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POSTER ABSTRACTS

Supporting Recovery in the Deaf Community: Creating a Continuum of Behavioral Health Care in Central Massachusetts

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Across the U.S., there is a paucity of mental health and substance abuse services for Deaf individuals; unfortunately, this has been the case for several decades, without much development in the field since this issue began to be addressed in the 1980's (Pollard, 1994). Without the availability of proper communication accommodations and specialized clinical expertise, Deaf individuals seeking behavioral health services often contend with access limitations, misdiagnoses, and superficial or iatrogenic treatments (Pollard, 1994). Moreover, while the assessment and treatment of co-occurring disorders and the infusion of trauma-informed care into substance abuse services have proved to be key components of substance abuse treatment in the mainstream literature, the investigation and application of these initiatives to the Deaf population has not yet occurred. *The proposed poster will outline the current state of specialized behavioral health services for Deaf individuals in Central Massachusetts, as well as identify gaps in the continuum of behavioral health care for this population and offer recommendations for future behavioral health programming.*

Currently, Central Massachusetts is home to two specialized programs for Deaf individuals seeking behavioral health services, the Center for Living and Working's Deaf and Hard of Hearing Independent Living Services (DHILS) and the DMH Inpatient Deaf Services at Worcester State Recovery Center and Hospital (WRCH). Unfortunately, even with a specialized Deaf inpatient program and independent living program in Central Massachusetts, it is challenging to find appropriate outpatient placement and services that meet the range of psychiatric, intellectual, and linguistic and cultural needs of Deaf individuals, similarly to such difficulties reported nation-wide (Landsberger & Diaz, 2010).

In Central Massachusetts, connections between inpatient units and specialized outpatient services for the Deaf need to be developed or enhanced to increase continuity of care and reduce rehospitalization of Deaf individuals (Glickman, 2009). At the current time, specialized outpatient psychotherapy and psychiatry services for Deaf individuals are not available in this region. Especially for Deaf individuals seeking outpatient treatment for substance abuse, lack of funding for AA/NA interpreters and the recent closure of a Deaf-accessible substance abuse treatment agency highlight the need for the development of programs that provide accessible substance abuse treatment. Culturally-affirmative, linguistically-accessible, trauma-informed outpatient behavioral health services that are tailored to the Deaf population are vital to promoting the wellness and recovery of the Deaf community.

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2

Barriers and Facilitators to Addressing Perinatal Depression in OB/Gyn Settings

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Abstract: Background: Perinatal depression is common and can cause suffering for mother, fetus/child and family.[1,2] The perinatal period is an ideal time to detect and treat depression due to regular contact between mothers and health professionals. Despite the opportune time and setting, depression is under-diagnosed and under-treated in the obstetric setting.[3] Caring and committed providers are frustrated and confused,[4] and mothers do not feel seen, heard or understood by their providers[5].

Objectives: (1) Identify postpartum women's perspective on how perinatal depression is addressed in obstetric settings; (2) Identify strategies for improvement of the delivery of depression care in OB/Gyn settings; and, (3) Inform the development of interventions aimed to improve the delivery of perinatal depression care in obstetric settings.

Methods: Four, two hour focus groups were conducted women 3 months – 3 years postpartum (n=27), who identified experiencing symptoms of perinatal depression. Focus groups were transcribed and resulting data analyzed using a grounded theory approach.

Results: Participants reported individual, provider and systems-level barriers and facilitators to seeking perinatal depression treatment. Women reported feeling stigmatized and afraid of losing parental rights. Women also described negative experiences with medical providers, including feeling dismissed by providers and therefore uncomfortable discussing mental health concerns. A lack of provider knowledge and skill set to address depression was noted by participants. Participants recommended an integrated approach, including psychoeducation, peer-support, and provider education and training in order to improve perinatal depression care in the obstetric setting.

Conclusion: Barriers occurring at the individual, provider and systems-level hinder women from addressing issues of perinatal depression and receiving appropriate care. These data suggest strategies that integrate depression and obstetric care in order to support OB/Gyns providers and staff in their role as front line providers to perinatal women. Future efforts could focus on the development of multidisciplinary treatment strategies that utilize patient psychoeducation and provider training and education to overcome barriers and engage women in depression treatment.

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3

The University of Massachusetts Medical School *Faculty Scholar Award*: Supporting and Advancing Faculty during Times of Increased Family Care Responsibilities

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Purpose: To describe the impact of the Faculty Scholar Award (FSA) as a mechanism to support faculty during finite periods of increased family care responsibilities.

Background: The FSA was created by the University of Massachusetts Medical School (UMMS) Women's Faculty Committee and the Women's Leadership Work Group to provide financial assistance during a finite period for faculty to continue research and/or scholarly efforts while family obligations are addressed. Funded jointly by UMMS, UMMS Clinical and Translational Science Center, and UMass Memorial Health Care (UMMHC), four awards (up to $30,000 each) are available annually for personnel, services, supplies, and clinical time 'buy out'. Applicants may be male or female; assistant or associate professor. The award is intended for a one-year period with the option of a one-year no cost extension. The goals of the award are: (1) to enable junior faculty to surmount obstacles that might otherwise inhibit academic productivity and advancement; (2) to increase diversity and representation of women at higher faculty ranks, and (3) for UMMS to lead in efforts that promote gender equity.

Methods: FSA application requirements include a 1 page personal statement that describes how the award will benefit the applicant's academic progress and assist with current family responsibilities. Additional components of the application include a 2 page project plan, proposed budget and justification, NIH biosketch and 2 letters of support (department chair or division chief and research colleague or former mentor). Criteria for awardee selection and award impact on academic pursuits, career trajectories and accomplishments will be described.

Results: Family responsibilities identified by applicants included extended maternity leave, care of young children, personal health issue, care of ailing spouse and/or elderly parent. Awards were used to hire research technicians, students, or other personnel; purchase equipment; fund pilot studies or data base development; and leverage (buy-out) clinical time for research efforts. Scholars represent 5 academic departments and the ranks of assistant and associate professor. *Scholar outcomes include*: demonstrable progress on research projects and/or data analyses; solidifying basic science, clinical and research collaborations; grant submission and planning of future (larger) grants; manuscript completion/submission; national presentations; and academic promotion. Scholars have also identified an opportunity for perpetual and synergistic support through FSA peer-to-peer group mentoring.

Conclusions:

1. The FSA is a successful mechanism to sustain junior faculty with increased family obligations.
2. The FSA program has resulted in increased scholarly productivity of junior faculty with family needs.
3. The FSA program contributes to academic achievement and advancement of junior faculty shouldering family obligations.
4. The FSA provides a unique opportunity to explore continued growth and support through peer-to-peer group mentoring.

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Glutamate and GABA Function in Autism Spectrum Disorders: A Proton Magnetic Resonance Spectroscopy Study

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Objective: To evaluate the levels of glutamate and γ-aminobutyric acid (GABA) neurotransmitters in the anterior cingulate cortex (ACC) of adolescents with autism spectrum disorders (ASD) and correlate these levels with deficits in social cognition and associated behaviors. We hypothesize that: 1) Adolescents with ASD will have higher levels of glutamate and lower levels of GABA in the anterior cingulate cortex; 2) Measures of social cognition are negatively correlated with glutamate levels and positively correlated with GABA levels in the ACC.

Background: Studies of the molecular mechanism of the defect in Fragile X syndrome, the most common single-gene cause for ASD, have identified the metabotropic glutamate receptor 5 (mGluR5) and GABA-B receptors as potential targets for impacting the core symptoms of autism. Measuring the functioning of the glutamate and GABA systems in patients may provide a potential biomarker for the prediction of response to medications that target these systems. Proton magnetic resonance spectroscopy (^{1}H-MRS) allows for noninvasive measurement of the levels of glutamate and GABA within regions of interest within the brain, and may provide such a marker. ^{1}H-MRS studies have demonstrated differences in glutamate and GABA function in various brain regions in individuals with ASDs, but no studies to date have simultaneously measured glutamate and GABA levels within the ACC, a key brain region known to be involved in the pathophysiology of ASD.

Methods: We conducted a magnetic resonance imaging study in adolescent males with ASD. We are enrolling 10 male subjects aged 13-17, who meet DSM-IV criteria for Autistic Disorder, Asperger's Disorder, or Pervasive Developmental Disorder (PDD) – Not Otherwise Specified and 10 healthy controls (HC). Social cognition deficits are assessed using the Reading the Mind in the Eyes test (RMET) and the Social Responsiveness Scale (SRS). The Aberrant Behavior Checklist was used to quantify behavioral measures, including hyperactivity (ABC-H) and irritability (ABC-I). Structural MRI scans are performed for anatomic localization. ^{1}H-MRS experiments were conducted using a Philips 3.0 T scanner and single voxel Point REsolved Spectroscopy Sequence (PRESS; TE: 28ms, TR: 2000ms) to measure the glutamate and glutamine levels and MEscher-Garwood Point-REsolved Spectroscopy Sequence (MEGA-PRESS; TE: 68ms,TR: 2000ms) to measure the GABA levels. The voxel placements were guided by the anatomical scans and were placed at the ACC region (2cmX2cmX2cm for PRESS and 3cmX3cmX2cm for MEGA-PRESS). Glutamate, glutamine and GABA levels were quantified using the creatine (Cr) peak as reference, and the neurotransmitter levels were correlated with clinical assessment of social cognition.

Results: To date, we have completed the data analysis on 13 subjects, 5 with ASD and 8 healthy controls. Glutamate + glutamine (Glx) levels relative to Cr in the ACC were higher in individuals with ASD than in HC (t(4.83) = 2.00, p = 0.10), and the difference was significant using Wilcoxon non-parametric analysis (W = 34, p = 0.048). Glx/Cr was negatively correlated with RMET scores (r(13) = -0.51, p = 0.07; rho(13) = -0.63, p = 0.02), and positively correlated with SRS T-scores (r(13) = 0.56, p = 0.05; rho(13) = 0.71, p = 0.006), ABC-H scores (r(13) = 0.85, p = 0.0003; rho(13) = 0.70, p = 0.007) and ABC-I scores (r(13) = 0.79, p = 0.0014; rho(13) = 0.52, p = 0.07).

Conclusions: We present evidence that glutamate levels are higher in the ACC of adolescent males with ASD compared with age-matched HC. There is no difference in GABA levels between the two groups. Glx levels within the ACC region may provide a biomarker for social dysfunction, hyperactivity, and irritability in ASD and is potentially a predictor of response to glutamate-modulating therapies.

5

Participatory Action Research: Young Adults Making it Happen!

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This poster will describe the activities of 4 young adult project assistants (YAPA) with lived experience who engage in Participatory Action Research (PAR) at the Transitions Research and Training Center (RTC). PAR at the RTC encompasses direct involvement of young adults with serious mental health conditions (SMHC) in research and knowledge translation (KT) activities. The goal of these activities is to directly impact and improve services that best guide TAYYA with SMHC to reach their goals in employment and education. Additionally, YAPA help inform other youth and young adults, service providers, policymakers, consumers and family members, both within Massachusetts and nationally.

Additionally, we describe YAPA involvement in various knowledge translation activities including, product development and dissemination of the RTC's tip sheets i.e., *Tools for School: Accommodations for College Students with Mental Health Challenges, Teens on IEPs: Making my "Transition" Services Work for Me, My Mental Health Rights on Campus , Vocational Rehabilitation: A Young Adults Guide and Do I Tell My Boss?: Disclosing My Mental Health Condition at Work.* YAPA created, and continually maintain, the Voices4Hope website, Facebook, Twitter and Tumblr pages. YAPA also participate and assist in the leadership of MA Department of Mental Health youth councils: Youth Development Council, Statewide and Central MA Youth Councils. The DMH youth councils have been instrumental in helping the RTC gain valuable feedback and insight into our tip sheet product development.

The young adult project assistants also participate in local and national partnerships and collaborations with the following organizations: National Collaborative on Workforce and Disability for Youth (NCWD/Youth), Active Minds and BECOMING Durham. YAPA also provided technical assistance to FindYouthInfo by giving feedback on the creation of a new website and assisted in consumer and family members locating much needed transitions services or resources. The YAPA also presented at the following conferences: National Transitions, Stay Together and the Tampa Children's Mental Health Research and Policy Conference. Additionally, they have published articles on their own personal experiences with serious mental health conditions for both NAMI, FindYouthInfo and coauthored *"One Size Does Not Fit All"* in the Winter 2012 Psychiatric Rehabilitation Journal's special issue on young adults with mental health challenges.

The YAPA are also conducting a research study titled, "*College Students with Mental Health Conditions Receiving Accommodations*." They decided on this topic based of their own experiences with disability services in college and are now engaged in a secondary analysis of a national survey on the experiences of young adults with mental health conditions in college.[1] The four phases of this study include: analysis of survey data, interviewing young adult college students with SMHC, creating and designing a web survey, collection, analysis and publication of study results.

Funded by a five-year grant from the National Institute on Disability and Rehabilitation Research (NIDRR) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the Transitions Research and Training Center (RTC) conducts research, training, dissemination and technical assistance activities. The aim of these activities is to improve supports for the successful completion of schooling and training and movement into rewording work lives in young people, ages 14-30 with serious mental health conditions. The RTC is led by Maryann Davis, Ph.D., Research Associate Professor of Psychiatry at the University of Massachusetts Medical School.

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6

Patterns of Psychotherapy Attendance in Emerging and Mature Adults

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Emerging adults are 1.6-7.9 times more likely to drop out of mental health treatment than older adults. Much of the literature on treatment dropout views it as a singular event of discontinuation, typically defined as ending treatment before a certain number of sessions have occurred, but also as self-identified or therapist-identified ending prior to treatment completion, among other definitions. However, temporal patterns of treatment attendance vary, and understanding them can help identify individuals at and periods of risk for dropout or low attendance. This study applied developmental trajectory modeling to administrative data from the mental health center of Community HealthLink, prospectively comparing emerging adults, ages 16-30 years, to mature adults, ages 31-55, in psychotherapy attendance across 18 months.

METHODS

Sample: Subjects consisted of the 443 individuals aged 16-55 who initiated individual outpatient psychotherapy between September 1 and November 31, 2006.

*Data source:*De-identified data were obtained from the administrative database maintained by CHL's information services. These data included a unique client identifier, age, gender, primary clinical diagnosis of record, health care coverage source, type of service provided, therapist identifier, and date of service, for all outpatient group, family, and individual psychotherapy sessions between September 2006-May 2008. Sessions were coded for substance abuse treatment (default was mental health treatment). All outpatient sessions in the 18 months (78 weeks) following the initial individual psychotherapy session were recorded.

Dependent variables: The total number of outpatient individual mental health psychotherapy sessions in 18 months, and the number of sessions per month for each of the 18 months were calculated.

Independent Variables: Background variables. Gender, primary chart diagnosis, and health care coverage source. *Concurrent treatment.* The occurrence (yes/no) of outpatient individual substance abuse, group mental health, or family treatment, and medication consult, at any point between the first and last psychotherapy session was recorded.

RESULTS

Almost a half (47%) of the sample were Emerging adults. Males and females were about equally represented in the sample. The most common primary diagnoses were Affective and Anxiety disorders. As with most community mental health centers, health care coverage was most commonly through publicly funded sources.

Bivariate comparisons There were significant differences across age groups with respect to diagnoses (χ^2, (df=3)=32.2, p<.001), and payment method (χ^2 (df=2)=10.7, p=<.01), but not gender distribution (χ^2, (df=1)=0.5, p>.10).

Number of Sessions. Comparison between emerging and mature adults in treatment attendance while covarying diagnostic group, and health care payor revealed significant age group differences in the total number of sessions (F(1, 432)=9.22, p=.003; overall model adjusted R^2=0.034, See Table 1). Examining the number of sessions each month with the same covariates revealed a significant month by age group interaction (F (17,413)=1.71, p<.05).

Patterns of Therapy Attendance. Within-individual patterns were examined with trajectory analysis. Using the BIC, analyses indicated a 5-group model with cubic trajectory as the ideal model. Three patterns were of a persistent nature, and two were of a desistent nature. The single largest group were of Rapid Desistence. Emerging adults were disproportionately represented in the Slow Desister group.

DISCUSSION

These findings reveal that there are numerous characteristic longitudinal patterns of therapy attendance. Increase treatment retention in emerging adults should be done rapidly to reduce rapid desistence, and within 8 weeks to prevent slower desistence.

7

Psychometric Evaluation of the SOCRATES in Adolescents Admitted to an Inpatient Substance Abuse Treatment Program

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The construct of motivation to change has been important in the area of substance use disorders because motivation (or denial) has been viewed as a major barrier to treatment engagement and outcome. The growing popularity of the concept of motivation (or readiness) to change has led to efforts to develop assessment measures that can be used in clinical settings. As with other topics in addictions treatment, most research on this construct has been done with adults. Adolescents and adults differ significantly in motivation for treatment of substance use disorders. Youths are less likely to experience severe consequences of substance use and are more likely to be referred to treatment by schools, parents, or the courts.

This study evaluated the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) in a sample of adolescents admitted to an inpatient substance abuse treatment program. The sample consisted of 333 adolescents (69% male) aged 13 to 18 years (M = 16 years). For 50% of adolescents, cannabis was the primary substance that was abused. Another 13% had problems with alcohol and 10% used opiates. Polysubstance abuse was the problem for 23% of the adolescents admitted to this program. The SOCRATES was administered at admission and discharge. The mean length of stay was 16.1 days. Treatment in the program emphasized motivational interviewing interventions.

The SOCRATES has 3 subscales: Ambivalence, Recognition, and Taking Steps. Chronbach's alpha at admission was .89, .70, and .87, respectively. At discharge, Chronbach's alpha was .91, .80, and .88. Comparison of admission and discharge scores examined responsiveness to treatment. Discharge scores were significantly higher for the Recognition (M Admission = 25.7, M Discharge = 28.6) and Taking Steps subscales (M Admission = 31.3, M Discharge = 35.4). Scores on the Ambivalence subscale did not change during treatment (M Admission = 13.3, M Discharge = 13.7).

Gender differences were examined for the 3 subscales. A significant gender difference was found for the Recognition scale only. Females had higher scores on this subscale at both admission and discharge. The time X gender interaction was not significant, indicating that males and females showed the same degree of change during treatment.

Principal components analysis was conducted to examine the factor structure of the SOCRATES. Results were identical for both admission and discharge scores. Findings replicated the 3-factor structure described by Miller and colleagues. Overall, the 3 subscales accounted for 60% of variance. Recognition and Taking Steps each accounted for 24% of variance. Ambivalence accounted for 12% of variance.

Results indicate that the SOCRATES has strong psychometric properties with adolescents with substance use disorders. Internal consistency is high and the scale is responsive to changes during inpatient treatment. Factor structure is identical to the structure with adults described by Miller and colleagues. The Taking Steps and Recognition factors accounted for the most variance in the item responses. These 2 scales (but not Ambivalence) improved significantly during the course of inpatient treatment.

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Treatment Needs and Outcome for Women in Group Treatment for Anger and Aggression Problems

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Women are increasingly referred by courts, child protective agencies, and other health professionals to mental health services for help with emotion and behavior dysregulation. This lack of stability is often associated with excessive angry arousal and aggression, and frequently results in interpersonal harm and property damage. In response to a steady increase in referrals, in 1996 the Ambulatory Psychiatry Clinic at UMMHC began a Women's Anger Management Program, as an addition to its existing service for men. Anger and aggression treatment and associated research for women has lagged far behind that for men. Because the development of these treatments is in its infancy, it has been essential to reassess and revise our interventions as we better understand the needs of the women we are treating. From previous studies conducted within the program, we know that this is a disadvantaged and vulnerable population with significant substance abuse, mental health, and trauma histories. Many participants are actively parenting, which makes it especially critical that we develop effective interventions to help these women stabilize and cope more effectively. In recent years our treatment model has incorporated a trauma-informed approach, including elements of Dialectical Behavior Therapy (Linehan, 1993) as well as stress management and non-violent parenting practices.

The current study, from which selected findings will be presented, is an attempt to collect pilot data in preparation for the design of a larger investigation of treatment outcome. Forty women agreed to participate in the study, and data was collected through interview and standardized measures at the start of treatment (T1), after treatment was completed (T2), at 3 months post treatment (T3) and 6 months post treatment (T4). Descriptive data from the initial interview are presented, as well as pre- and post-treatment findings on the State-Trait Anger Expression Inventory (STAXI-2; Spielberger, 1999), the Trauma Symptom Inventory (TSI; Brier, 1995), and scores on the Global Assessment of Functioning (GAF; American Psychiatric Association, 2000). In addition, problems with retention in both the treatment and the study are discussed.

9

Mood Disorders and Trauma: What are the Associations?

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Abstract

Objectives: Mood dysregulation in traumatized children may be misdiagnosed as bipolar disorder (BD) and conversely, the diagnosis of BD overlooked. Our aim is to characterize the relationship between trauma and mood dysregulation and pediatric BD.

Methods: We are assessing youths ages 8-18 who present with mood symptoms and past trauma divided into two groups: 1. Trauma+Unmodified DSM-IV-TR BD (T+BD) and 2. Trauma+Mood Disorder NOS (T+MD). Differences in clinical variables between groups are analyzed using t-tests for continuous and chi-square tests for categorical variables ($\alpha = 0.05$).

Results: Age at onset of trauma for youth with T+BD (n=10) compared with T+MD (n=10) was similar (2.6±1.8 versus 3.3±1.9 years; p=0.4) as were types of trauma and number of incidents, and age at onset of mood symptoms (T+BD

7±2.5 versus T+MD 7.8±1.8 p=0.4). The T+BD group had higher scores on the sexual abuse subscale of the Childhood Trauma Questionnaire (p=0.04) and BPRS mania subscale (p=0.02), and higher total number of major depressive episodes (p=0.04) and manic episodes (p=0.03) per the KSCID. Youth with T+BD reported a trend toward higher rates of ideation to self-harm compared to youth with T+MD (p=0.08). Both groups had similar PTSD and ADHD symptoms, and similar number of psychotropic medications (BD 3.6±2.9 MD 2.7±2.1 p=0.4). Finally, family history findings suggest a trend towards higher rates of any Axis I disorder in the T+BD families (p=0.07), and significantly higher rates of anxiety disorders (p=0.05), BD (p=0.04), and schizophrenia (p=0.02).

Conclusions: Results suggest differences in clinical presentation and higher rates of BD and schizophrenia in the T+BD families. Taken together, these preliminary results suggest potential biological and genetic vulnerabilities which may predispose children to develop specific mood disorders under certain circumstances; the ability to identify these children early on could change their prognostic trajectory.

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Increasing Mental Health Awareness through the Dissemination of Research Information

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The Center for Mental Health Services Research (CMHSR) conducts research to enhance services, improve the quality of life, and promote recovery for people with behavioral health conditions. CMHSR was created in 1993 when it was designated a Center of Excellence for Psychosocial and Systems Research by the Massachusetts Department of Mental Health (DMH). DMH and CMHSR are aligned in their vision of promoting mental health through early intervention, treatment, education, policy and regulation to provide opportunities for citizens of the Commonwealth to live full and productive lives.

The CMHSR has two distinct initiatives that focus on dissemination of research information:

1. The Mental Health Agency Research Network (MHARN) is a statewide network of knowledge sharing through dissemination, engagement, and collaboration among academics, community providers, mental health service users and family members. The MHARN effort includes increasing public awareness of mental health disorders and new developments in treatment approaches.
2. Mental Health Experienced & Years Of Understanding (MHE&YOU) Advisory Council is led by CMHSR staff with lived experience of mental illness to empower other mental health consumers to advise and make recommendations on research activities conducted at the CMHSR. Additionally, MHE&YOU strives to reduce and eliminate “stigma” associated with mental illness.

CMHSR Outreach Activities:

- *Psychiatry Issue Briefs*: Concise research findings with real-world recommendations and action items for providers and consumers of mental health services
- *Research in the Works:* Brief one page descriptions of on-going research at the UMass Department of Psychiatry
- *Research You Can Use:* Research findings from literature reviews, white papers, and other research aimed at busy providers
- *Transitions RTC:* Publications aimed at improving supports for youth and young adults with serious mental health condition
- *MHE&YOU Advisory Council*'s annual stigma fighting campaign
- Social Media campaign to bring awareness to Mental Health

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Gender differences of mental health consumers accessing integrated primary and behavioral care

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Abstract

Persons with severe mental illness and addiction are at higher risk for early morbidity and mortality than the general population, and are less likely to receive quality primary care and preventive health services. Primary and behavioral health care integration programs aim to reduce these disparities by providing comprehensive health and wellness services in behavioral health settings. In order to adequately plan the delivery of integrated care, it is important to consider pertinent characteristics of persons who enroll in these services. In particular, gender has been shown to play a significant role in mental health consumers' engagement and outcomes, thereby underscoring distinct treatment needs of women and men. Hence, this study examines the characteristics of 311 consumers (46% female) accessing an integrated care program at a large community mental health center. Baseline gender differences are examined by age, race, physical health, recent substance use, social connectedness, and psychological functioning. Overall, certain indicators of mental and physical health demonstrate that key gender differences exist and should be considered in future integrated care efforts.

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UMass Department of Psychiatry Wellness Initiative

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SAMHSA Category: Public Awareness and Support

The UMass Department of Psychiatry recognizes the importance of integrating preventive care into psychiatric care. The goal of the Wellness Initiative is to incorporate wellness activities across the Department and all related clinical sites, and to positively impact patient, faculty, staff, and student health. The Wellness Initiative focuses on the core areas of nutrition, physical activity, tobacco cessation, stress management, and linkages to primary care. Program evaluation is an important component of all activities.

There are many programs and resources that work in partnership to enhance patient and staff wellness including:

- The Addressing Wellness Through Organizational Change approach, adapted from the Addressing Tobacco Through Organizational Change (ATTOC) approach developed by Doug Ziedonis, et al, is a 10 step approach to strengthen an organization's capacity to address a broad spectrum of wellness issues. This approach is currently being implemented with the 8 East Adult Inpatient Psychiatric Program as part of their Wellness & Recovery Initiative. Strategies focus on patient wellness, staff training, staff wellness, and environmental changes to the unit that support wellness.
- The Tobacco Free Initiative (TFI) at the UMass Medical School and UMass Memorial Medical Center began in 2007. Utilizing the ATTOC approach, the campus went tobacco-free in May 2008. A tobacco-free environment reduces patient, visitor and staff exposure to secondhand smoke. It also increases the chances of a successful quit attempt by a smoker.
- The UMass Tobacco Consultation Service, started as a result of the TFI, provides evidence based nicotine dependence treatment, on an inpatient and outpatient basis, for those who are ready to quit their tobacco use or want to manage nicotine withdrawal while in a tobacco-free setting.
- The UMass Mindfulness in Psychiatry Program, developed by Fernando de Torrijos, utilizes Mindfulness Based Stress Reduction principles and other Mindfulness approaches. Mindfulness focuses on the whole person, including physical, spiritual, and mental; and focuses on what a person can do to enhance wellness utilizing their own internal resources. Mindfulness trainings for both patients and staff are offered. A Mindfulness CD and DVD have also been developed and are available to both patients and staff to guide practice.
- Primary and Behavioral Health Care Integration Program, at Community Healthlink, Inc. (CHL), a member of UMass Memorial Health Care, is a four year program funded by SAMHSA. The overarching goal of this program is to improve access to and engagement with primary care and wellness resources for individuals seeking mental health and substance abuse treatment at CHL Worcester Adult Outpatient Clinic.
- The Department of Psychiatry Wellness Web-Based Toolkit, available at www.umassmed.edu/psychiatry/wellness.aspx, provides handouts, articles, provider materials and links to additional web resources to promote patient and staff wellness.

There is an opportunity for clinicians to discuss with treatment-seeking individuals changeable behaviors that impact health. The UMass Department of Psychiatry Wellness Initiative provides resources to support program-based endeavors and targeted clinical interventions, as well as resources to promote staff wellness.

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Ex-Smokers' Stories Encourage Smoking Cessation

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Introduction:

Tobacco use is the single most preventable cause of death in the United States. Although tobacco use has declined in the United States, 19.3% or 45.3 million of the adult population continues to smoke and use other tobacco products. Among individuals with behavioral health disorders, about 50% smoke. Quitting smoking can be hard. Finding ways to help smokers quit is both a unique challenge and opportunity for public health practitioners. Most persons who try to quit smoking have multiple quit attempts, and are at risk for losing their motivation to persist in their efforts. Although practitioners know that the use of counseling, support, and medications together can make it twice as likely that someone will quit, the challenge remains in helping a smoker to think they can quit from thinking they can't.

Storytelling is emerging as a powerful tool for health promotion in vulnerable populations. Story telling is a way that we make sense and meaning out of the world and our lives. Evidence suggests "that storytelling may offer a unique opportunity to promote evidence-based choices in a culturally appropriate context."[1] This allows people to connect with another person's story and take it on as their own. Studies show that utilizing real patients' stories helps to promote believable behavior change. Therefore, the goal of this project was to share the stories of individuals who have successfully quit smoking, in order to highlight and celebrate their success and to provide motivation for those still struggling to quit.

Ex-Smokers' Stories:
In celebration of the tobacco free campus anniversary, the Central MA Tobacco-Free Community Partnership, and the UMass Memorial Medical Center/UMass Medical School's Tobacco Free Initiative partnered in the Ex-Smokers' Hall of Fame- a program of the Massachusetts Department of Public Health. In the Hall of Fame, 15 ex-smokers that work at the UMass Medical School, UMass Memorial Health Care, or affiliated organizations, were interviewed and shared their "personal smoking cessation narrative" (their quit story). This included information about how they quit, how long they have been smoke free, what cessation methods (if any) they used, what motivated them to stay quit, and any advice for smokers who want to quit. The stories were printed on boards along with the ex-smokers' photos and displayed on campus and in a variety of community locations. Quit smoking resources were also included, such as the Massachusetts Smokers' Helpline 1-800-Quit-Now and www.MakeSmokingHistory.org. Stories were also published in newsletters, newspaper articles, online, posted on websites and highlighted on the radio. The display boards allow smokers to read advice from a peer, someone who has experienced what they are going through and has been successful in quitting smoking. This provides hope for success, motivates smokers to quit and offers useful resources.

Sample Ex-Smoker Story:
Jim is an ex-smoker who smoked for 18 years and has been quit for 13. He started smoking when he was 13 years old with his cousins. He would sneak cigarettes out of his parents' ashtrays. As a young adult he smoked up to 1½ packs a day when he was drinking. Jim felt that life as a smoker was depressing. Jim decided to quit smoking in the fall of 1999. He realized his parents had both smoked and died young. He did not want to follow in their footsteps. He also wanted to spend his money on other things. Jim joined a smoking cessation class, started using the nicotine patch and "prayed." Jim found that staying away from people who smoked helped him to maintain his quit attempt. He now feels freer, good about his health, and likes that he is not always looking for money to buy cigarettes.

1. Houston TK, Allison JJ, Sussman M, Horn W, Holt CL, Trobaugh J, et al. (2011). Culturally Appropriate Storytelling to Improve Blood Pressure: A Randomized Trial. *Annals of Internal Medicine*, 154: 77-84.

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Psychiatric follow-up for patients with co-occurring disorders discharged from level-III detoxification in Central Massachusetts.

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Category: Data, Outcomes and Quality

Background: The appropriate treatment and follow-up of dual-diagnosed patients is of great clinical importance due to potential for improvement of not only psychiatric and substance use outcomes but also in application of health care services in a more efficient and cost-effective manner. There are limited studies looking at the effectiveness of adding a psychiatric intervention in situations in which a dual-diagnosis patient is identified in a substance use treatment setting. The Enhanced Acute Treatment Service (EATS) at Community Healthlink (CHL) addresses the psychiatric needs of patients undergoing a level-3 detoxification, and often this includes initiation of pharmacological treatment.

Aim: To determine follow-up with the CHL system of a cohort of patients evaluated by EATS during detoxification.

Methods: A review of administrative data during the month of March 2011 was conducted to evaluate the information about disposition and likelihood of follow-up at CHL. Retrospective review of billing data was used to identify 60 separate patients who were evaluated at the EATS level of care. All of their subsequent documented visits through May 31st were categorized based on where they received care within the CHL system.

Results: The results showed that ten patients (14.5%) were admitted to extended residential treatment within CHL (PASSAGES); fourteen patients (20.3%) were readmitted to the level -3 detoxification unit at CHL during this time period without any interim visit at CHL that included the outpatient department. Two (2.9%) were readmitted to detoxification following an interim outpatient visit, and finally 3 (4.3%) were seen only subsequently in the outpatient clinic without readmission during the time period. Notably, 39 (56.5%) patients had no subsequent follow-up within the CHL system, suggesting that either they relapsed or they moved to another location in Massachusetts to continue treatment for recovery.

Conclusion: The majority of patients had no subsequent follow-up within the CHL system. Further research is needed to determine the actual disposition of these patients to assess whether they relapsed and abandoned treatment or they continued further treatment, focusing on what kinds of treatments they engage.

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The Primary and Behavioral Health Care Integration Project at Community Healthlink (PBHCI)

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ABSTRACT

Introduction

Persons with serious mental illness and addiction have higher incidence of early morbidity and mortality than the general population, largely due to preventable medical conditions. Access to and ongoing provision of primary care is a major challenge. This population also has less access to support for lifestyle modification with regard to smoking, nutrition, physical activity, and stress management. Primary and behavioral health care integration programs aim to reduce these disparities by providing comprehensive health and wellness services in behavioral health settings. While the integration of mental health services into primary care has received much study, less is known about the integration of primary care and wellness services into a community mental health and addiction setting. This project aims to study the process of establishing integrated care in the mental health and addiction setting, as well as studying changes in health indicators from February 2011 through September 2014.

Methods

Integrated Care Setting

Community Healthlink is a large community mental health center based in Worcester, MA providing mental health, substance use, rehabilitation, and homelessness services to individuals and families. Community Healthlink's integrated care program is one of 64 sites across the nation awarded a grant for Primary and Behavioral Health Care Integration by the Substance Abuse and Mental Health Administration (SAMHSA). The program offers on-site primary care, nurse care management, peer support, and wellness groups to consumers already receiving outpatient behavioral health services. Participants are recruited on a rolling basis from existing outpatients and they may elect to participate in wellness activities and or primary care

Participants

From February 2011 through June 2012, 313 participants have enrolled—144 women, 167 men, and two transgender individuals. One hundred ninety-nine receive in house primary care, and 114 are involved only in Wellness services. Thus far 20 have withdrawn from the program.

Measures

Data on gender, age, race, daily functioning, psychological symptoms, social connectedness, and recent substance use were collected by self report using the National Outcome Measures structured interview developed by SAMHSA's Center for Mental Health Services, which was administered by a research assistant at enrollment. Data on psychiatric diagnoses were gathered directly from Community Healthlink's electronic health record. Physical health indicators including blood pressure, body mass index (BMI), blood glucose, and lipid profiles were collected by a Nurse Care Manager at enrollment. Measures are repeated over the length of enrollment.

Baseline Data

Of the 311 participants, 46.3% are women and 53.7% are men with a mean age of approximately 45 years. 20.6% are Hispanic, 7.4% black, 61.8% white, and 10.1% other race. Primary psychiatric diagnosis: 27% psychotic disorder, 36.5 % mood disorder, 8.8% anxiety disorder, 10% opioid abuse, 14% with alcohol or other SUD, but 81% of participants currently sober. 60% are current tobacco smokers. In terms of physical health, the average systolic blood pressure was 125.75 mm HG and the average diastolic blood pressure was 80.83 mm HG (*SD* = 16.7, *SD* = 12.0, respectively). The majority of participants were obese, with an average BMI of 31.5 (*SD* = 7.9). Blood glucose also ran high for most participants, with an average of 108.5 mg/DL (*SD* = 52.7). Looking at lipid profiles, the average total cholesterol was 178.75 mg/dL (*SD*=45.6), the average HDL cholesterol was 46.48 mg/dL (*SD* = 16.3), the average LDL cholesterol was 101.2 mg/dL (*SD* = 37.3), and the average level of triglycerides was 166.42 mg/dL (*SD* = 102). 26.6% of participants met the criteria for metabolic syndrome at baseline, while another 27.6% were at risk of meeting the criteria (experiencing two of three at-risk health indicators).

Discussion

This data represents the start up, enrollment and baseline demographic and health indicators for participants through June 2012. Our goal is to enroll an ongoing cohort of 400 persons within the next few months and continue to follow them for the following two years of the project. Further analysis will be done regarding changes in health indicators and in overall quality of life and mental health status. In addition we hope to show that this is a sustainable and necessary model of care for this population as our entire health system in Massachusetts moves towards providing all care via patient centered medical homes.

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Selective Estradiol Receptor Modulators Tamoxifen and Raloxifene and their Association with Depression: a Literature Review

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Abstract

OBJECTIVE: To perform a literature review comparing the two Selective Estrogen Receptor Modulators (SERM) raloxifene, which has neuroendocrinological evidence of serotonin receptor activity in emotion associated brain regions (similar to that of estradiol), and tamoxifen, which did not, on depression in perimenopausal women. One multinational trial of postmenopausal women with hormone sensitive breast cancer receiving adjuvant tamoxifen found CES-D scores to be similar in all treatment groups.

MATERIALS AND METHOD: PubMed literature search from January 2000 to August 2012 was performed to identify studies that used raloxifene or tamoxifen and reported on depression adjunct treatment for major depression during the menopause transition. Selection criteria included using key search terms “raloxifene” and “depression” or “tamoxifen” and “depression” within subgroup categories including animal/rat neuroendocrine studies, augmentation, case studies and human subject studies in the English language. A

RESULTS: Of 115 studies found in PubMed, 8 met inclusion search criteria for tamoxifen and are reviewed. Two animal models focusing on effects of SERMs in ovariectomized mice; decreased number of repeated movements implied increased depressive behavior in one study. The other animal study concentrated on neuroendocrine 5-HT(1A) receptor sites concluding estrogen-receptor drugs had no effect on these receptors suggesting decreased inference in depression. A cross-section of non-depressed women with tamoxifen-treated breast cancer found 15 of 241 subjects (6%) developed depression as a side effect of treatment. Three cohort studies, 2 prospective and 1 retrospective, found no significant impact on mood while treated with tamoxifen. Two national-level randomized trials reviewing symptoms associated with tamoxifen adjuvant therapy in postmenopausal women with breast cancer demonstrated no findings of depression. Of the 31 studies found in PubMed, 13 met the search criteria for raloxifene and are reviewed. Two of 3 animal neuroendocrine studies assessing effects of estradiol co-administered with SERMS in ovariectomized rats found estradiol, tamoxifen and raloxifene decrease depressive behavior exhibited by decreased immobility time in the forced swim tests compared to vehicle treated animals. Three case studies reporting on 7 postmenopausal women with clinical depression while on adequate antidepressant treatment relay a significant decrease to complete remission of depressive symptoms with augmentation by raloxifene 60mg/d. Two of the 7 cases that report antidepressant type are SSRIs. Four non-depressed population, open label prospective Evista treatment studies evaluated mood of which 3 studies recognized significant decrease in HAM-D scores and the other acquiesced no adverse effects on mood using POMS. One randomized study investigating 15 postmenopausal women not on hormone replacement therapy found depression ameliorate as depicted by a greater decrease in HAM-D scores when treated with 60 mg/day raloxifene versus 0.625mg/day conjugated equine estrogen and hydroxyprogesterone. Of the 2 studies examining postmenopausal osteopenic women, 1 placebo controlled trial reported incidence of depression between raloxifene and placebo treatment groups was insignificant while a cross-sectional study found a 3-fold higher prevalence of depression in women with at least 3 prevalent vertebral fractures. A double-blinded breast cancer prevention trial, however, did observe modest increase in CES-D scores among healthy postmenopausal women with no difference between tamoxifen and raloxifene groups.

CONCLUSION: Serum estrogen receptor modulators may represent an alternative to estradiol for treatment of depressive symptoms in women undergoing perimenopausal transition. Raloxifene may have an enhanced positive effect on mood changes in perimenopausal women compared to tamoxifen.

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Gender-Specific Factors Associated with Readiness to Quit Smoking among Korean Americans

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Introduction: The study examined gender differences in smoking and factors associated with three stages of readiness to quit smoking (precontemplation with no quit intention in the next 6 months, contemplation with a quit intention in the next 6 months but not in the next month, and preparation with a quit intention in the next month) among Korean Americans. Method: The study is a telephone survey with a randomly selected sample from an online telephone directory. Inclusion criteria for participation were (a) being of 18 and older, (b) identifying self as Korean, and (c) having smoked daily for at least six months prior to the interview. Results: The sample comprised 70 women and 168 men with a 63.8% response rate from eligible respondents. Women were 3 years older on average than were men when they started smoking regularly ($t = 3.5$, $p = 0.001$). Women were more likely to smoke inside the house than were men ($X^2 = 16.5$, $p < 0.001$). Compared to women in the preparation stage, women in precontemplation and contemplation stages had decreased odds of perceiving a family norm favoring quitting and increased odds of perceiving risks of quitting. Compared to men in the preparation stage, men in precontemplation and contemplation stages had decreased odds of perceiving a family norm favoring quitting and benefits of quitting. Previous quit attempts were also a significant factor for both women and men. Conclusions: Korean American female and male smokers are similar in the aspect that they are more likely to be ready to quit when they perceive a family norm favoring quitting. However, they differ in the relationship between perceived risks and benefits of quitting and readiness to quit. These findings underscore the importance of designing gender-tailored smoking cessation interventions in addition to having culture-specific interventions with the group.

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Integrating Tobacco Cessation into Dental Practices: A Survey on Addressing Tobacco by Dentists and Dental Hygienists in Worcester County, Massachusetts.

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Introduction and objective: Among health professionals, dental practitioners are in a unique position to integrate tobacco cessation treatment into oral health care. The routine nature of dental visits provides multiple opportunities for information, advice and brief counseling concerning cessation. However, dentists and hygienists report lack of training in effective tobacco cessation skills as a significant barrier to incorporating these behaviors into routine care. This study assesses the tobacco cessation knowledge, attitudes, and clinical practice of practitioners who provide dental care in Worcester, MA. Materials and Methods: Seventy dental professionals selected on the basis of actively practicing in Worcester and in proximity to UMass Medical School, completed a brief survey regarding their background, tobacco cessation training during formal education, and their current clinical methods for tobacco cessation treatment in their respective practices. Results: More than half of participants (n=35, 52%) report never having tobacco treatment training, and the majority (n=29, 41%) report "Never" or "Almost never" seeking educational materials on their own. However, about two-third participants (n =47, 74%) "Always" or "Almost always" ask about tobacco use among their patients, and (n =59, 94%) speak with their patients about the risks of tobacco use and cessation options. Another 80% (n =53) provide education on how to monitor signs of oral cancer but most practitioners do not engage in specific tobacco cessation interventions. Finally, approximately 80% (n=55) are interested in attending a continuous education program concerning tobacco cessation options for patients. Discussion and Conclusions: This self-report study shows that the majority of dentists and dental hygienists in Worcester, MA provide tobacco cessation education to patients despite having had very little training in this domain. Most practitioners, however, do not provide tobacco cessation treatment such as nicotine replacement therapy. For the dental profession to fully make use of their ability to address tobacco use and dependence, tobacco cessation treatment training must be integrated within dentistry.

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Mental Health Issues Among College Students: Who Gets Referred for Psychopharmacology Evaluation?

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There is growing concern that since the 1990's there has been a sharp significant increase in the number of college students who experience serious mental health problems (Kay & Schwartz, 2010). Surveys such as the National Survey of College Counseling Center Directors indicate that college counseling centers are serving increasing numbers of students who were already taking psychotropic medication or who needed psychiatric evaluation and medication management. Considering the role of psychotropic medication in the treatment of serious mental health problems, it is surprising that there has been no published research that systematically describes the range of diagnostic and medication issues experienced by these students. Managing medications for college students poses several challenges for counseling center staff, especially for schools that do not have a staff psychiatrist.

The present study provides information about 502 students who were referred to Dr. Daniel Kirsch for psychopharmacologic evaluation and treatment. Six colleges and universities in Central Massachusetts referred these students off-campus to Dr. Kirsch's clinic at UMass Memorial Health Care. This sample is unique because the schools differ widely in characteristics like size, public vs. private, and mission (liberal arts vs. research university). The overwhelming majority of students in this sample were undergraduates.

All students were referred to the outpatient psychiatry clinic at UMass Memorial Health Care. Prior to the first appointment, all students were mailed a packet of questionnaires that included Wyatt's (2005) Self-Assessment Form, the Quick Inventory of Depressive Symptoms – Self-Report, and the Zung Anxiety Scale. The Self-Assessment Form includes questions about the occurrence of suicidal ideation and behavior, injury to others, recent life events, and alcohol and drug use. At the time of clinical evaluation, the consulting psychiatrist recorded each student's DSM diagnoses on Axes I, II, and III, along with medication(s) that had been prescribed previously and medication(s) prescribed by the psychiatrist for mental health problems.

The majority of students in this sample were female (55%) and Caucasian (88%). Mood disorder was the most common DSM diagnosis (depressive disorders – 51%; bipolar disorder – 3%). A large number of students were diagnosed with anxiety disorders (19%) or ADHD (13%). Approximately 50% of students had a history of psychotropic medication use at time of referral. Antidepressants were the most common medication (38%), followed by mood stabilizers, antipsychotic medications, anxiolytics, and stimulants (9% to 12%). Following evaluation by the psychiatrist, 70% of students were prescribed antidepressant medication. Other medications prescribed were anxiolytics (27%), stimulants (19%), mood stabilizers (10%), and antipsychotic medication (5%).

These findings indicate that depression, anxiety, and ADHD were the most common mental health problems reported by students who were referred for psychopharmacology evaluation. Half of these students had been prescribed psychotropic medication prior to evaluation. A very large proportion of these students reported previous thoughts of suicide, and 15% had made at least 1 suicide attempt. Roughly 45% of these students reported drinking excessively during the past year, with similar numbers using marijuana during the past year. The implications of these findings for mental health services on college campuses will be discussed.

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Mental Health in the Free Clinic Setting

Jacob Kushkuley

The Akwaaba Free Clinic is an all-volunteer, medical student and physician run clinic in Worcester that serves a primarily Ghanian population. Akwaaba provides patients with a range of services from free medication refills, to the diagnosis and management of illness. The purpose of this study is to determine an effective way to incorporate mental health awareness, education, and treatment in the free clinic setting. To accomplish this goal, the first objective will be to assess the level of depression among those that present at Akwaaba by incorporating the PHQ-9 depression questionnaire in patient visits. Using grant funds from the American Psychiatric Foundation, we will then provide mental health educational materials, as well as incentives for patients designed to help them overcome common barriers to health care (medication cost assistance, transportation assistance, and fitness/healthy living options). Over the course of a year, we will track patient information including age, chief complaint on presentation, past medical history, clinic and grant services requested/offered, and frequency of presentation. We believe reducing barriers to health care for free clinic patients will directly translate to better overall health in patients, as measured by PHQ-9 scoring and lower visit frequency, indicating a transition from free clinics to a stable primary care office. Results of this study will both help elucidate effective strategies for incorporating mental health in a free clinic setting, and establish previously unknown data on the mental health status of patients in the free clinic setting.

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Implementing the Massachusetts Child Trauma Project to Improve Services for Children with Complex Trauma in Child Welfare: Phase I Needs and Readiness Assessment

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Abstract:

The Massachusetts Child Trauma Project (MCTP) is a SAMHSA /Administration for Children and Families funded cooperative agreement with the Massachusetts Department of Children and Families (DCF), in partnership with L.U.K. Crisis Center, Inc., the University of Massachusetts Medical School, Justice Resource Institute, and Boston Medical Center. The goal of MCTP is to improve services and outcomes for children with complex trauma in the child welfare system. To accomplish this goal, the MCTP hopes to impact two main systems: 1) to transform the child welfare system in Massachusetts by integrating trauma-informed and trauma-focused practice into child protective service delivery; and 2) to increase capacity for evidence based trauma treatment by providing training and on-going consultation to mental health service providers throughout the state in the following evidence-based treatment models: Attachment, Self-Regulation, and Competency (ARC), Child-Parent Psychotherapy (CPP), and Trauma Focused Cognitive-Behavioral Therapy (TF-CBT).

The target population for the project is children ages 0-18 with complex trauma in placement through DCF. DCF ranked 43rd out of 51 states in the Child and Family Services Review composite measure of placement stability, indicating a clear need for improved services for these vulnerable youth.

During Phase I of the project (Year 1), the MCTP completed an assessment of the need for trauma-informed and trauma-focused practices, the fit of the evidence-based practices selected, and the readiness of the system to implement these practice changes. This poster reports on the findings from the Phase I needs and readiness assessment, including:

- DCF Data on 1,221 children selected for indicators of complex trauma
- Data from Massachusetts National Child Trauma Network sites
- Mental Health Provider surveys and focus groups
- DCF Area Office Survey of Needs

Data from this needs and readiness assessment provided valuable information not only about the needs of the target population, but the needs of both the child welfare and mental health systems that serve them. In particular, the data indicate several barriers to implementing practice changes and a clear need to build better collaborations between the two systems. This data will be used to guide MCTP's Phase II implementation, beginning in October 2012.

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Clubhouse Outcome Data: The Clubhouse Profile Questionnaire (CPQ)

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The Clubhouse Model of Psychosocial Rehabilitation originated at Fountain House in 1948. Currently, over 340 member clubhouses in 30 countries and 36 states are recognized by the International Center for Clubhouse Development (ICCD). The ICCD Clubhouse Model is listed on SAMHSA's National Registry of Evidence Based Practices and Programs (NREPP). Clubhouses affiliated with the ICCD are founded on the realization that recovery from serious mental illness must involve the whole person in a vital and culturally sensitive community. Clubhouse participants (adults and young adults) are referred to as members. Members can participate as little or as much as they choose, select the staff with which he or she will work with, and can access all the resources offered by the clubhouse. The goal of the clubhouse is to help members lead vocationally productive and socially satisfying lives. ICCD clubhouses provide wide range of services including employment services and supports, supported education, health promotion activities, outreach, and advocacy, community support services, and social and recreational opportunities. The ICCD coordinates the development and training of clubhouses, maintains a set of operating guidelines – the International Standards for Clubhouse Programs, and an international accreditation process. The Program for Clubhouse Research (PCR) at the University of Massachusetts Medical School (UMMS) coordinates and

initiates research and technical assistance with projects that examine the effectiveness of Clubhouse programs. The PCR maintains strong links with the ICCD and an international network of researchers and research stakeholders that includes partners throughout the United States and more than a dozen other countries.

The Clubhouse Profile Questionnaire (CPQ) is an electronic survey designed to obtain program level information concerning clubhouse practices, characteristics, concerns, & performance outcomes of clubhouse programs. Areas addressed include: funding, governance & administration; membership; staffing & staff credentials; unit structure; employment; housing; services provided; participation in clubhouse training; & research activities. The electronic CPQ was developed at UMMS with input from clubhouse members employed as research assistants in the PCR. The CPQ is administered by the PCR and is used by the ICCD for purposes of quality assurance and program improvement, to monitor progress of clubhouse accreditation and training, and track development of the Clubhouse Model over time. The CPQ allows users to save and update their data as needed and has built-in mechanisms for creating a pdf report of their completed CPQ or a data file that can be used for research purposes.

The data generated by the CPQ allows the Program for Clubhouse Research and the International Center for Clubhouse Development to prepare reports of clubhouse effectiveness and examine evidence of common characteristics and differences between ICCD clubhouses such as accredited and non-accredited programs, clubhouses located in and out of the United States, as well as characteristics related to successful implementation of the model. For example, CPQ data was used to generate the clubhouse outcomes published earlier this year in SAMHSA's Mental Health United States 2010. This issue reports on the nation's mental health system across three themes: people; treatment facility characteristics; and payers and payment mechanisms. Mental Health United States 2010 includes useful information such as state-level data and services in non-traditional settings such as clubhouse programs.

Findings from CPQ data have also resulted in peer-reviewed journal articles such as Costs of Clubhouses: An International Perspective (McKay, Yates, & Johnsen, 2007). Reports with CPQ data have been prepared for clubhouse coalitions located in Norway, Pennsylvania, and New York City. These reports have been shared with stakeholders including mental health administrators and funding authorities. Current and on-going projects using CPQ data include a cost-benefit study of clubhouse employment supports and a follow-up validation study of a clubhouse fidelity instrument.

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Predictors and Services Implications for Variations in Adolescent Opiate Dependence Rates by Race and Ethnicity

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Background: According to the US Census Bureau in 2011, Latinos comprise 9.6% of the population in Worcester, MA. This number continues to grow and understanding how this population differs from the Caucasian population in the manifestation of illnesses and predisposing factors is essential to ensure proper access to care and disease prevention. One key problem to study is the growing opiate addiction rates among youth. In 2009, a NIDA survey showed that heroin lifetime use among school aged children ranged from 1.3% in 8^{th} grade to 1.2% in 12^{th}. The NIDA-funded 2010 Monitoring the Future Study showed that 2.7% of 8th graders, 7.7% of 10th graders, and 8.0% of 12th graders had abused Vicodin and 2.1% of 8th graders, 4.6% of 10th graders, and 5.1% of 12th graders had abused OxyContin. Understanding risk factors for opiate use and ethnic/racial differences in vulnerabilities to the development of opiate addiction has implications for prevention and services. Methods: We conducted a chart chi-square and multiple regression analysis to evaluate prevalence and predictors of opiate dependence by race/ethnicity. Results: 10.7% of Latino reported using Heroin compared to 26.3% of non-Latino White peers. 14.3% of Latino admitted to use of other opiates and 1.8% admitted to Methadone use versus 38.7% of white adolescents who used other opiates and 7% who used Methadone. Prescription drug abuse is also a problem among adolescents but seems to be higher in whites. 14.3% Latino admitted to Oxycodone use, less than half the prevalence in whites (38.4%). On the other hand, although the prevalence among the white population was higher, 66.1% of Latino admitted to nicotine use, and 78.6% to alcohol use compared to 82.5% of non-Hispanic whites who used tobacco and

88.5% who used Alcohol. In a similar way, Blacks had a lower prevalence of overall opiate use with only 8.6% reporting other opiate use as compared to 38.7% whites. There was no difference between ethnicities regarding Marijuana use. Exposure to trauma and neglect appears to have a strong correlation with substance abuse in Latinos. In this same sample 17.9% Latino had a diagnosis of PTSD versus 8.5% in non-Latino Whites. Rates of exposure to domestic violence and neglect were double among Latinos as compared to Whites. 21.4% of Latino admitted to domestic violence. 8.9% to neglect but only 11.5% and 3.9% of whites reported these adversities. Predictors of opiate dependence showed some variation by ethnicity. Conclusions: Latino and Black adolescents in this study have a lower prevalence of opiate use and dependence. Latinos who do use opiates have some particular trauma related risk factors. Understanding racial/ ethnic differences and risk factors for adolescent opiate dependence has implications for prevention and services development.

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Glutamate Dysregulation in Pediatric Bipolar Disorder: A ^{1}H MRS Study

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Bipolar Disorder (BD) refers to the condition wherein a person's mood cycles between mania and depression. It has been suggested that dysfunctions in the glutamatergic neurotransmitter system are involved in the pathophysiology of Bipolar Disorder. In addition, glial abnormalities may be associated with BD. To investigate further, we employed Proton Magnetic Resonance Spectroscopy (^{1}H MRS) to quantify the brain metabolite levels in children and adolescences diagnosed with Pediatric BD (PBD). Patients with PBD (n=9, average age=12.11±2.85 years) and typically developing children (n=19, average age=12.37±2.43 years) underwent clinical assessments, neurocognitive testing and neuroimaging sessions. We acquired ^{1}H MRS data using 3T Philips Achieva whole-body scanner and single voxel Point Resolved Spectroscopy (PRESS) (TE=28msec and TR=2000msec) and MEsher-Garwood Point-REsolved Spectroscopy Sequences (MEGA-PRESS) (TE=68msec and TR=2000msec). The voxel (20mmX20mmX20mm for PRESS and 30mmX30mmX20mm for MEGA-PRESS) was placed at the anterior cingulate cortex (ACC) region of each participant's brain, as the ACC is known to integrate inputs from diverse sources in order to regulate responses and has been shown to be associated with various abnormalities in BD. The metabolite concentrations were quantified using LCModel (Version 6.2-4E) for PRESS data and Matlab for MEGA-PRESS data and statistical analyses were performed using SPSS 19 software packages.

The independent t-test results comparing the metabolite levels between two populations revealed that PBD patients had significantly higher Gln (glutamine) (t=-2.431, df=26, p<0.05) and Glx (glutamine+glutamate) (t=-2.151, df=26, p<0.05) levels than typically developing participants. Glutamate levels of patients with PBD were also higher than typically developing participants, even though statistical power was not obtained due to the sample size. This finding is consistent with a glutamatergic dysfunction as an underlying factor of PBD, even in the children and adolescences with the disease and is consistent with previous studies by our group. In addition, the gamma-aminobutyric acid (GABA) measurements acquired from a subset of the participants correlated **positively** with the glutamate levels, suggesting that the glutamate dysfunction may be at the glial glutamate level, rather than neuronally.

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Improvement of Post-Traumatic Stress Disorder Symptoms in MISSION DIRECT VET participants

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Post-traumatic Stress Disorder (PTSD) is an often debilitating problem that deserves serious attention as its symptoms may cause great distress, interfere with an individual's work or home life, and be associated with other psychiatric conditions such as depression and substance use disorders. The current prevalence rate in the general population is estimated to be around 3.5%[1], with rates much higher for veterans. Studies have shown rates of PTSD to be around 15% for Vietnam veterans[2], 12% for Gulf War[3] veterans, and 6-20% for Operation Enduring Freedom/Operation Iraqi Freedom veterans[4]. An estimated 364,000 veterans[5] are currently living in Massachusetts. Consequently, addressing the issue of PTSD through the development of trauma-specific and/or trauma-informed programs is of increasing importance to state policy makers and service providers throughout the Commonwealth.

MISSION DIRECT VET (MDV) is a SAMHSA-funded jail diversion program that started in 2008 as a result of collaboration between the Massachusetts Department of Mental Health, the University of Massachusetts Medical School, the Veterans Administration, and the University of Massachusetts Boston. MDV is one example of how Massachusetts policy makers have collaborated to create a trauma-informed program specifically for a population in dire need – veterans. Eligibility criteria for the program include current involvement with the criminal justice system along with a co-occurring mental health and substance use disorder. Based on the MISSION Model, MDV delivers Critical Time Intervention case management, Dual Recovery Therapy co-occurring disorders treatment, peer support, and vocational rehabilitation. Services are administered on an individual basis as well as in group settings. Additionally, MDV screens all veterans for trauma and provides them with support for trauma-related symptoms by training its staff (Case Managers and Peer Support Specialists) to identify, monitor, and manage symptoms that may be related to trauma[6].

PTSD symptoms were measured at baseline and again at the six-month follow-up using the Post-traumatic Stress Disorder Checklist-Civilian Version (PCL-C), which can be applied generally to any traumatic event. The present study looked at whether or not participation in MDV resulted in improvements in PTSD symptoms from baseline to six months in all participants who completed the follow-up assessment. Results demonstrated significant decreases in the number of individuals who met PTSD diagnostic criteria as well as significant decreases in the overall severity of PTSD symptoms and in the severity of each symptom cluster. These results highlight the effectiveness of a wrap-around, trauma-informed jail diversion program in reducing trauma-related symptoms in veterans. Future analysis will reveal whether these trends hold at twelve months. Further examination of PCL-C outcome and group participation may reveal additional considerations for those planning jail diversion programs for individuals who may have been exposed to trauma.

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Creating the “Northeast Massachusetts Community of Practice Model “for Transition Age Youth and Young Adults with Serious Mental Health Conditions

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This poster will describe the process and outcomes of a Community of Practice (CoP) convened on transition age youth and young adults (TAYYA) with serious mental health conditions. We will describe defining characteristics of CoPs and how members share knowledge to develop new ideas and strategies. We will then present a case study of the Northeast Massachusetts CoP for TAYYA and describe its planning, implementation, activities, evaluation and resulting outputs -- the creation of three highly regarded and widely distributed tip sheets designed to be used by this population on employment, communication with service providers, and personal documents. The CoP was initiated through the involvement of a champion, a regional director of the state Department of Mental Health. With support from the Transitions Research and Training Center, the CoP built a partnership of committed stakeholders from various points of the system of service for TAYYA, thus building bridges across the adult and children mental health agencies, Medicaid, community providers, families and other stakeholders. We encompass within this poster observations of one member of the CoP who is a young adult with lived experience of a mental health condition. This person facilitated critical aspects of the CoP such as obtaining input from TAYYA on the tip sheets by presenting drafts to a multitude of Massachusetts Department of Mental Health Youth Councils. She received feedback from council members that was instrumental in incorporating youth voice into the tip sheets, and making the information relevant and useful for the young adult population. She was also centrally involved in supporting the technology needed for CoP functioning including the online Wikispace website and online GoToMeeting software. In conclusion we will outline a supporting model for implementing CoP’s for this population in other locales.

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Promoting tobacco cessation efforts in mental health treatment programs through organizational change strategies

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Abstract

Persons with co-occurring psychiatric and substance use disorders have high prevalence of tobacco use. The Addressing Tobacco Through Organizational Change (ATTOC) approach allows for congruent implementation of steps to treat tobacco addiction among individuals with psychiatric and substance use disorders, make environmental changes conducive to cessation goals, and sustain efforts over time. Here we describe the ATTOC approach in its capacity to facilitate smoking cessation by individuals seeking treatment for co-occurring mental illness and addictions at three outpatient mental health treatment facilities in Connecticut. We report outcomes of this implementation related to agency policies, consumer tobacco use, and staff training. Overall results are supportive of a successful approach for decreasing tobacco use among consumers and improving strategies for addressing tobacco at organizational and policy levels.