Contact: noosha.niv@va.gov

IN THIS ISSUE

- 1 How Accurate Are Individuals With Schizophrenia When Trying To Be Empathic?
- 2 Letter from the Director
- 3 A Successful Outreach/Transition Partnership
- 3 Meet Your CBOCs: Laguna Hills and Whittier/Santa Fe Springs VA Community Clinics
- 4 The 4th Annual VA Mental Health Conference
- 6 Academic Detailing Demonstration Project
- 7 Recent MIRECC Publications
- 8 New Grants & Awards

HOW ACCURATE ARE INDIVIDUALS WITH SCHIZOPHRENIA WHEN TRYING TO BE EMPATHIC?

Junghee Lee, Ph.D.

Veterans with schizophrenia experience a high level of disability and poor community functioning, constituting a major public health concern. Although existing treatment programs for schizophrenia have been effective in controlling clinical symptoms, they have been less successful in improving community functioning. The Treatment Unit of the VISN 22 MIRECC has devoted its efforts to find the key determinants of community functioning in schizophrenia, which can ultimately help develop novel, effective treatment programs to improve community functioning in this population. Previous studies from our laboratory have demonstrated the important role of social cognition, the mental operations underlying social interactions, in understanding community functioning deficits in

schizophrenia. Our recent studies have been more focused on elucidating the nature of social cognitive impairments in schizophrenia.

Empathy, the ability to share and understand the emotional states of others and respond appropriately, is considered a core component of social cognition and is crucial for maintaining successful social relationships. Our recent study examined empathic judgment in schizophrenia, especially focusing on the accuracy of empathic judgment (referred to as empathic accuracy). Inaccurate empathic judgments can lead to social misperceptions, inappropriate responses and problems at work and/or school. We employed an Empathic Accuracy Task using ecologically valid social stimuli to capture the transient and fluctuating nature of everyday

empathic judgment. The stimuli used in this study were video clips that contain multi-modal social cues and approximate real-world social interactions. In the task, each video clip shows a person (referred to as "a target") describing positive or negative autobiographic events. Both the schizophrenia patient group and comparison group were asked to continuously judge the emotional experience of the target while watching a clip. Empathic accuracy was measured as a correspondence between the subjects' rating of the emotional experience of the target and the target's own rating of their emotional experience.

Compared to controls, patients with schizophrenia exhibited lower empathic accuracy across both positive and negative video clips, indicating less accuracy in judging the affective state of another person. We also found that

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"Empathy, the ability to share and understand the emotional states of others and respond appropriately, is considered a core component of social cognition and is crucial for maintaining successful social relationships."



LETTER FROM THE DIRECTOR

Stephen R. Marder, MD



The MIRECC's approach to education has evolved over the past several years. About ten years ago, most of our education programs focused on providing high quality continuing education for MIRECC clinicians. We were operating with the belief that clinicians would be exposed to new information about effective management

of patient illnesses, and they would utilize this new knowledge to improve patient care. This, in turn, would be followed by better clinical outcomes. Unfortunately, it was never clear that the training had the desired effect. Although we continue to believe that these practitioners improved after they attended our educational programs, improving the quality of care required changes that could not be implemented by an individual clinician.

More recently, our MIRECC training programs have focused on trying to have better and more sustained effects on the quality of mental health care. Some of these programs have focused on improving the access of veterans to

treatments that were not previously available. As a result, we have supported the training of individuals who could deliver evidence-based psychosocial treatments such as Social Skills Training, Motivational Interviewing, Cognitive-Behavioral Therapy for psychosis, and Behavioral Family Therapy. In each case, we provided training with follow-up consultation, and individuals who attended the training were expected to have the support of their clinic managers in order to provide these treatments.

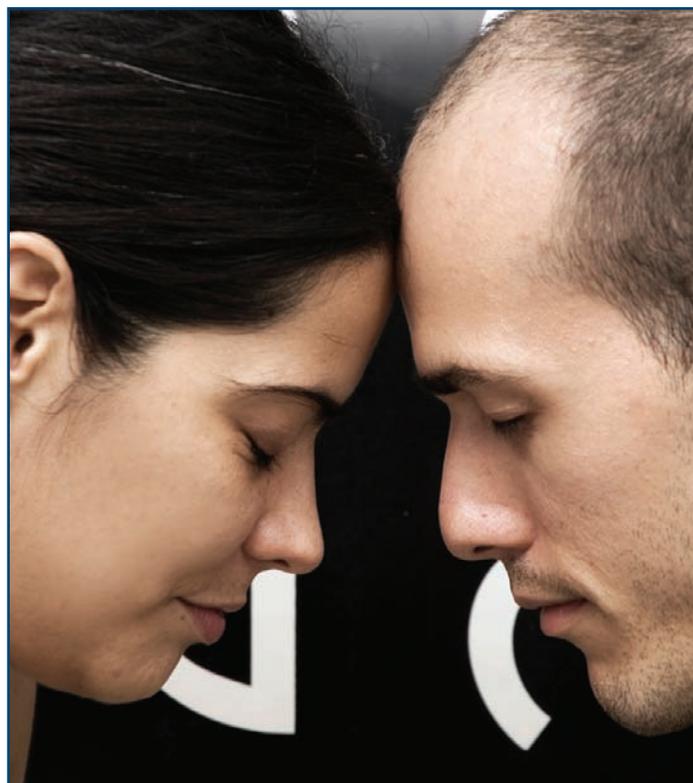
We have also come to appreciate that problems in treatment engagement can often be better addressed by individuals who have had life experiences that are similar to those of the patient. This has led us to work with programs that provide peer support specialists such as Vet to Vet. We are optimistic that this new part of the VA work force will also have a positive effect on improving treatment outcomes.

At this point, we are confident that MIRECC educational programs have made new treatments available for veterans. In the future we will evaluate the effects of these interventions on clinical outcomes.

EMPATHIC CONT'D FROM PAGE 1

although both patients with schizophrenia and controls showed increased empathic accuracy when judging emotional experiences of highly expressive targets, the effect of targets' expressivity was much smaller in schizophrenia patients. In other words, relative to controls, patients with schizophrenia were less able to benefit from the expressivity of another person. The findings of this study suggest that schizophrenia patients are less able to benefit from social cues of another person, resulting in impaired empathic judgment.

This is the first study that demonstrated poor empathic accuracy in adults with schizophrenia using behavioral paradigms. These findings open several promising new avenues for study, such as exploring the relationship between reduced empathic accuracy in schizophrenia and community functioning. For example, it is possible that reduced empathic accuracy may be related to certain domains of community functioning, such as social connectedness or vocational success. Determining the nature of social cognitive impairments and its relationship to community functioning will enable us to develop more focused and effective treatment programs to improve community functioning.



A SUCCESSFUL OUTREACH/TRANSITION PARTNERSHIP

Michael Kilmer, LCSW

VISN 22 partnered with U.S. Marine Corps Mobilization Command (MOBCOM) to host two successful Individual Ready Reserve (IRR) Musters on Saturday, July 24, 2010 at VA Long Beach and on Sunday, July 25, 2010 at VA San Diego. The IRR is a reserve military force that can be called upon during times of national crisis. The President may exercise "call-up authority" over the IRR, typically after the Guard and Reserve, during a national crisis. A typical profile of an IRR service member is one who has served a four-year, active duty term and has a remaining four years with the IRR to meet the standard eight year service contract. Colonel Patrick McCarthy, Commanding Office, MOBCOM, leads the U.S. Marine Corps IRR. During an IRR Muster, Colonel McCarthy orders his Marines to report for a day so they can update the Marines' vital contact information.

VISN 22 partnered with MOBCOM to provide host sites for their Musters. As the host, VA had an opportunity to provide a "one-stop-shop" of services and to meet with each Veteran face-to-face. Immediately following the IRR Muster requirements, each Veteran had opportunities to enroll in healthcare, meet with a case manager, receive a baseline health exam, apply for VA benefits such as service connections and education benefits, learn about Vet Center services, and meet with non-VA partners that serve veterans. Although outcomes are still being finalized, initial data indicate that approximately 808 Marine Veterans and 209 family members were informed of their

VA benefits, 400 Veterans enrolled in healthcare, and 351 baseline health exams were completed. The success of these Musters is a result of dedicated staff and volunteers from VA Long Beach and San Diego (host sites), VA Loma Linda and Greater Los Angeles, 6 Vet Centers, VA Regional Offices in San Diego and Los Angeles, and approximately 60 community partners.

IRR Musters represent one of the "7 Touches of Outreach". To learn more about VA's Outreach/Transition programs please go to: <http://www.oefoif.va.gov/SevenTouchesOutreach.asp> or contact your local Transition Initiative Coordinator:

VA Greater Los Angeles: Charles Green
(310) 478-3711 x 43420

VA Las Vegas: Ron Winston (702) 636-6395

VA Loma Linda: Don Sutton (909) 583-6173

VA Long Beach: Richard Beam (562) 826-5498

VA San Diego: Beau Tres (858) 336-9731



MEET YOUR CBOCS: LAGUNA HILLS AND WHITTIER/SANTA FE SPRINGS VA COMMUNITY CLINICS

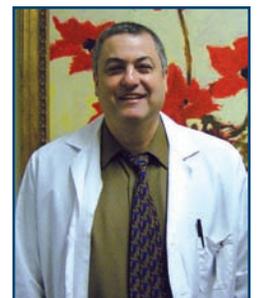
Stacey Maruska, LCSW

The Laguna Hills CBOC is located off the 5 freeway in Orange County about 30 miles from the main medical center, VA Long Beach. The Laguna Hills CBOC is a contract clinic run by Valor Healthcare and serves approximately 4,200 patients according to Tim Petro, clinic administrator since their opening in 2008. Tim describes the surrounding community as affluent with a lot of retirees. Newly renovated with our veterans in mind, the hallways are extra wide to permit wheel chair access with ease, large glass windows in place of solid walls give the clinic an open feel, and the women's exam room was designed with privacy in mind. The Laguna Hills CBOC offers a full range of primary care services, mental health services and geriatric evaluation and management. They have x-ray, lab, glucometer services, blood pressure screening, pharmacy processing, immunizations, disease prevention and education, and medical care for TRI-CARE clients. In addition, they offer benefits counseling, vocational rehabilitation and new patient registration on site.

Mental Health services are currently provided by a full-time psychiatrist and a part-time psychologist, and the clinic recently received another part-time psychiatrist. Harvey Jaffe, M.D., the full-time psychiatrist, has worked at the Laguna Hills Clinic for the past 2 1/2 years and has a full panel of approximately 2,300 patients. Dr. Jaffe provides medication management to veterans of all ages and diagnoses. Substance abuse treatment, however, is not provided. Veterans seeking substance abuse treatment are referred to the Long Beach VA. Mental health referrals to the clinic are received from VA Long Beach, from the primary care staff within the clinic, and self referrals. When discussing his work it is very clear Dr. Jaffe enjoys working with veterans stating, "I have an appreciation for this population."

Patricia Yglesias, Ph.D., is the part-time psychologist for both the Laguna Hills and Whittier/Santa Fe Springs clinics. Dr. Yglesias has been working at VA since November 2009 and provides individual and group therapy. Dr. Yglesias facilitates two weekly PTSD groups at both clinics. She screens each veteran for group readiness. If not ready for group, she works with veterans individually prior to joining group. Dr. Yglesias has witnessed a lot of healing among these veterans, "they really connect with each other in group. It is so good to see them get better." She also provides time-limited, individual therapy when appropriate.

Further north on the 5 freeway is the Whittier/Santa Fe Springs CBOC surrounded by an elementary school, a high school, and a Baptist church. Like the Laguna Hills clinic, the Whittier clinic is also run by Valor Healthcare. This clinic was closed briefly and reopened in December 2009 according to Cindy Wong, clinic administrator. They held an open house this past March providing tours of the clinic and an opportunity to meet the staff. Whittier CBOC serves approximately 3,000 patients. Many of their patients live in the Whittier, Santa Fe, Hacienda Heights and La Puente areas. Primary care and mental health services are offered here. There are 2 full time primary care physicians and nursing staff to provide a full range of primary care services including exams, blood draw, and x-rays. Mental health services are offered by Dr. Yglesias on a part time basis. Cindy Wong is hopeful they will bring on a part-time psychiatrist in the near future.



Dr. Harvey Jaffe

THE 4TH ANNUAL VA MENTAL HEALTH CONFERENCE

Noosha Niv, Ph.D.

The 4th Annual VA Mental Health conference, *Implementing a Public Health Model for Meeting the Mental Health Needs of Veterans*, took place in Baltimore, MD in July 2010. The Desert Pacific MIRECC was scheduled to give three talks at this meeting. However, two of these talks were cancelled following the evacuation of the conference venue, the Marriott Waterfront. The hotel was forced to evacuate after a water pipe ruptured in a stairwell Monday evening causing significant flooding and water damage. Hotel guests used two working elevators to retrieve their belongings and were then transferred to other hotels in the vicinity. Conference organizers cancelled the first day of the mental health conference which was scheduled to start Tuesday morning. Baltimore City Fire crews and a flood restoration crew from Virginia worked around the clock to clean up the flood, enabling the mental health conference to start Wednesday morning. The following three abstracts from VISN 22

MIRECC investigators had been accepted for this meeting:

Utilizing Quality Improvement Teams to Address Gaps in Care: Techniques and Tools
Amy N. Cohen, PhD, Cristy Gamez-Galka, PhD, and Helen Rasmussen, MSW

Background: Quality mental health care is often impeded by organizational structure and process issues (e.g., limited utilization of evidence-based practices (EBPs), provider attitudes and behaviors, communication between staff). Accordingly, improvement in services and their delivery has been the focus of the Uniform Mental Health Service Package and several recent implementation trials in VA mental health.

Problem to be Solved: Quality of usual care in mental health is sub-optimal. Externally-driven efforts to improve quality, usually by promoting use of EBPs, have typically resulted in modest or no improvement in treatment quality. Quality improvement also needs to come from within, with buy-in and local involvement of those who are expected to deliver quality services.

Solution/Innovative Approach: Site-based, locally-driven quality improvement (QI) teams can help to reduce the gap between evidence and practice by identifying and addressing clinical concerns with a collaborative process. Ideally comprised of staff from several different organizational levels, QI teams gather evidence about clinical concerns, plan and implement feasible changes, and evaluate their efforts to effect change (e.g., in a Plan-Do-Study-Act cycle). By engaging in this process, QI teams engender clinical quality improvements and foster a

sense of mutual engagement in change processes, which may be critical for sustainability. This workshop will present: 1) strategies for formulating, developing, and supporting QI teams; 2) tools for identifying gaps in care and tracking change processes; 3) measures for assessing organizational change; and 4) data analysis techniques for QI team studies. Workshop examples will be drawn from an implementation study in specialty mental health clinics across 4 VISNs where QI teams, each led by the Local Recovery Coordinator, were formed and utilized to close gaps in care and to engage staff in QI processes.

The workshop will begin with an overview of QI by Dr. Cohen. This overview will include a brief synopsis of QI concepts. This will be followed by detailed, step-by-step instructions about how to build, utilize, and sustain teams that work to close gaps in care. Techniques and tools discussed will also be available in handouts to workshop participants. Two subsequent presentations will be provided by Local Recovery Coordinators who led QI teams in an effort to improve care quality. Each presenter will describe her process of building and leading a QI team, identifying areas of clinical concern, utilizing QI methods and tools, gathering results of change efforts, and working toward sustainability. Specifically, Dr. Gamez-Galka will discuss her team's efforts to decrease walk-ins for medications refills and to improve attendance at wellness groups. Ms. Rasmussen will describe her team's efforts to improve communication and collaboration between inpatient and outpatient mental health staff.

Evaluation/Lessons Learned: Locally-driven QI teams can

serve as a force for change, particularly when the teams achieve a level of mutual respect across different levels of staff (e.g., administrators, line staff) and when the teams are empowered to identify and address locally relevant clinical concerns. By utilizing established QI strategies and tools, teams can generate important and real-time findings that contribute to organizational change. QI teams may find, as we did, that social marketing and involvement of opinion leaders were critical in addressing the more ingrained and long-standing quality problems in the clinics.

Conclusions: If we are to meet the charge to implement the Uniform Mental Health Service Package, we need to address organizational change, systems redesign, and gaps in care. QI teams can support and augment efforts to improve quality of healthcare services.

Emerging Strategies to Implement Cardiometabolic Management Guidelines in VHA
Amy Kilbourne, PhD, Alexander S. Young, MD, and Stephen Marder, MD

Background: Cardiovascular disease (CVD) is the most common cause of mortality among veterans with serious mental illness, leading to several years of potential life lost for this group. CVD-related risk factors (e.g., weight gain, glucose intolerance) are exacerbated by psychotropic medications, notably second-generation antipsychotics (SGAs). The Uniform Mental Health Services Handbook (UMSHS) strongly suggests that monitoring of medication side effects occur regularly for veterans prescribed atypical antipsychotics.

Problem to be Solved: The



The Baltimore Marriott Waterfront

VA's Office of Inspector General's recent report on cardiometabolic monitoring for SGA side effects stressed that not only should monitoring strategies be implemented throughout the VHA, but acknowledged that there was little documentation that providers addressed weight or other cardiometabolic risk management strategies *beyond detection*. The Report concluded that "interventions are needed to promote the management of CVD risk factors in patients with mental disorders beyond cardiometabolic screening." However, there has been little guidance to the field regarding the implementation of best practices for monitoring and managing CVD risk factors among veterans prescribed SGAs, and how these strategies can be combined to improve the health of veterans.

Solution/Innovative Approach: This workshop will describe three novel programs focused on cardiometabolic management of atypical side effects in the VHA: MIAMI, EQUIP, and SMAHRT, and challenges and strategies for further implementing them in VHA routine care in accordance with the UMHS's emphasis on medication safety and recovery-oriented services.

Evaluation/Lessons Learned: Three ongoing programs will be discussed, including the potential challenges to and opportunities for further implementation across VHA, as well as how these programs address other UMHS priorities. First, the Office of Mental Health Services (OMHS) is supporting the MIAMI (MIRECC Initiative for Antipsychotic Management Improvement) program as a method for improving the management of metabolic problems in individuals receiving antipsychotic medication. The program includes the development and dissemination of tools, the provision of technical assistance to improve

metabolic monitoring in VA mental health settings; the dissemination of guidelines to facilitate interventions for SMI patients with metabolic problems; the training of representatives from each VISN in the use of these tools; and the study of implementation of MIAMI tools in selected facilities. Second, Enhancing Quality-of-Care in Psychosis (EQUIP) implemented and evaluated the effectiveness of an evidence-based intervention for weight management at two VA medical centers. At each site, a clinician was trained to deliver a 16-week, group-based, psychosocial intervention. Staff was educated and prompted to refer eligible clients, and 51% of overweight clients chose to enroll. Participants attended an average of 4 out of 16 sessions and had an average weight loss of 2.4 pounds. Adherence to and effectiveness of the intervention were lower than in prior efficacy research conducted with motivated, self-selected individuals. Clients were often ambivalent regarding their need for weight loss, reluctant to participate in a group-based intervention, and had limited transportation options. Novel approaches will be discussed that focus on client motivation and do not require frequent in-person clinic visits. Finally, the Self-Management Addressing Heart Risk Trial (SMAHRT) is an effectiveness study of a chronic care, model-based program focused on improving outcomes through self-management/behavioral change strategies coupled with ongoing care management and guideline dissemination around cardiometabolic risk factors within the context of bipolar and co-occurring disorders. Over 100 VA patients have participated to date, and preliminary evidence suggests that compared to usual care, SMAHRT may lead to reduced BMI and improved physical and mental health-related quality of life, Clinical pearls

from these programs from the provider perspective, as well as current opportunities for their further dissemination in routine VA care will also be discussed.

Conclusions: This workshop will outline how both monitoring and self-management strategies can be integrated into routine VHA care, and how the implementation of these programs covers other UMHS clinical mandates (e.g., veteran-centered care, recovery).

EQUIP: Evaluating Implementation of Evidence-Based Services for Weight in Mental Health

Alexander S. Young, MD, MSHS, Amy N. Cohen, PhD, Amelia Bowman, Avila Steele, PhD, Kathy McNair, RN, Kathy Allan, RN, and EQUIP-2 Investigators

Background: VHA is engaged in a major initiative to implement recovery-oriented, evidence-based services in mental health. These services go beyond symptom management to provide support for improved functional outcomes, wellness, and quality of life. The HSR&D QUERI project, "Enhancing Quality of care In Psychosis" (EQUIP), is a collaboration between researchers and policy makers in VISNs 3, 16, 17, and 22 with the goal of improving care for schizophrenia. EQUIP began by discussing, with mental health leadership in these VISNs, a list of evidence-based, recovery-oriented treatments and outcomes to consider for implementation. All 4 VISNs decided to include a focus on improving weight and wellness outcomes. Rates of overweight and obesity are high in individuals with schizophrenia, in part because of side-effects associated with antipsychotic medication. This contributes to hypertension, diabetes, cardiovascular disease, and early mortality. VA has implemented *MOVE!* in

primary care. It is not clear, however, whether this approach will be effective in patients with persistent mental illness, who often have cognitive disabilities that require specialized psychoeducational approaches, and who are primarily seen in specialty clinics. National guidelines for schizophrenia include evidence-based psychosocial interventions for weight, but it is not clear how often these are used. EQUIP used facilitation and an evidence-based quality improvement process to implement improved services for weight, and evaluated the implementation and effectiveness of these services in a controlled trial.

Methods: EQUIP is a site-level, controlled trial at nine VA medical centers (four intervention and five control). Each medical center was assigned to improve weight services (intervention) or continue with usual care (control). Patients participated for one year. Intervention sites installed kiosks that performed routine patient self-assessment and education before each clinic visit, received facilitation of implementation, and used routine data on patient needs and treatments to engage in quality improvement. Qualitative and quantitative methods were used to evaluate the structure, process and outcomes of care at baseline, during the intervention, and at follow-up. At intervention sites, 384 veterans enrolled, and 308 of them were overweight (80%). At usual care sites, 407 veterans enrolled, and 315 were overweight (77%). Clinicians were trained in a 16-session, evidence-based weight management group intervention that can be repeated and is tailored to the specialty mental health population. At each visit, using the kiosk, veterans answered questions about their diet and exercise. These data were provided to the veteran and their clinician via a printout. Clinicians were encouraged to refer veterans with Body Mass

MENTAL HEALTH CONFERENCE (CONT'D)

Index (BMI) > 25 (overweight). **Results:** The mean patient BMI at baseline was 30 (SD = 6) at intervention sites, and 30 (SD = 7) at control sites. Stakeholder interviews indicated shortcomings with knowledge and attitudes regarding the efficacy of weight services (“wellness and teaching are really not successful”) and a lack of referrals (“we do not offer any services that I am aware of”). Based on those data, clinics worked to improve utilization of the in-

tervention through repeated education and marketing of the service to veterans and clinicians. In the year prior to the intervention, only 15% (47/307) of overweight individuals at the intervention sites had weight loss counseling; and 96% of this group had attended 2 sessions or fewer. During the intervention, utilization increased to 32% (99/307) of overweight individuals receiving weight loss counseling; with an average of

11 sessions attended (SD = 11). At control sites, 27% (84/315) of overweight individuals had weight loss counseling in the prior year; and 86% of this group had attended 2 sessions or fewer. During the study year, utilization did not change (28% or 88/314 received weight loss counseling); averaging 6.2 sessions attended (SD 8.1).

Conclusions: In mental health, overweight is a pervasive problem, but only a small pro-

portion of patients are receiving services to help them lose weight. Evidence-based psychosocial treatments improve weight outcomes in this population. These services can be provided by mental health clinicians. Using routine patient assessment, and an evidence-based quality improvement process, it is possible to substantially increase the use of appropriate services for weight in specialty mental health settings.

ACADEMIC DETAILING DEMONSTRATION PROJECT

Melissa Christopher, Pharm.D., Ted Williams, Pharm.D., Sarah Popish, Pharm.D., Amy Furman, Pharm.D., Jannet Carmichael, Pharm.D., Julio Lopez, Pharm.D., Richard Pham, PharmD, MS, Joy Meier, Pharm.D., and Anthony Morreale, Pharm.D., MBA.

The VA Sierra Pacific and Desert Pacific Healthcare Networks (VISN 21 and VISN 22) are evaluating the use of Academic Detailers (aka Academic Educators) as the agents of change. The demonstration project includes not only classic educational outreach activities, but the design and implementation of clinical informatics tools for mental health providers. These tools will enable providers to review their own patient data for actionable information on the targeted initiatives. These tools will also be a resource for action through the educational encounters conducted by the Academic Educators. This program, designed as a partnership with Mental Health Service, has an anticipated kick-off date of late August 2010 with completion at the end of fiscal year 2011. Clinical and operational results of the Academic Educator Pro-

gram will guide the national expansion across all of VHA.

Part of the VA's Vision is to provide world-class care adhering to the highest standards of excellence and accountability. Several opportunities for process improvement have been identified by the Office of Mental Health. Our vision for this project is to clarify the standard of excellence and enable providers to judge for themselves how they compare to that standard. Several clinical practice guidelines target pharmacological management of schizophrenia and associated complications: the 2009 PORT schizophrenia guidelines, the 2004 ADA consensus guidelines for antipsychotics and the 2010 ADA consensus guidelines on medical management of diabetes. These guidelines address the most pressing issues associated with antipsychotic manage-

ment: 1) treatment of refractory schizophrenia, 2) treatment of suicidality in schizophrenia, 3) antipsychotic augmentation, and 4) management of metabolic complications of antipsychotic therapy.

Educational outreach efforts will consist of promoting evidence-based practices related to these issues and supplying the tools and resources necessary to navigate VA procedures and meet the specific needs of providers and fa-

cilities. A variety of validated education techniques will enable physicians, allied health workers, and patients to understand the importance of following best practices. Educational techniques may include one-on-one meetings, group meetings, and online resources for VHA employees (e.g. clinical dashboard). Our ultimate goal is to preserve and improve the efficacy and safety of pharmacotherapy.



RECENT MIRECC PUBLICATIONS

- Banta, J.E., Andersen, R.M., Young, A.S., Kominski, G., & Cunningham, W.E. (In press). **Psychiatric comorbidity and mortality among veterans hospitalized for congestive heart failure.** *Military Medicine*.
- Breier, M.R., Lewis, B., Shoemaker, J.M., Light, G.A., & Swerdlow, N.R. (In press). **Sensory and sensorimotor gating - disruptive effects of apomorphine in Sprague Dawley and Long Evans rats.** *Behavioural Brain Research*.
- Buchanan, R.W., Keefe, R.S., Umbricht, D., Green, M.F., Laughren, T., & Marder, S.R. (2010). **The FDA-NIMH-MATRICES guidelines for clinical trial design of cognitive-enhancing drugs: What do we know 5 years later?** *Schizophrenia Bulletin*, 31(1), 5-19.
- Eyler, L.T., Prom-Wormley, E., Fennema-Notestine, C., Panizzon, M.S., Neale, M.C., et al. (2010). **Genetic patterns of correlation among subcortical volumes in humans: Results from a magnetic resonance imaging twin study.** *Human Brain Mapping*. Epub ahead of print.
- Gresack, J.E., Powell, S.B., Geyer, M.A., Stenzel-Poore, M., Coste, S., & Risbrough, V.B. (2010). **CRF2 null mutation increases sensitivity to isolation rearing effects on locomotor activity in mice.** *Neuropeptides*, 44, 349-353.
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- Kirkpatrick, B., Strauss, G.P., Nguyen, L., Fischer, B.A., Daniel, D.G., et al. (In press). **The Brief Negative Symptom Scale: Psychometric properties.** *Schizophrenia Bulletin*.
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- Light, G.A., Williams, L.E., Minow, F., Sprock, J., Rissling, A., et al. (2010). **Electroencephalography (EEG) and Event-Related Potentials (ERPs) with Human Participants.** *Current Protocols in Neuroscience*, Chap 6, Unit 6.25.1-24.
- Olincy, A., Braff, D.L., Adler, L.E., Cadenhead, K.S., Calkins, M.E., et al. (2010). **Inhibition of the P50 cerebral evoked response to repeated auditory stimuli: Results from the Consortium on Genetics of Schizophrenia.** *Schizophrenia Research*, 119,175-82.
- Perry, W., Minassian, A., Henry, B., Kincaid, M., Young, J.W., & Geyer, M.A. (2010). **Quantifying over-activity in bipolar and schizophrenia patients in a human open field paradigm.** *Psychiatry Research*, 178, 84-91.
- Radant, A.D., Dobie, D.J., Calkins, M.E., Olincy, A., Braff, D.L., et al. (2010). **Antisaccade performance in schizophrenia patients, their first-degree biological relatives, and community comparison subjects: Data from the COGS study.** *Psychophysiology*. Epub ahead of print.
- Rissling, A.J. & Light, G.A. (In press). **Neurophysiological measures of sensory registration, stimulus discrimination and selection in schizophrenia patients.** In: N. Swerdlow (Ed.) *Behavioral Neurobiology of Schizophrenia and Its Treatment*. *Current Topics in Behavioral Neuroscience*. Springer, Heidelberg.
- Rissling, A.J., Makeig, S., Braff, D.L., & Light, G.A. (In press). **Neurophysiological markers of abnormal brain activity in schizophrenia.** *Current Psychiatry Reports*.
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- Young, J.W. & Geyer, M.A. (2010). **Action of modafinil – increased motivation via the dopamine transporter inhibition and D1 receptors?** *Biological Psychiatry*, 67, 784-787.
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NEW GRANTS

"Sensitive and Treatable Periods of Brain-Redox Imbalance in Schizophrenia"

Principal Investigators: Margarita Behrens, Ph.D. and Susan Powell, Ph.D.

Funded by National Institute of Mental Health

"The Genetics of Endophenotypes and Schizophrenia"

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Principal Investigator: Xianjin Zhou, Ph.D.

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NEW AWARDS

Congratulations to Dr. David Braff for receiving the 2009 Stanley Dean Award for Excellence in Schizophrenia Research (awarded by the American College of Psychiatrists). Dr. Braff was also the recipient of NARSAD's 2nd of Top 10 Research Developments of 2009.



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