

Research Seed Funding, continued

(Continued from page 1)

pendence and ADHD. Therefore, the study's first aim is to assess the relationship between decision-making and severity of drug use history in drug dependent patients with a range of ADHD symptoms. Frontal lobe functioning will be tested with a range of neuropsychological measures. Specifically, decision-making will be assessed using the Bechara Gambling Task. Analyses will determine whether poorer neuropsychological performance on frontal tasks is related to more severe drug use history. A second aim of the study is to determine whether continuous measures of ADHD symptoms are associated with severity of drug use history, and whether ADHD composite scores predict performance on the gambling task.

Joel Maslow, M.D., Ph.D. *Antibiotic Resistance as a Risk for Functional Decline in Nursing Homes.* Infections, and in particular infections with antibiotic-resistant bacteria, represent a known risk for functional impairment. Long-term care facilities present an ideal setting for the emergence of antibiotic resistance, due, for example, to patients' abnormal clearance mechanisms, decreased host immunity, and restricted formularies. This study will explore the relationship between colonization with antibiotic-resistant bacteria and functional decline and will seek to derive data to develop rational hypotheses as to causality. Specific aims include: 1) to determine whether nursing home residents who are colonized with antibiotic-resistant bacteria are at increased risk for cognitive and functional impairment; and 2) to develop pilot data regarding the causality between functional impairment and colonization with antibiotic-resistant bacteria, that is, to determine whether functional impairment precedes colonization or colonization of antibiotic-resistant bacteria precedes functional decline.

DBT Workshop, continued

(Continued from page 3)

treatment. They outlined the process of individual therapy and illustrated DBT-based techniques with clinical vignettes. The presenters also discussed the skills training component of therapy, which is done in a group format and covers specific skills related to mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness.

Coming Soon...

Promoting Cardiovascular
Health in Patients with
Psychotic Disorders
November 21, 2003
Philadelphia, PA

Homelessness and SMI:
From the Streets to Recovery
(collaboration with VISNs 1, 3, and 5)
April 27-28, 2004
Trump Plaza, Atlantic City, NJ

Neuropsychiatric Aspects of
Parkinson's Disease
(collaboration with PADRECC)
May 2004
Philadelphia, PA

2003 Research Seed Funding Awards

The MIRECC is pleased to announce the recipients of its 2003-2004 Research Seed Funding awards. These awards offer funding of up to \$25,000 to collect pilot data on comorbidity-related topics that hopefully will lead to future extramural funding. Watch your email for information on the deadline for new applications.

Francis Brennan, Ph.D. *Coping with Stress and Voluntary Ethanol Consumption.* Research suggests that exposure to stress is a significant risk factor for the subsequent abuse of alcohol. This study will test an animal model of the anecdotal belief that it is not stress, per se, that causes increased alcohol consumption, but rather *the inability to cope with stress*. The study will attempt to model this phenomenon in two different rat strains using a leverpress escape/avoidance paradigm. The leverpress task is difficult for the animals to learn, which leads to different levels of performance or coping. Animals will be given a limited-time al-

cohol choice following each daily session. The data will indicate whether the animals who are poor behavioral copers consume the most alcohol. If so, this would prove to be a valuable model to study the relationship between coping and alcohol abuse, as well as treatment options.

Marta MacDougall, Ph.D. *Decision-Making Deficits in Co-Morbid ADHD and Cocaine Dependence.* Anomalies have been found both in drug dependence disorders and in ADHD in the orbitofrontal region, a brain region crucial to weighing the consequences of a decision. Dr. MacDougall hypothesizes that the poor decision-making associated with orbitofrontal dysfunction may be a critical feature in relapse vulnerability/drug use severity, and that quantitative differences in this defect may account for the worse outcome in patients co-morbid for both cocaine de-



Francis Brennan, Ph.D., Joel Maslow, M.D., Ph.D., and Marta MacDougall, Ph.D.

(Continued on page 4)

We've moved!

In August the MIRECC moved into newly renovated space at the Philadelphia hub. Stay tuned for plans for an Open House.

Inside this issue:

- Clinical Educational Demonstration Project: Facing Fear/Finding Meaning 2
- Educational Offerings 2
- Dialectical Behavior Therapy Workshop 3
- Spotlight on a MIRECC Investigator: David Oslin, M.D. 4

Upcoming Events

In conjunction with the University of Pennsylvania and the Neuroleptic Malignant Syndrome Information Service, the MIRECC is offering a full-day conference on "**Promoting Cardiovascular Health in Patients with Psychotic Disorders.**" The conference will take place on November 21, 2003, at the Sheraton University City Hotel. Contact Katy Ruckdeschel (ruckdesc@mail.med.upenn.edu) for further information.

On April 27-28, 2004, the MIRECC will be collaborating with MIRECCs in VISNs 1, 3, and 5 to present "**Homelessness and SMI: From the Streets to Recovery.**" This 1½ -day conference

will bring together experts from across the country to explore new intervention models for addressing this complex problem. Join us in Atlantic City for this exciting event—more information will follow by email.

The MIRECC will join again with the Philadelphia VA's Parkinson's Disease Research, Education, and Clinical Center (PADRECC) to present a full-day conference in May 2004 on **neuropsychiatric aspects of Parkinson's Disease**. The conference will be held in Philadelphia; watch your email for further information.

MIRECC Clinical/Educational Demonstration Project: Facing Fear/Finding Meaning: A Model for Enhancing Quality of Life for Patients with Chronic Pain and PTSD

PIs: Nina M. Chychula, Ph.D., Cecilia Sciamanna, R.N., MSN

This project is part of a larger research study that aims to assess the experience of pain, perceived social support, and psychological wellness in two groups of veterans with chronic pain: those with and without Post Traumatic Stress Disorder (PTSD). The project is undergoing piloting and currently includes four groups of veterans with PTSD and chronic physical pain who have expressed an interest in learning complementary medicine modalities to manage their pain. In its final form, this psychoeducational program will consist of twelve weeks of participation in a group in which veterans will learn and practice using gentle movements (e.g., Tai Chi and yoga), mindfulness meditation, deep breathing, and therapeutic self massage, as an adjunct to their prescribed treatment plan for managing chronic pain.

The twelve weekly sessions will be organized around presentations and discussions on the following areas: defining a personal quality of life, facing feelings of fear and anger, developing hardiness, nurturing psychological wellness, making healthy nutritional choices, using gentle movements, practicing therapeutic self massage, using mindfulness meditation, utilizing deep breathing and guided imagery, fostering spirituality and social support, and developing meaning through suffering. The program utilizes principles from motivational interviewing that emphasize providing feedback in the form of self-monitoring of progress. To assist in self-monitoring, the program uses the Pain Recovery Activity Scale and the Circle of Life assessment tool. The Pain Recovery Activity Scale, currently undergoing development at the University of Pennsylvania's Treatment Research Center, presents the veteran with a menu of options to improve compliance with pain recovery activities on a weekly basis. The Circle of Life assessment was developed by Rebecca McLean and Roger Jahnke and has been adapted with permission for this program.

The final product for the Facing Fear/Finding Meaning project will include a manual detailing the twelve sessions, as well as a set of mindfulness meditations in both written and audiotape format. Dr. Chychula hopes to include testimonials from veterans concerning coping with PTSD and chronic pain in the final version of the manual. The manual will be available in two formats: one for veterans and one for clinicians. It is intended to be exported to other VAMCs to be used with similar populations. Dr. Chychula states, "I can see this program being used with a variety of veteran populations including geriatric veterans, female veterans, and veterans with hepatitis C, cancer and HIV. The basic blueprint is easy to adapt to the needs of whatever veteran population the clinician serves."

Ultimately, Dr. Chychula envisions launching a Center of Integrative Complementary Medicine at the Philadelphia VAMC and anticipates collaborating with other PVAMC services to offer veterans more opportunities to learn non-pharmacological ways to manage pain and improve physical functioning and psychological wellness. She explains, "I believe our veterans need encouragement and role modeling to assume more responsibility to improve the quality of their lives. The group process allows for social support and inspiration from fellow veterans who are experiencing the same kinds of problems. It can be very spiritually empowering."

Educational Offerings

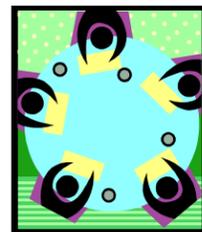
On Friday, September 28th, the VISN 4 MIRECC and the Education Department of the VA Pittsburgh Healthcare System sponsored "**Dialectical Behavior Therapy: A One-Day Workshop.**" Attended by 75 psychiatrists, psychologists, social workers, and nurses, the training was very well-received. See page 3 for further details.

The MIRECC is pleased to be a part of a seminar on "**Primary Care in Patients with Psychotic Disorders,**" being presented by an interdisciplinary team of mental health and primary care providers from the Philadelphia VAMC. The panel will be bringing this lunchtime symposium, supported by Eli Lilly and the Neuroleptic Malignancy Syndrome Information Service, to an audience of primary care and behavioral health staff at four sites in eastern VISN 4 (Wilmington: Octo-

ber 1; Philadelphia: October 8; Lebanon: October 29; and Coatesville: November 19).

Panel members include Stanley Caroff, M.D., Michael Gliatto, M.D., Rosalinda DiRienzo, M.D., Jeanne Cunningham, CRNP, Stephan Mann, M.D., Cabrina Campbell, M.D., and Kenneth Sullivan, Ph.D.

The program focuses on how to manage psychiatric patients in primary care, and how to modify standard treatment of medical conditions (with special attention to diabetes) in psychiatric patients. Panelists also will focus on the medical side effects of new antipsychotics. Continuing education credits are being offered for physicians, nurses, and psychologists.



Dialectical Behavior Therapy Workshop Held in Pittsburgh

Dialectical Behavioral Therapy (DBT), developed by Marsha Linehan, Ph.D., is a cognitive-behavioral treatment for borderline personality disorder (BPD). This treatment originally was developed for individuals with chronic patterns of suicidal or other severe, out-of-control behaviors. DBT has since been adapted to treat a variety of other clinical problems in the context of BPD (e.g., substance abuse, eating disorders, depression) in a variety of settings (e.g., forensic, inpatient, residential).

Anecdotally, clinicians have been impressed

with the treatment's ability to bring about change in behaviors that previously had been unresponsive to treatment and behaviors that are life threatening and need to be reduced quickly. Research has shown DBT to reduce suicidal behavior, substance abuse, dropout from treatment, psychiatric hospitalization, anger, and interpersonal difficulties.

On Friday, September 28th, the VISN 4 MIRECC and the Education Department of the VA Pittsburgh Healthcare System sponsored "Dialectical Behavior Therapy:

A One-Day Workshop," presented by Sarah Reynolds, Ph.D., and Joseph Proietti, M.S. Both presenters received training in DBT from Dr. Marsha Linehan.

The presenters provided a basic overview of the DBT treatment model, including the biosocial theory of borderline personality disorder, research findings regarding the effectiveness of DBT, and the dialectical approach to

(Continued on page 4)

Spotlight on a MIRECC Investigator: David Oslin, M.D.

The VISN 4 MIRECC's theme of comorbidity is perhaps nowhere more evident than in the work of Dave Oslin, M.D., a geriatric psychiatrist and national expert on substance use disorders in the elderly. Trained at the University of Virginia, Dr. Oslin has moved steadily northward, completing his internship and residency at the University of Maryland in Baltimore and clinical and research postdoctoral fellowships at the University of Pennsylvania. Currently an Assistant Professor in the Department of Psychiatry at the University of Pennsylvania, Dr. Oslin is affiliated with both the Section of Geriatric Psychiatry and the Treatment Research Center, a facility focused on substance use treatment. He also is a Staff Physician at the Philadelphia VA Medical Center (PVAMC). Dr. Oslin's contributions to the field recently were recognized by his selection as Co-Chair for the Huss Research Chair in Late Life Addictions sponsored by Hazelden.

A recipient of a NIMH Career Development Award ("Treatment of Depression Complicated by Alcohol Use in Late Life"), Dr. Oslin's research has focused on the treatment of late life depression co-occurring with other disorders such as alcohol dependence. In 2000 he was awarded MIRECC Research Seed Funding to conduct a study of "Telephone Disease Management for Depression and At-Risk Drinking" (see *MIRECC Messenger* Volume 2, Issue 1). These pilot data demonstrated positive effects in those receiving telephone disease management (TDM). Dr. Oslin and his colleagues anticipate receiving additional funding in the near future to conduct a larger study on using

TDM in primary care to treat patients with at-risk drinking.

In other efforts to improve the delivery of mental health and substance abuse services in primary care settings, Dr. Oslin has led the PVAMC's participation as a site in a VA-sponsored trial of integrated versus referral care for depression, anxiety, and/or alcohol problems among older primary care patients. Most recently, Dr. Oslin has developed a unique clinical service at the PVAMC: The Behavioral Health Laboratory (BHL; see *MIRECC Messenger* Volume 3, Issue 3).

After examining mental health screening practices in VA primary care clinics, Dr. Oslin determined that routine screening was not leading to the expected rate of mental health referrals. Through discussions with providers, Dr. Oslin identified a potential barrier to referral: practitioners often didn't know what to do with a positive screen. In response, Dr. Oslin devised the BHL, for which he serves as Director, and which provides follow-up assessment and referral for primary care patients who screen positive for depression. The BHL serves patients from four primary care clinics at the PVAMC and three Community Based Outpatient Clinics (CBOCs). Since its inception in March 2003, over 500 patients have been referred to the BHL for assessment and 72% of these have been contacted. Nearly 53% of those assessed were found to have major depression and 18% to have symptoms of minor depression. Approximately 40% of



Dr. David Oslin

those assessed have been referred to the behavioral health clinic; the rest have been referred back to the primary care provider for ongoing management. The BHL generates a written summary for each patient and sends it to the patient's primary care provider to assist in treatment planning.

In addition to his prolific research, Dr. Oslin is involved in training addiction and geriatric psychiatry fellows and medical and nursing students at Penn. He also recently assisted in the development of an educational CD-ROM sponsored by the American College of Neuropsychopharmacology. The CD can be used with psychiatric residents, staff, and medical students as a teaching aid for late life mental disorders.

Dr. Oslin and his wife of 17 years, Sharon, have an 8-year-old daughter and 6-year-old son. They like to go hiking and camping as a family, and Dr. Oslin enjoys woodworking in his free time.