University Hospitals Case Medical Center

Monthly News – November 2011

Department of Psychiatry

November 14, 2011 Volume 5, Number 11

Feature: Center for Evidence-Based Practice

Technology transfer and technical assistance facilitate integration of behavioral health services in Ohio, 23 other states

Since its inception in 1999, the CWRU Center for Evidence-Based Practices has been helping state and county health authorities, agencies, hospitals and health clinics implement and integrate evidence-based and emerging best practices that improve quality of life for people with mental illness or co-occurring mental illness and substance use disorders (called *dual disorders* or *co-occurring disorders*).

According to **Robert J. Ronis, MD, MPH, the Chairman of the Department of Psychiatry** and Co-Director Lenore A. Kola, PhD, associate professor of social work at the Mandel School of Applied Social Sciences, the Center has gained a national reputation for "technology transfer"—the translation of research into practice. Their success is built upon a systematic method of providing consultation, training, and evaluation services, and on the quality of its multidisciplinary staff, of consultant-trainers, evaluators, and researchers from the fields of social work, psychiatry, chemical-dependency treatment, and vocational rehabilitation. Staff members have many years of experience as direct-service providers, team leaders, program managers, and administrators.

COLLABORATION & INTEGRATION IN OHIO

Over the past 11 years, the Center has used its methods with success in communities throughout Ohio, ranging from urban centers in Toledo, Cleveland, Youngstown, Columbus, Cincinnati, and Dayton, to numerous rural communities in between. The Center has also received requests for help from Substance Abuse and Mental Health Services Administration (SAMHSA) and from policymakers and service organizations in 23 other states and four other countries—including Australia, England, Canada, and The Netherlands—and is currently active in Michigan, North Dakota, South Dakota, New Mexico, Colorado, Pennsylvania, and Maryland, among others.

This past year, the Center received grants from the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services to continue the operation of two State of Ohio Coordinating Center of Excellence (CCOE) initiatives—the Ohio Substance Abuse and Mental Illness CCOE and the Ohio Supported Employment CCOE.

Through its CCOE initiatives, the Center continues to provide consulting, training, and evaluation for Integrated Dual Disorder Treatment (IDDT), the SAMHSA-recognized evidence-based practice, to all six of Ohio's regional psychiatric hospitals and over 60 community mental-health organizations. It also provides technical assistance for Supported Employment (SE), another SAMHSA-recognized evidence-based practice, to 23 organizations in Ohio and works with staff from six of Ohio's Consumer-Operated Services to encourage employment among their participants.

The Center also continues to work with hospitals, health networks, and community health clinics to integrate core components of evidence-based practices and emerging best practices into primary healthcare with Motivational Interviewing (MI) and "Tobacco: Recovery Across the Continuum" (TRAC), a motivational model for tobacco cessation that was developed by the Center specifically for people with severe mental illness.

Get the complete story online:
http://www.centerforebp.case.edu/stories/technology-transfer-and-technical-assistance-facilitate-integration-of-behavioral-health-services-in-ohio-23-other-states

Awards and Recognition:

Dr. Robert L. Findling was elected to Distinguished Fellow Status in the American Academy of Child and Adolescent Psychiatry at the 58th Annual Meeting, which was held in Toronto October 18th -23rd.

Dr. Findling was also presented with an award from the Journal of the American Academy of Child and Adolescent Psychiatry for "Scholarship and Perseverance in Creation of our Practice Parameters for the Use of Atypical Antipsychotic Medications in Children and Adolescent."

Dr. Robert W. Goldberg has been awarded the designation of Editor Emeritus of the newsletter of the American Board of Professional Psychology, after twenty years as Editor.

Comings and Goings:

Welcome to:
Andrea Mazzolini, RN, Clinical Nurse on the Neuro-Geriatric Inpatient Unit at UH Richmond Hospital

Congratulations:

Dr. Molly McVoy was elected to the NAMI Board on August 16, 2011. Dr. McVoy is the Assistant Training Director of the Child and Adolescent Psychiatry Fellowship and Research Physician at **UH Case Medical Center.** In her application to become a Board Member, she wrote, "Advocacy is a significant part of why I became a child psychiatrist…NAMI has provided so much support to so many of my patients and families -- the NAMI Greater Cleveland website is the first one I hand to any of my kids who get a new mental health diagnosis. I'd be honored to be a part of such an organization." Dr. McVoy is interested in working on advocacy and assisting NAMI in marketing its programs.

Grand Rounds:

November 18th:
Speaker: Jon E. Grant, M.D.
Topic: Disordered Gambling: Using Basic Science to Improve Treatment Outcomes

November 25th:
NO GRAND ROUNDS

December 2nd:
DEPARTMENT MEETING
NO GRAND ROUNDS

December 9th:
Sihler Family Lecture
Speaker: Stephen B. Levine, M.D.
Topic: On the Essence of Psychotherapy

December 16th:
Speaker: William L. Annable, M.D.
Topic: HCAPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey – How Do We Improve?

December 23rd:
NO GRAND ROUNDS

December 30th:
NO GRAND ROUNDS

Presentations and Publications:

Goldberg, R. W., DeLamatre, J. E., & Young, K. Intern Final Oral Examinations: An Exploration of Alternative Models of Competency. *Training and Education in Professional Psychology,* 2011, 5(3), 185-191.

Assessment of core competencies in childhood attention-deficit/hyperactivity disorder practice**.** Brown JJ, **Hertzer JL, Findling RL.** J Child Adolesc Psychopharmacol. 2011 Feb;21(1):33-41. Epub 2011 Feb 2.

Dr. Irina Korobkova presented a community lecture, "Ways to Manage Depression" at Montefiore on Wednesday, November 17th.

Dr. Jennifer Levin presented the poster listed below at the 45th Annual Association for Behavioral and Cognitive Therapies in Toronto on November 11th:

Customized Adherence Enhancement for Individuals With Bipolar Disorder Receiving Atypical Antipsychotic Therapy
J. Levin[1]; M. Sajatovic[1]; *C. Tatsuoka [1];* ***W. Micula-Gondek [1]; T. D. Williams[1]; C. S. Bialko [1]; K. A. Cassidy[1]***

Dr. Rebecca Schlachet presented a community lecture, "The Truth about Dementia" at Montefiore on Wednesday, October 19th.

Research:

The Discovery and Wellness Center is now enrolling for a **new** study with the use of iloperidone. The purpose of the study is to obtain tolerability and pharmacokinetic data to determine the appropriate dosing levels of iloperidone in the adolescent pediatric population. (Children 12-17 years) who require treatment with an antipsychotic agent in preparation for a controlled efficacy and safety study in the adolescent population. Diagnosis may include: Schizophrenia, Schizoaffective Disorder, Bipolar

Disorder, Major Depressive Disorder (w/psychotic features), Autistic Disorder, Pervasive Developmental Disorder, NOS, Tourette's Disorder, ADHD, Oppositional Defiant Disorder and Conduct Disorder.

This study has two parts: Part A is a screening period, dose escalation period, fixed-dose period and a steady-state pharmacokinetic assessment lasting up to 17 days. Part B is an *optional* extension phase for an additional 26 weeks.

This is an open label dose escalation study. There would need to be a washout of current medication for 4 weeks prior to visit one.

One 12 hour visit to the DCRU would be required two weeks after starting the iloperidone.

If you have any patients that are not having symptom relief with their current antipsychotic or new patients requiring an antipsychotic, this may be an option for those families. They would be monitored very closely and will have the option to go into an extension phase and continue with the treatment for an additional 26 weeks. Patients will have regularly scheduled visits to assess safety and efficacy as well as detailed assessments.

If you have a patient that you think may be eligible, please have the family call Becky Weintraub at 844-3922 or the study coordinator, Tomasina Pinto at 844-2769

Do you have patients with **schizophrenia** and previous **trouble with the law**?

This is a multicenter, 15-month, prospective, randomized, active-controlled, open-label, flexible dose study of paliperidone palmitate compared with oral antipsychotic treatment in delaying time to treatment failure in adults with schizophrenia who have been recently released from custody/jail. Participants will be randomly assigned to receive either long-acting injectable or oral antipsychotic. *Participants should continue to receive mental health and medical services from their usual providers while in the study.*

To participate, individuals must:

- Be age 18 or older with schizophrenia;
- Have been incarcerated (jail or prison) at least twice in the previous 2 years with the last release from the most recent incarceration occurring within the previous 90 days
- Be able to provide written, informed consent to study participation.

Participants may NOT:

- Be women who are pregnant or breast-feeding, or planning to become pregnant
- Be subjects who are actively abusing intravenous drugs within the past 3 months
- Have previous history of lack of response when treated with paliperidone

For more information contact:
Tiffany Williams
Phone: 216-844-2835
Email:
Tiffany.Williams@UHhospitals.org

Do you have patients with **bipolar disorder** who occasionally miss a dose of their medication and are concerned about **weight gain related to their current medication(s)**?

This is an open-label, 12-week, uncontrolled prospective trial of ziprasidone treatments among sub-optimally adherent patients with bipolar disorder. Psychotropic-related weight gain is a common concern among patients with bipolar disorder (BD). This concern affects an individual's satisfaction with treatment and may lead to reduced adherence and illness relapse.
The project will evaluate how switching to ziprasidone may affect patient adherence, drug attitudes, satisfaction with care, and clinical outcomes (psychiatric symptoms, functional status, weight) among BD patients concerned with weight gain.

Study team will obtain support for ziprasidone switching for the identified psychotropic from the patient's current care provider who will continue to see the patient and will continue to prescribe other drugs at unchanged dose.

To participate, individuals must:

- Have had a diagnosis of Type I or II BD for at least 6 months
- Be on maintenance evidence-based treatment for BD (lithium, antipsychotic, anticonvulsant).
- Have weight gain concerns that the individual believes are related to BD medication treatment.
- Have sub-optimal adherence.

Participants may NOT:

- Be on ziprasidone immediately prior to study enrollment
- Have current substance *dependence.*
- Be at high risk of harm to self or others.
- Be currently pregnant or breastfeeding.

For more information contact:
Melanie Currens
Phone: 216-844-2825
Email:
Melanie.Currens@UHhospitals.org

The Mood Disorders Program at Case Western Reserve University/University Hospitals is now enrolling participants into a clinical trial. The trial is looking at how pioglitazone can treat the

symptoms of depression and metabolic syndrome. Metabolic Syndrome refers to a group of medical risk factors found in individuals that may include being overweight, having high blood pressure and/or elevated cholesterol levels, and a family history of heart disease and/or diabetes.

The trial is enrolling men and women, ages 18 to 70, who have been diagnosed with both bipolar disorder and metabolic syndrome. All potential participants will be screened for metabolic syndrome at their initial study visit. All participants will be taking pioglitazone, an FDA approved medication for the treatment of high blood sugar. Participants cannot be suffering from Heart Failure. All visits will be at the Mood Disorders Program at the W. O. Walker Building in University Circle, and the study may last up to 24 weeks. For more information on the trial, call 216.844.2869

Contact:

Published by University Hospitals Dept. of Psychiatry
DEADLINE FOR NEXT ISSUE: Friday, 12/09/2011
CONTACT: Kate Kilbane
Phone: 216-844-3658
kate.kilbane@uhhospitals.org