

*VISN 4 Stars and Stripes Network*

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**Focus on Comorbidity**

**Upcoming Events**

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 Management and Conceptualizing Treatment for the Difficult Patient. Brochures and registration forms will be distributed by email and mail by the end of February.

The MIRECC also will address **PTSD treatment** with two V-Tel presentations scheduled for March and May. The first, "Relapse Prevention in Veterans with PTSD," is scheduled for March 20, 2002. The May V-tel will focus on Motivational Enhancement for persons with PTSD. Contact Dr. Joan Cook (215-823-7857) for further information.

The annual MIRECC **Advisory Board Meeting** is scheduled for April 26, 2002 in Pittsburgh at Highland Drive.

**Spotlight on Dr. Joan Cook, continued**

*(Continued from page 3)*  
 will be partnering with Vince Kane, LSW in implementing and evaluating Seeking Safety with homeless veterans. Dr. Cook's intellectual curiosity and creativity have brought her success in integrating clinical, educational, and research endeavors. Her commitment to her work is perhaps matched only by her enthusiasm for her nieces and nephews. Dr. Cook explained that she was drawn to return to the East Coast so that she could spend more time with her family.

**Save the date:**  
**Challenges in the Management of Chronic Pain: Patients with Psychiatric Comorbidity and Addictions**

April 19, 2002  
 Philadelphia

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# MIRECC Messenger

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**Funding Opportunities**

Requests for proposals have been distributed for two sources of MIRECC funding: MIRECC Research Seed Funding and the Clinical and Educational Demonstration Projects Small Grants Program.



tact Vince Kane (215-823-5903) for application materials (due April 19, 2002).

The MIRECC Research Seed Funding mechanism offers up to \$25,000 for pilot grants on new and innovative research on comorbidity or mental illness and medical and/or substance abuse disorders, the treatment of mental health/substance abuse disorders in primary/specialty care, and the treatment of general medical conditions in mental health care settings.

The goal of the Clinical and Educational Demonstration Projects Small Grants Program (CEDPSGP) is to encourage clinical staff and educators to enhance existing programs or to develop new, innovative clinical and educational interventions, materials or programs that target patients with comorbidity and/or their families.

A total of \$100,000 is available, to encourage the research careers of junior scientists, to enable senior scientists to pursue novel lines of scientific inquiry, and to enable senior scientists to test promising new methods or techniques. Types of research can range from basic science to clinical trials and health services research. Emphasis is placed on the scientific merit of the research and the overall value of the project to the scientific mission of the MIRECC. It is anticipated that successful pilot projects will be developed into VA Merit Award applications and/or NIH career development (K) or individual research project (R-01) applications. Con-

Grants may be used to (1) apply an existing clinical intervention or educational program in a new way (e.g., adapt an existing family education program about serious mental illness [SMI] for families of patients with SMI and diabetes and report satisfaction ratings; add primary care evaluation to a case management approach to reducing relapse among substance abusing patients with SMI) or (2) develop a new clinical intervention or educational program and pilot it (e.g., design a patient education program or informational videotape to improve treatment adherence and report simple pre/post outcome data; implement a reminder system to facilitate primary care referrals among psychiatric patients). A creative, *exportable clinical/education "product"* that may be utilized at other medical facilities is a funding priority.

**Fellowship Application**  
 Persons interested in applying for the MIRECC's **Special Fellowships in Advanced Psychiatry and Psychology** should contact Madeline Loftus at 215-823-5800, ext. 6066 for application information. This is a two-year position for post-residency psychiatrists or postdoctoral clinical psychologists interested in obtaining research, educational, and clinical experience related to psychiatric comorbidity.

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**Upcoming Events**

Education on pain management will dominate the MIRECC calendar over the next several months. On March 27th in Pittsburgh, the Employee Education System and the VISN will present a conference on "**Under-treatment of Chronic Pain: A National Dilemma.**" This half-day conference will provide a broad overview of pain management for musculoskeletal disorders, cancer, and special populations including persons with chemical dependency, and will explore the JCAHO standards related to pain management.

On April 19th in Philadelphia, we are excited to offer a full-day conference that expands upon the theme of special populations, entitled "**Challenges in the Management of Chronic Pain: Patients with Psychiatric Comorbidities and Addictions.**" The conference will be held on Friday, April 19th 2002, at the Sheraton University City Hotel. Plenary sessions will include talks by Rollin Gallagher, Mitchell Cohen, and Howard Heit. Concurrent Sessions will explore Interdisciplinary Pain

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## MIRECC Research: Cognitive Changes and Rehabilitation During Detoxification in Comorbid Neuropsychiatric Patients

Gerald Goldstein, Ph.D., Richard D. Sanders, MD, Steven Forman, MD, & Gretchen Haas, Ph.D.

Patients in rehabilitation programs for substance abuse often go through their treatment programs at a disadvantage because they may not be fully recovered from the toxic effects of alcohol or other substances. In this state of recovery, cognitive function has not fully returned to normal, and difficulties may be experienced in maintaining attention, learning new information, and problem solving. Dr. Goldstein and colleagues have been working with a cognitive training program that attempts to accelerate cognitive recovery during this critical period of subacute detoxification. If found to be effective, this training program may be applied in conjunction with other ongoing rehabilitation programs with the aim of allowing patients to benefit more optimally from such activities as lectures, group therapy, and counseling.

The program consists of a series of exercises originally developed by Mark Goldman for use with patients with chronic alcoholism. These exercises are designed to improve cognitive skills in such areas as maintenance of directed attention, problem solving, and speed of information processing. For example, one exercise involves solving a puzzle-type problem with systematic reduction of cues as progress is made over sessions. The investigators have completed the full program with ten patients in states of subacute detoxification.

The results of this initial investigation were quite positive, as evidenced by statistically significant improvement in performance on the training tasks across training sessions. Subjects also demonstrated substantial and statistically significant improvements on neuropsychological test performance following training. These two sets of findings, taken together, suggest that the training was effective in improving cognitive function in the areas of attention, reasoning, and speed of information processing that are impaired during subacute detoxification. Appropriate control studies remain to be accomplished in order to determine more definitively whether these improvements are the result of the training or of spontaneous recovery.

Based on these results, Dr. Goldstein and colleagues believe that the clinical effects of cognitive rehabilitation on substance abuse rehabilitation are promising for patients with comorbid neuropsychiatric disorders. They are now in the process of conducting a more thorough evaluation of the nature of the clinical and behavioral effects of cognitive training on rehabilitation outcomes. In future iterations of the protocol Dr. Goldstein plans to use functional MRI and a number of neurochemical assays to determine whether any obtained behavioral changes are associated with demonstrable alterations in brain function.

## Educational Offerings

The MIRECC has nearly completed its **suicide prevention initiative**; on-site presentations have been offered for staff at VA Medical Centers in Altoona, Butler, Clarksburg (twice), Coatesville (twice), Erie, Lebanon, and Wilmington. A final presentation is scheduled for Wilkes-Barre in early March.

As part of our Special Fellowships in Advanced Psychiatry and Psychology, the MIRECC has made available a **series of V-tel presentations** that are being offered by Fellowship faculty and their affiliates. Seminars presented since October have addressed an Introduction to the VA Healthcare System and Careers in Mental Health (by Mary Jansen, Ph.D. & Larry Lehmann, M.D.) Pitfalls of Mental Health Research Designs (parts I and II) (by Helena Kraemer, Ph.D.), Accessing & Using Mental Health Databases (by Todd Wagner, Ph.D.), VA Career Development, Funding and Resources (by James Lohr, M.D.), and Signal Detection Techniques and Clinical Decision Making (by Jerome Yesavage, M.D. & Ruth

O'Hara, Ph.D.). Monthly V-tels will run through the Spring. Contact Katy Ruckdeschel (215-823-5957) to connect your site for the V-tel.

Joan Cook, Ph.D. (see "Spotlight" on page 4) arranged for several educational offerings related to **PTSD**:

- a V-tel presentation on "Family Therapy for Veterans with PTSD," by Erica Curran, LCSW, from the National Center for PTSD;
- a full-day presentation on "Contextual Treatment for Survivors of Sexual Assault/Abuse," by Dr. Steve Gold from Nova University, offered at the Coatesville VAMC;
- a full-day presentation on "Cognitive-Behavioral Therapy For PTSD and Substance Abuse: A Training in the *Seeking Safety* Treatment," by Dr. Robyn D. Walser from the Palo Alto VA, offered at the Philadelphia VAMC.



## Recent Grants by MIRECC Faculty (partial listing)

The following are grants received since August, 2001:

**Wade Berretini** (Philadelphia) was awarded funding (R01-MH-53876) from NIMH to study "A Neuropeptide Gene in Psychiatric Illness." The project will begin 4/1/02.

**Joseph Conigliaro** (Pittsburgh) is Co-PI on an NIAAA grant (AA-13566-01), "Alcohol Associated Outcomes Among HIV +/- Aging Veterans," that runs from 10/01-09/06.

**Jack Cornelius** (Pittsburgh) has been awarded two grants. He is PI, with **Ihsan Salloum** as Co-PI, on an NIH grant entitled, "Pharmacological Intervention Pro-

ject" (R01-AA-13370). This grant runs from 7/1/01 through 6/30/05. Dr. Cornelius is Co-PI on another NIH grant, "Drug Addiction Transitions from Adolescence to Adulthood" (R01-DA-14635). The PI for this grant, which runs from 11/1/02 through 10/31/05, is DB Clark.

**Dennis Daley and Ihsan Salloum** (Pittsburgh) are Co-PIs on a NIDA grant (DA-13597-01) that began in 9/01 on "Welfare-to-Work Clients: Substance Abuse and Neuropsychiatric Function." Lisa Morrow, Ph.D. is the PI.

**Ron Ehrman** (Philadelphia) has been awarded a NIDA grant for basic research

on long-lasting psychological effects of smoking (e.g., cognitive interference).

**Amy Rowan** (Philadelphia) has been awarded a career development award from NIDA to study adolescent heroin addiction.

**Tom Tenhave** (Philadelphia) is the PI on an NIH-funded study, "Mixed models for discrete data with non-compliance" (R01-MH-61892-01A2).

**Charles O'Brien's** Center for Studies of Addiction (Philadelphia) recently was site visited and given an excellent score; Dr. O'Brien is optimistic as he awaits final word on funding.

## Spotlight on a MIRECC Investigator: Joan Cook, Ph.D.

Meeting Dr. Joan Cook for the first time, one is struck by her tremendous energy and commitment to improving the care of veterans. Her recent arrival at the Philadelphia VA Medical Center allows her to continue to work to improve the mental health of older adults, her overarching career goal. "I always knew I wanted to work with older adults and I carefully planned my educational and work path to allow me to do so."

Dr. Cook completed her master's degree in psychology at the American University. During that time, she met Dr. Barry Lebowitz, who helped her to begin a research field placement at the National Institute of Mental Health (NIMH). At NIMH she also met Dr. Jane Pearson, at the time a new Project Officer, who became an invaluable mentor. The two began a collaboration that has spanned 12 years and yielded a number of publications.

After earning her master's degree, Dr. Cook joined the research team of Dr. Peter Rabins, a nationally recognized geriatric psychiatrist, at Johns Hopkins Medical School. One of her tasks there was to interview elderly residents of an inner city public housing project to determine their need for mental health services. This experience confirmed her interest in designing and evaluating psychiatric interventions for the elderly.

It was during her doctoral work in southern Florida that Dr. Cook discovered her specific clinical research niche. "Clinically I saw a number of older adults who were still being affected by trauma that had occurred much

earlier in their lives. It was fascinating to me that traumatic events experienced earlier in life could affect the way individuals in their 70s and 80s viewed themselves and the world, their symptoms, and their relationships with family and friends."

Dr. Cook pursued this interest during her internship and postdoctoral fellowship at the VA Palo Alto Health Care System (VAPAHCS) in Northern California. There she had the opportunity to examine more closely how aging could exacerbate previous psychiatric symptoms (particularly those of Post-Traumatic Stress Disorder; PTSD) that may have lain dormant until new losses or crises reactivated the earlier trauma.

At the VAPAHCS' National Center for PTSD, Dr. Cook treated and conducted research on older adult patients with trauma-related distress (e.g., depression, generalized anxiety) and PTSD symptoms. While there, she gathered a great deal of data which now is in varying stages of publication. During her fellowship Dr. Cook also edited a special issue of the *Journal of Clinical Geropsychology* devoted to older adults with trauma or PTSD. Dr. Cook left the San Francisco Bay Area to obtain mentoring from Drs. Ira Katz and Edna Foa. With their guidance, she intends to study psychological interventions for PTSD in older adults. Dr. Cook's role in the MIRECC is to enhance PTSD services in the VISN through research,

education, and clinical activities.

Although she has been part of the Philadelphia VA for only seven months, Dr. Cook's energy and enthusiasm already have had an impact on the Behavioral Health department. Through her efforts, VA

clinicians had the opportunity to attend two all-day workshops, one by Dr. Steve Gold on the psychological treatment of veterans with military sexual trauma and the other by Dr. Robyn Walser on a newly validated cognitive-behavioral treatment for co-morbid PTSD and substance abuse entitled "Seeking Safety." Dr. Cook also has organized several recent and upcoming V-tels by national experts on the treatment of PTSD, including presentations on family therapy, relapse prevention, and motivational enhancement.

Dr. Cook also serves a clinical need at the Philadelphia VA by implementing the Seeking Safety group therapy protocol in the Behavioral Health clinic. She is quick to credit her highly motivated, enthusiastic group co-therapists: Debbie Fishman, RNCS, Joanne Zimmerman, RNCS, and David Gathright, MHS. Finally, noting research showing that a significant number of homeless veterans have PTSD and comorbid substance use disorder, Dr. Cook



Dr. Joan Cook