



## University of Massachusetts Medical School Center for Mental Health Services Research

# Annual Report

To the Massachusetts Department of Mental Health  
2009-2010

To view this Annual Report online and to access more detailed information regarding recent publications, trainings, and presentations, please visit us at: [www.umassmed.edu/cmhsr/annual\\_report.aspx](http://www.umassmed.edu/cmhsr/annual_report.aspx)

The Center for Mental Health Services Research (CMHSR) is a Massachusetts Department of Mental Health (DMH) Center of Excellence. The Center is also an important component of the UMass Department of Psychiatry. Our mission is to use cutting-edge research and innovative dissemination strategies to accelerate the translation of research findings into policies and practices that support the mission of DMH to enable individuals of all ages to live, work, and participate in their communities.

The work of CMHSR is guided by three core priorities:

- **Culturally competent research and evidence-based practices**
- **Consumer involvement in research**
- **Dissemination of research findings to accelerate the adoption of evidence-based practices**



excellence & innovation in mental health services research

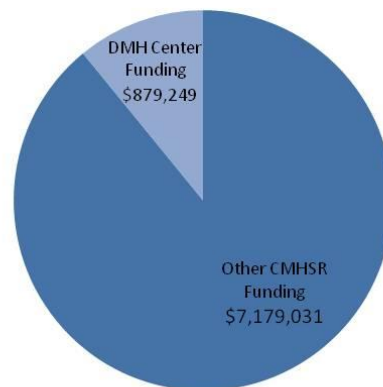
# Executive Summary

We are grateful to the Massachusetts Department of Mental Health for its continued support of the UMMS DMH Research Center of Excellence. Fiscal Year 2010 was the most successful year for external funding since the inception of the Center for Mental Health Services Research (CMHSR). Highlights include:

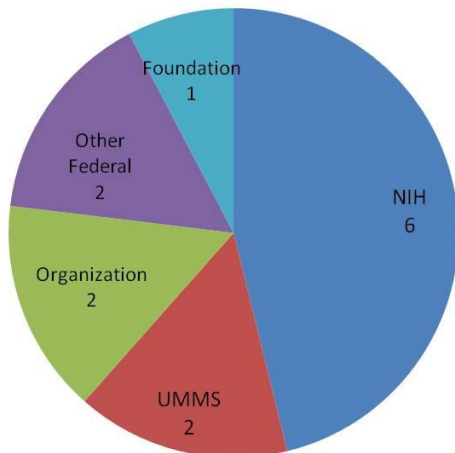
- 7.5 million dollars in new research funding awarded, an increase from 5.4 million dollars in Fiscal Year 2009
- 13 new research grants awarded, including three ARRA Grants<sup>1</sup>
- 33 grant submissions

## Total FY 2010 Research Funding

**Every \$1 invested by DMH yielded a return of \$8 to the Commonwealth to fund new research, training, and service delivery in Fiscal Year 2010.**



## Total New FY 2010 Grants



The 13 new research projects funded in FY10 are supported by federal, state, local, and foundation funding, including two new federal grants awarded to DMH that involve major contributions from CMHSR faculty and staff.

Three ARRA grants, totaling 2.1 million dollars in funding, were awarded to CMHSR faculty and staff. This achievement is particularly noteworthy given the competitiveness of these awards – of the eight awarded to UMMS Psychiatry, three had lead faculty from the CMHSR.

<sup>1</sup> The American Recovery and Reinvestment Act (ARRA) of 2009 provides Federal funding to stimulate the US economy through the support and advancement of scientific research.

#### Research highlights:

- A federal grant that was awarded to DMH and administered by CMHSR to provide services in lieu of jail to court-involved veterans with trauma-related conditions. This infusion of \$2.1 million budget addresses the EOHHS priority for strategic planning for returning veterans at a critical time of diminishing state resources.
- A federal grant awarded to DMH and administered by CMHSR to provide services to women with trauma-related conditions being released from prison
- **CMHSR was awarded a Center Grant** from the National Institute of Disability Research and Rehabilitation Center (NIDRR) – **“Research, Training, and Dissemination Center for Transition Age Youth and Young Adults”**. This is the first center of its kind to focus on the employment and education needs of this population.
- An NIH Challenge grant uses public data sets from DMH and the Departments of Corrections and Public Health to examine successes and failures in re-entry of persons with co-occurring psychiatric and substance-use disorders from correctional settings in Massachusetts.
- An NIH Challenge grant is testing a development-sensitive model of Motivational Interviewing as a treatment retention intervention among Transition Age Youth (ages 17-25), a population, which CMHSR researchers and others have shown are more difficult to engage and retain in services.
- Completion of the initiative to develop a Clubhouse model for tobacco cessation that integrates evidence-based interventions with existing health promotion activities, and receipt of additional Legacy Foundation funds to now further evaluate and disseminate the model to 4 other Club Houses in Massachusetts. This model includes an intervention for consumers/peer specialist leaders.
- Carl Fulwiler and Douglas Ziedonis completed an initiative to develop a self-assessment tool for assessing Co-Occurring Disorder Capabilities in mental health and addiction agencies throughout the state as part of the national Co-Occurring State Incentive Grants (COSIG). Findings showed that the instrument will be a user-friendly, reliable, valid, and inexpensive tool useful for any type of mental health and addictions treatment program. This instrument will be helpful in training staff on the components of an integrated treatment program in quality improvement efforts and will assess and guide a program or agency in an organizational change initiative.

#### Dissemination highlights:

- Dissemination of research findings at the NAMI Annual Convention and Walk and the UMMS Public Sector Conference.
- CMHSR hosted the annual DMH Centers for Excellence Research Conference, *Prevention, Early Intervention, Wellness & Self Care*, with expanded involvement of DMH providers and consumers.
- CMHSR participated in the Department of Psychiatry’s annual Research Day *Wellness and Mindfulness in Psychiatry* on October 21, 2009. Presentations by CMHSR faculty included Colleen McKay “Incorporating Tobacco Cessation Activities in a Psychosocial Rehabilitation Clubhouse” and Dr. Rosalie Torres Stone “Health Disparities among the Mentally Ill”.
- Creation of a new website for the Learning and Working for Transition Age Youth & Young Adults Research & Training Center. [www.umassmed.edu/cmhsr/TransitionsRTC.aspx](http://www.umassmed.edu/cmhsr/TransitionsRTC.aspx)
- Douglas Ziedonis and his UMass team led a major initiative in supporting the DMH Tobacco-Free Campus Initiative. They provide training, technical assistance, and ongoing phone supervision on his Addressing Tobacco Through Organizational Change approach. The initiative helped 63 DMH agencies and their “champions” / “tobacco specialists” and received outstanding evaluations. This effort disseminated Tobacco Addiction Treatment and Organizational Change information.

- Joanne Nicholson was quoted in the May 24, 2010 *Boston Globe* article “*Family Ties*”, regarding the important role of families in consumers’ recovery and treatment.
- Jack Grillo, a CMHSR researcher, published a first person account of his experiences with clubhouses and working at the UMMS CMHSR. Jack’s article, “The Clubhouse Road to Recovery,” was published in the October 2009, Volume 60 (10) issue of *Psychiatric Services*.
- The Fall 2009 issue of the *Psychiatric Rehabilitation Journal* is a special international issue on Parents with Psychiatric Disabilities and their Families featuring the latest findings from studies of innovative interventions for parents, children, and families living with parental psychiatric disabilities. The journal was guest edited by Joanne Nicholson, with several articles authored by CMHSR faculty and staff, including first-person accounts.
- A major renovation to the CMHSR website utilizing input from providers, consumers, DMH, and other stakeholders to enhance capacity for web-based dissemination of research findings including evidence-based practices, practical tips and tools for providers, and relevant information for consumers and families.
  - 2430 hits per month on the CMHSR website: [www.umassmed.edu/cmhsr](http://www.umassmed.edu/cmhsr)
  - 567 subscribers to the Issue Brief Listserv: [www.umassmed.edu/briefs\\_archive](http://www.umassmed.edu/briefs_archive)

Fiscal Year 2011 is already looking to be an exciting year.

- Joanne Nicholson will examine Children’s Behavioral Health Initiative (CBHI) stakeholders’ use of research evidence as children’s mental health services are transformed and implemented in the provider community. Insights gained through this study will guide future changes in this and other services and systems and lay the groundwork for building effective bridges between research, policy, and practice.
- Gina Vincent will study youth with callous-unemotional traits and serious conduct disorder (CU-CD) by blending neuropsychological and personality assessments with neuroimaging to better understand the early trajectory towards drug addiction and to inform treatment for this population.
- CMHSR is positioning itself to apply for services-related research opportunities arising from the new Federal Patient Protection and Care Act as they are announced over the coming year.
- Wellness Initiative – Dr. Ziedonis will study impacts of Addressing Wellness Through Organizational Change on clinical Units. The Wellness Initiative includes Mindfulness In Psychiatry training and work on the Adolescent Units, training of staff, experiential support for staff, and also new research pilot work and applications.
- Carl Fulwiler will be conducting a study of the impact of Mindfulness-Based Stress Reduction on neural markers of emotional regulation and immune markers of stress-related diseases.

DMH support enables major contributions by CMHSR to service provision and enhancement in the Commonwealth and makes it possible for CMHSR to obtain additional funding for innovative services for typically underserved adults, children, and families living with mental illness in Massachusetts.

Recent highlights include:

- DMH support was critical in CMHSR obtaining a 5-year, \$4 million dollar NIDRR grant to establish the nation’s first Research and Training Center (RTC) focusing on Transition Age Youth Research. The RTC provides direct benefits for DMH in several ways, including provision of technical assistance and dissemination activities, and indirectly through participating in DMH activities such as membership in advisory groups and providing speakers for DMH conferences. One example of direct benefit is providing resources to support the Northeast-Suburban Area office to improve rehabilitation services

and transition supports in CBHI and CSA services. Another example is a study of major vocational support models being implemented in Massachusetts that can provide services for DMH and other transition age youth with serious mental health needs. Findings from that study will help identify modifications that may be needed to tailor those services for this population. Anyone from DMH services can request technical assistance from the RTC and get a personalized response to their request. Transition age youth and young adult dissemination materials, announcements, and links are shared with DMH sponsored listservs. The RTC employs TAY youth consumers to develop and lead web-based dissemination activities.

- CMHSR conducts the annual DMH Consumer and Family Member Satisfaction Survey required by the state's federal block grant for mental health services. The statewide 2010 Survey focuses on the satisfaction of adult consumers of DMH services, family members of children and adolescents receiving DMH services, as well as inpatient consumers at five DMH-operated psychiatric facilities. In FY 2010, CMHSR and DMH surveyed twice as many adults as in previous years and developed sub-scales to gauge adult consumer satisfaction with Community Based Flexible Supports (CBFS), including a Medications subscale, a Hope subscale, a Self-Determination subscale, and a Person Centered Planning subscale. The DMH consumer satisfaction survey design continues to be innovative and is cited as a leading model for other State Mental Health Authorities.

The DMH Center of Excellence at UMass provides valuable support for EOHHS priorities. Examples include:

- CMHSR faculty are leaders in the SAMHSA/Departments of Defense and Veteran's Affairs-funded Returning Veteran's Policy Academy, an EOHHS priority focusing on strategic planning for returning OIF/OEF veterans and their families.
- EOHHS has continued to prioritize smoking cessation through its statewide ban on smoking in state hospitals. Considering that nearly 80 percent of people with serious mental illness smoke, incurring a high risk of co-morbid health problems and premature death, it is essential to develop evidence-based approaches to tobacco cessation in mental health settings. CMHSR investigators are implementing and evaluating cost-effective evidence based interventions that include peer supports in clubhouses, as well as developing a health promotion and tobacco cessation toolkit, and piloting a new training on incorporating health promotion and tobacco cessation activities in psychosocial rehabilitation programs.
- The Central Massachusetts Communities of Care (CMCC) is a collaboration of EOHHS under the leadership of DMH and UMass Medical School with child service agencies and providers under a 6-year Cooperative Agreement between the Commonwealth of Massachusetts and the federal government. Its goal is to promote system transformation in Central Massachusetts to divert youths with serious emotional disorders from unnecessary juvenile justice involvement. CMHSR faculty provide consultation and evaluation to guide implementation, training, continuous improvement, and sustainability.
- Building on the development and testing of Communities of Care, CMHSR faculty are actively involved in the implementation of the Child Behavior Health Initiative (CBHI). CMHSR has been awarded a grant to study implementation of CBHI and is pursuing foundation funding for research on the CBHI as an initial investment in the CBHI research and training center mandated by the MA state legislature in Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health. CMHSR faculty are also key members of the CBHI Advisory Council.

# Fulfillment of DMH Contract

## Research Activity

These numbers represent both ongoing and novel research activity at CMHSR during Fiscal Year 2010.

Performance Measure	Benchmark Proposed for Year 4	Accomplished in Fiscal Year 2009	Accomplished in Fiscal Year 2010
Number of research projects approved by DMH <sup>2</sup>	30	50	48
Number of research proposals submitted and approved by an IRB <sup>3</sup>	9	9	11
Number of grants submitted <sup>4</sup>	21	31	33
Number of grants approved <sup>5</sup>	10	26	15

## Summary of New Grant Funding

The ongoing financial support provided by DMH confers CMHSR with the ability to leverage monies from a variety of other sources in support of research and training. The figure reported below includes the portion of each grant/contract awarded in the 2010 Fiscal Year, not the total funds for life of the grant. The total is inclusive of both direct funds (monies which go directly to the project) and indirect funds (monies that support overhead on the project, the operation of CMHSR, the UMass Department of Psychiatry, and the University of Massachusetts Medical School).

Performance Measure	Benchmark Proposed for Year 4	Accomplished in Fiscal Year 2009	Accomplished in Fiscal Year 2010
External Funding Obtained	\$2,900,000	\$6,082,616	\$7,179,031

<sup>2</sup> The number of ongoing CMHSR research projects.

<sup>3</sup> The total number of projects that received IRB approval during the fiscal year.

<sup>4</sup> The total number of grant applications that CMHSR submitted during the 2010 fiscal year, regardless of their approval status. That is to say some submitted grants may have received funding during the fiscal year, some may receive funding next fiscal year, and some may receive no funding.

<sup>5</sup> The total number of new grants that either received money during the 2010 fiscal year or are approved for funding in the upcoming 2011 fiscal year.

## Summary of Publications

CMHSR faculty and staff publish in a variety of different venues. Although the majority of publications appear in peer-reviewed journals, CMHSR faculty and staff also publish books, book chapters, monographs, conference papers, and reviews of academic manuscripts.

Performance Measure	Benchmark Proposed for Year 4	Accomplished in Fiscal Year 2009	Accomplished in Fiscal Year 2010
Number of papers submitted and accepted for peer review publication	126	77	61

## Summary of Other Dissemination Efforts

CMHSR continued to conduct trainings and give presentations at a wide variety of venues throughout Fiscal Year 2010. The following numbers represent the efforts of CMHSR to distribute and disseminate information to DMH state and provider clinical workforce as well as consumers and family members.

Performance Measure	Benchmark Proposed for Year 4	Accomplished in Fiscal Year 2009	Accomplished in Fiscal Year 2010
Number and types of forums used by CMHSR to share information with DMH State and provider clinical workforce, consumers and family members	12	46	84
Number of state and provider workforce members and consumers and family members with whom research information was shared	Not Proposed	4487	4497
Number of individuals with serious mental illness who were affected by the research conducted and/or received treatment	Not Proposed	2230	2450

## **NEW CMHSR FUNDED RESEARCH**

### **A Pilot Study on Enhancing Mindfulness as an Adjunct to Anger Treatment: Application of fMRI**

**PI:** Carl Fulwiler, M.D., Ph.D.  
**Funding:** UMMS Department of Psychiatry  
**Budget:** \$4,775  
**Time Frame:** 7/1/2009 - 6/30/2010

The aim of this study is to examine the neural correlates of trait measures of mindfulness, anger, and negative emotion using fMRI. Our hypotheses are: 1) Trait Mindfulness will be positively related to activation of orbitofrontal cortex, and negatively related to activation of amygdala, by angry and fearful faces; and 2) Anger and negative emotion will be positively related to activation of amygdala and negatively related to activation of orbitofrontal cortex by angry and fearful faces.

### **Disseminating Tobacco Cessation Activities in ICCD Clubhouses.**

**PI:** Colleen McKay, M.A., C.A.G.S.  
**Co-I:** Douglas Ziedonis, M.D., M.P.H.  
**Personnel:** Valerie Williams, M.A., M.S.  
**Funding:** American Legacy Foundation  
**Budget:** \$48,938  
**Time Frame:** 12/1/2009 - 11/30/2010

Almost 80 percent of people with serious mental illness smoke, consuming nearly half of all the tobacco sold in the U.S. Compared with the general population, individuals with serious mental illness are at greater risk of co-morbid health problems and premature death. Persons with mental illness account for about half of the annual death toll from smoking. Yet, many individuals with serious mental illness remain unaware of programs to help them quit smoking, and too few of those programs provide integrated approaches to tobacco cessation in mental health settings that include peer supports. We are implementing cost-effective evidence based interventions that attempt to decrease the morbidity and mortality associated with tobacco use among people with serious mental illness that are participating in an ICCD Clubhouse. We are developing a health promotion and tobacco cessation toolkit and are piloting a new training on incorporating health promotion and tobacco cessation activities in psychosocial rehabilitation programs.

### **Evaluating Effectiveness of a Statewide Public Mental Health Re-entry Program**

**PI:** Stephanie Hartwell, Ph.D.  
**Co-I:** William Fisher, Ph.D.  
**Funding:** National Institute of Mental Health  
**Budget:** \$420,000  
**Time Frame:** 10/1/2009 - 9/30/2011

This project uses public data sets from the Massachusetts Departments of Mental Health (DMH), Corrections and Public Health to examine successes and failures in re-entry of persons with co-occurring psychiatric and substance use disorders from correctional settings in Massachusetts. Focusing on persons who were “open mental health cases” while in the custody of a correctional facility, the study compares individuals who received specialized re-entry services through DMH’s Forensic Transition Team with similar individuals who did not receive such services.



### **fMRI Study of Adolescents with Callous-Unemotional Conduct Disorder**

**PI:** Gina Vincent, Ph.D.  
**Co-I's:** David Smelson, Psy.D., Jean King, Ph.D.  
**Funding:** American Psychology- Law Society  
**Budget:** \$5,000  
**Time Frame:** 4/1/2010 - 3/31/2011

This study will use fMRI methodology to examine brain activation in response to drug craving among youth in substance abuse treatment, comparing groups of youth with and without callous-unemotional and conduct disorder (CU-CD) traits. We expect CU-CD traits to modulate brain activation, specifically seen in hypo-activation in the amygdala and other areas involved in affective processing. Pilot data will be used for a NIDA grant application to examine differences in the underlying functionalities of abuse. The goal is to shape more effective substance abuse treatment for young addicts with callous-unemotional traits, a group that is historically treatment resistant.

### **Learning and Working During the Transition to Adulthood**

**PI:** Maryann Davis, Ph.D.  
**Co-I's:** Charles Lidz, Ph.D., Colleen McKay, M.A., CAGS., Rosalie Torres Stone, Ph.D., William Fisher, Ph.D., Chris Murray, Kenneth Gill, Marsha Ellison, Ph.D., M.S.W., Mary Wagner, Nancy Koroloff, Ruth Osterman, Sandra Wilkniss  
**Personnel:** Joanne Nicholson, Ph.D., Lisa M. Smith, B.A., Sierra Williams, Chris Koyonagi, Gary Bond, Jonathan Delman, Krista Kutash, Mario Hernandez, Rusty Clark  
**Funding:** National Institute on Disability and Rehabilitation Research  
**Budget:** \$4,001,956  
**Time Frame:** 10/1/2009 - 9/30/2014

This research and training center conducts research, training, and technical assistance activities to develop and disseminate knowledge about interventions that help transition age youth and young adults with serious mental health conditions complete their schooling and training and move successfully into their adult working lives. Seven research projects form the backbone of the activities, with 12 knowledge translation activities designed to share the developed knowledge with diverse stakeholders.

### **Memantine-Enhanced Buprenorphine Treatment for Opioid-dependent Young Adults**

**PI:** Gerardo Gonzalez, M.D.  
**Co-I:** Douglas Ziedonis, M.D., M.P.H.  
**Funding:** National Institute on Drug Abuse  
**Budget:** \$260,311  
**Time Frame:** 7/1/2009 - 5/31/2012

This study is evaluating if adding memantine to buprenorphine may become an effective alternative short-term intervention for many young adult patients, and change current clinical practice for this population.

### **MISSION--Community Re-Entry for Women (MISSION-CREW)**

**PI's:** Laura Guy, Ph.D., Debra Pinals, M.D.  
**Co-I:** Stephanie Hartwell, Ph.D.  
**Co-PI:** Carl Fulwiler, M.D., Ph.D.  
**Personnel:** Elizabeth Aaker, B.A., Andrea Leverantz, Ph.D.  
**Funding:** Bureau of Justice Assistance  
**Budget:** \$200,000  
**Time Frame:** 10/9/2009 - 10/9/2011

MISSION--Community Re-Entry for Women seeks to reduce criminal justice involvement of women with co-occurring mental illness and substance-use disorders by employing a model of evidence-based practices that includes trauma-sensitive treatment, care coordination, and peer support. Our project has five goals: (1) convene an Advisory Committee including representatives from state criminal justice, mental health, substance abuse, and other agencies, advocacy groups, consumers and families; (2) apply the MISSION service intervention as an expansion of current re-entry services; (3) conduct trainings of mental health and criminal justice personnel in trauma-informed care and the special needs of this population; (4) conduct an evaluation of its effectiveness for reducing recidivism and improving mental health and substance abuse outcomes; (5) involve stakeholders in a discussion of the evaluation and possible mechanisms for disseminating the model throughout the state beyond the period of federal support.

### **RCT for Smoking Cessation in 10 Medical Schools.**

**PI:** J. Ockene  
**Co-PI:** Douglas Ziedonis, M.D., M.P.H.  
**Funding:** National Cancer Institute  
**Budget:** \$562,438  
**Time Frame:** 7/6/2009 - 5/31/2014

The RCT to improve smoking cessation skills among medical students will compare two curriculum conditions: 1) traditional medical education (TE) and 2) web plus preceptor-facilitated education (TE+WEB+PRE) in 10 participating medical schools. The preliminary outcome is TT skill demonstration using the Objective Structured Clinical Examination (OSCE). Secondary outcomes include student self-reported skill levels, awareness of the 5As, and intention to use TT skills. The hypothesis is that students in the TE+WEB+PRE condition will exhibit greater skill proficiency than those in the traditional medical education condition.

### **Self Perceptions of Risk for Patients with Co-Occurring Disorders**

**PI:** Jennifer Skeem, Ph.D.  
**Co-I:** Charles Lidz, Ph.D.  
**Funding:** National Institute of Mental Health  
**Budget:** \$95,465  
**Time Frame:** 3/1/2010 - 2/28/2015

This study seeks to determine the efficacy of self-predictions of violence among people with co-occurring substance abuse disorders. People with co-occurring mental and substance abuse disorders appear to be at double the risk of violence. This study adapts a Conditional Model of Predication (CMP) to enhance understanding of clients' risk state and how it can be monitored in the outpatient context. The adapted CMP shifts focus from clinical predication to clients' self-prediction. According to the CMP, clients have experienced-based schemas that specify the kind of violence they might become involved in, given particular conditions (e.g., drinking). We posit that clients' knowledge of their own "if...then" patterns equips them to

assess their own risk state, and that clients' accuracy may be superior to current instruments for predicting violence. Our primary aims are to (1) compare the accuracy of patients' self predictions of violence risk with that of clinical judgment and two clinically feasible actuarial tools; (2) assess whether the accuracy of patients' self predictions of violence risk is increased with "cognitive scaffolding" (i.e., a clinical interview about past violence-relevant experiences); (3) explore whether patients' accuracy is based on the understanding of their own, risk-relevant "if...then" patterns; and, (4) determine whether patients make lower self-predicted violence risk assessments to clinicians than researchers. Policy makers and citizens are concerned about the adequacy of violence risk assessment and treatment services for high risk clients. If the proposed research supports the novel hypothesis that self prediction accurately captures violence risk state, its potential to assist clinicians in enhancing public safety is unparalleled.

### **The Blurring of Treatment and Research in Clinical Trials: Two Problems**

**PI:** Charles Lidz, Ph.D.  
**Co-I's:** Gina Vincent, Ph.D., Rosalie Torres Stone, Ph.D.  
**Personnel:** Karen Albert, M.S.  
**Funding:** National Institutes of Health  
**Budget:** \$968,644  
**Time Frame:** 9/30/2009 - 9/30/2011

This study is designed to look at two different ways in which the distinction between treatment and research are blurred in clinical trials: 1) therapeutic misconception (subjects failing to distinguish the two) and 2) competing normative commitments that clinical researchers have about how to balance providing the best care for the patient/subject with the need to strictly follow the protocol.

### **Transformation Transfer Initiative**

**PI:** Kathleen Biebel, Ph.D.  
**Co-PI's:** Carl Fulwiler, M.D., Ph.D., Beth Lucas, Laurie Burgess, Lucille Traina, Mary Ellen Foti, M.D.  
**Personnel:** Kristen Roy-Bujnowski, M.A., Lisa Mistler, M.D., Lorna Simon, M.A., Valerie Williams, M.A., M.S., Jon Delman  
**Funding:** National Association of State Mental Health Program Directors  
**Budget:** \$221,000  
**Time Frame:** 1/1/2010 - 3/31/2011

This grant facilitates the Massachusetts Department of Mental Health (DMH) integration of person-centered planning as well as pilots a shared decision-making intervention. DMH is implementing a statewide, comprehensive person-centered planning training initiative targeting DMH and provider staff responsible for conducting, supervising or monitoring service planning with clients. DMH is also developing a pilot of a shared decision-making intervention to be implemented within several outpatient mental health clinics. This pilot includes a person-centered evaluation and planning process for fostering the reduction in use of psychiatric medications.

### **Treatment Retention Strategies in Transition Age Youth**

**PI:** Maryann Davis, Ph.D.  
**Co-I's:** Charles Lidz, Ph.D., Lisa Fortuna, M.D., M.P.H., William Fisher, Ph.D., Ashli Sheidow, Ph.D., Cinthia Christianson  
**Personnel:** Lisa Mistler, M.D., Richard Rondeau, M.A., David Haddad  
**Funding:** National Institute of Mental Health  
**Budget:** \$766,764  
**Time Frame:** 9/30/2009 - 8/31/2011

The purpose of this study is to test Motivational Interviewing (MI) as a treatment retention (TR) intervention among Transition Age Youth (TAY; ages 17-25). MI is a widely used intervention to enhance motivation and reduce ambivalence about change that has increased treatment adherence in older and younger age groups. MI is appealing because it can be readily added to standard therapy. MI targets motivation to change and therapeutic alliance. The degree to which it can overcome the reduction in parental enforcement of TR in TAY and other TAY characteristics is unknown. The research will initiate development and feasibility assessment of a developmentally-sensitive TAY MI with iterative feedback from experts, clinicians, and clients and then conduct a small pilot randomized clinical feasibility trial of the TAY MI in comparison to "services as usual." It is the preliminary step to determine whether sufficient evidence can be found to justify a full-scale clinical trial.

### **Women's Risk and Treatment for Intimate Partner Violence**

**PI:** Laura Guy, Ph.D.  
**Co-I's:** Charles Lidz, Ph.D., Gina Vincent, Ph.D., Lynn Dowd, Ph.D., Mary Bennett, L.I.C.S.W.  
**Funding:** UMMS Department of Psychiatry  
**Budget:** \$5,000  
**Time Frame:** 4/1/2010 - 4/1/2011

This is a feasibility study to gather information that will be helpful in writing a larger grant for an open-trial evaluation of the Women's Anger Management Group Treatment at the Outpatient Psychiatry Clinic at the UMMMC.

### **Global Initiatives Project – ATTOC China**

**PI:** Douglas Ziedonis, M.D., M.P.H.  
**Co-I's:** Jennifer Wu, Tao Li  
**Funding:** UMMS Medical School  
**Budget:** \$50,000  
**Time Frame:** 1/1/2010 - 12/31/2010 The ATTOC (Addressing Tobacco Through Organization Change) in China project is lead by Dr. Ziedonis (PI), Dr. Tao Li (Co-PI at Sichuan University in China), and Dr. Jennifer Wu (Co-PI at UMass Medical) and includes a strong multi-disciplinary research team. ATTOC intervention is designed to reduce health risks associated with smoking and improve health of the treatment population.

### **ATTOC – Tobacco Cessation in Connecticut**

**PI:** Douglas Ziedonis, M.D., M.P.H.  
**Funding:** Connecticut Department of Public Health  
**Budget:** \$200,000  
**Time Frame:** 12/1/2009 - 11/30/2011

The Tobacco Cessation Program funded by the Connecticut Department of Public Health is an innovative and important statewide program that provides statewide training on addressing tobacco addiction for individuals with mental illness. The program offers intensive support to multiple Agencies that provide services to individuals with mental illness and addiction problems and also provides statewide training on addressing tobacco addiction for these individuals.

### **Development of a Self-Report Measure of Dual Diagnosis Capability for Addiction and Mental Health Programs**

**PI:** Douglas Ziedonis, M.D., M.P.H., Carl Fulwiler, M.D., Ph.D.  
**Funding:** Substance Abuse and Mental Health Services Administration  
**Budget:** \$163,873  
**Time Frame:** 1/1/2007-1/7/2010

The goal of this research is to create a short, quick self-report measure of a program's capacity for providing integrated treatment for co-occurring addiction and mental illness problems.

## ***OTHER NEW CMHSR RESEARCH***

### **2010 Consumer and Family Member Satisfaction Survey**

**PI:** Charles Lidz, Ph.D.  
**Co-I:** Jonathan Clayfield, M.A.  
**Personnel:** Kim Trettel Smith, M.A., Lisa M. Smith, B.A., Lorna Simon, M.A., Monique Normandin, Sierra Williams  
**Time Frame:** 4/1/2010 - 9/30/2010

A statewide survey of DMH adult consumers receiving CBFS services via DMH providers, families of children/adolescents receiving DMH services, and adults receiving inpatient services at DMH operated facilities using a combination of telephone interviewing, face-to-face interviewing, and survey mailings.

### **Deceased Client Profile 2010**

**PI:** Mary Ellen Foti, M.D.  
**Personnel:** Kristen Roy-Bujnowski, M.A.  
**Time Frame:** 7/1/2009 - 6/30/2010

Report development and analyses of the Deceased Client Profile. Provide ongoing supervision and support to DMH area users.

### **Massachusetts 2009 BRFSS K6 Analyses**

**PI:** Mary Ellen Foti, M.D.

**Co-I's:** Beth Lucas, Connie Maranto

**Co-PI:** **Kristen Roy-Bujnowski, M.A.**

**Personnel:** Elena Hawk, Ph.D.

**Time Frame:** 7/1/2009 - 6/30/2010

Analyses of the module on mental distress Kessler 6 (K6) and stigma from the 2009 BRFSS. This report will present data on these mental health issues for the MA general population. It will be published on the DMH website.