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CRC Communicator

The Commonwealth Research Center (CRC) newsletter is designed to communicate the progress we're making as researchers investigating the underlying causes and optimal treatments for mental illnesses. Our goal is to translate new scientific knowledge to the citizens of Massachusetts. The Communicator will be distributed biannually. We greatly appreciate the support you've given us over the years!
CRC website: http://sitenav.bidmc.harvard.edu/display.asp?node_id=9858

About the CRC

The CRC was created in 1988 at the Massachusetts Mental Health Center (MMHC) by the Massachusetts Department of Mental Health (DMH) to address the need for cutting edge biological and treatment research on schizophrenia and related psychotic disorders. The CRC has been a "Center of Excellence in Clinical Neuroscience and Psychopharmacological Research" funded by the DMH since 1993. The other DMH Center of Excellence is at the University of Massachusetts, focusing largely on services research. Currently the CRC is administered by the Beth Israel Deaconess Medical Center (BIDMC) Dept of Psychiatry. Larry J. Seidman, Ph.D. has been the Director of the CRC since 2002.

For further information about participation in research or clinical services, contact Corin Pilo at (617) 998-5016 or cpilo@bidmc.harvard.edu

Director's Point of View

Almost 100 Years Old and Still Developing: The History and Heritage of Massachusetts Mental Health Center

Larry Seidman, PhD

The Massachusetts Mental Health Center (MMHC) was built in 1912, the same year as Fenway Park was built for our beloved Red Sox, a time when mental illness was shrouded in ignorance, superstition and stigma. Optimistically named "Boston Psychopathic Hospital", to suggest that psychological factors could be important (and not just biological ones), the MMHC was located near the grounds of Harvard Medical School, in order to benefit from the emerging developments of modern medicine.

This was in contrast to the mental hospitals or "asylums" that were built out in the countryside presumably to give ill patients a peaceful bucolic setting, but also to keep them away from society, probably out of fear. MMHC served as a superb institution for treatment, research and education until the decrepit building closed in November 2003. The "Bloom" celebration honored the patients and all those who had worked at MMHC in a moving closing of the building.

Since then, the program has been alive, but in a diaspora, with clinical programs, research and education scattered around Boston. However, a new building will soon bring us all back under one roof again. Rising across the street from the original building at 75 Fenwood Road, the new MMHC will be built on models of recovery, resilience, and partnership between consumers of mental health services and their treators. The Public Psychiatry Division of the Beth Israel Deaconess Medical Center Department of Psychiatry serves as the academic umbrella for research and training, partnering with the Commonwealth of Massachusetts Department of Mental Health that provides the clinical services.

The opening of the new building some time in late 2011 or in 2012 will enable much more humane and sophisticated programs than those from a century ago. A glimpse of the future is provided in the interesting columns in this newsletter. Please read them all!

Could Someone Have Made a Difference?

Kristen Woodberry, MSW, PhD

"Jose" was hospitalized at age 19 during his first episode of psychosis. He was terrified that his mind was "fragmenting". Riding the T, he became convinced that another passenger had followed him off the train and was carrying a bomb. To his family, this appeared to come out of the blue. In reality, this moment had been years in the making.

In 9th grade Jose had started feeling odd, like the world had changed. He was having difficulty concentrating and his grades had dropped. By sophomore year he was at risk of failing and a school meeting was scheduled to set up extra support. Concerned that he was depressed, they referred him to a psychologist.

By his junior year, he asked his friends if they ever saw streaks of light when they moved their hands through the air. They thought he was on drugs and laughed at him. Over time, he stopped returning their calls and spent more time by himself. He told his mother that he didn't want to take the T anymore. He thought people were looking at him funny. It made him uncomfortable.

What if someone at school had asked a few more questions? Or his friends learned about mental illness in health class and knew he might need help? Or the psychologist was trained in the early signs of psychosis and had recognized that he was more flat than sad? Or his mother had seen a TV ad about early signs of psychosis and stopped to ask him more about his concerns?

Help us get the word out so people know what to look for and what is available for helping young people like Jose early on. Visit our website: www.cedarclinic.org.

Family Focused Treatment (FFT) for Youth at Risk for Psychosis

Michelle Friedman-Yakoobian, PhD

We are pleased to announce the launch of a new multisite randomized controlled trial investigating the effectiveness of family focused treatment (FFT) compared to enhanced care for young people showing signs of risk for psychosis. Our site is one of 8 sites around North America selected to be involved in this study, which is directed by Drs. Tyrone Cannon and David Miklowitz of the University of California Los Angeles as a part of the North American Longitudinal Prodrome Study.

FFT has already been found to be a powerful treatment for bipolar disorder, with participants in FFT showing reduced rates of relapse and rehospitalization and greater improvements in symptoms compared to treatment as usual. Drs. Cannon and Miklowitz are now interested in studying whether family psychoeducation is an effective treatment for young people who are showing signs of clinical risk for psychosis.

The FFT treatment includes 18 family sessions and is divided into three components: 1) Psychoeducation about clinical risk for psychosis, 2) Communication enhancement training, and 3) Problem solving effectiveness training. FFT is being compared to an enhanced care condition, which involves 3 sessions of psychoeducation and crisis management. Investigators hypothesize the FFT will be associated with greater improvements in social and role functioning and reductions in symptoms. Investigators also hypothesize that FFT participation may be associated with reduced clinical symptoms and lower rates of conversion to psychosis.

Individuals who are interested in learning more about FFT may contact Michelle Friedman-Yakoobian, who is the site director for this study – 617-998-5038/ mfriedm3@bidmc.harvard.edu.

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Culturally Sensitive Family Intervention for Asian Americans Having a Family Member with Schizophrenia

Grace Min and Huijun Li, PhD

Bae and Kung (2000) propose a five-stage family intervention model to meet the unique needs of Asian American schizophrenia patients and their families. The Preparation stage emphasizes building a therapeutic alliance, assessing level of acculturation of the family, and ensuring clinician's cultural sensitivity and competence.

The Engagement stage involves engaging and maintaining Asian American clients in treatment. Home-based intervention is strongly recommended as an effective means of engagement. Furthermore, the authors endorse collaboration with community leaders and active discussion and negotiation of discrepancies between clinicians and clients in expectations of treatment, concrete help, and initial psychoeducation.

The Psychoeducational workshop stage emphasizes providing family members with information about the nature of schizophrenia and effective ways of managing the illness. The Therapeutic stage involves single family sessions and family support groups. The single family sessions should use communication and problem-solving approaches, that have been found to be highly applicable to Asian-American families. Family support groups offer opportunities of education and sharing of coping skills with other families.

In the last stage, the Ending stage, individual families and patients evaluate the extent to which the desired goals have been attained. Bae and Kung (2000) state that complete termination is "rarely appropriate" and therefore it is important to provide ongoing maintenance contacts and consultations and to continue family support groups even after the formal intervention ends. In short, Bae and Kung offer an intervention that responds to the need for a culturally sensitive model for Asian American patients and their families.

Cognitive Remediation- an Exciting, Evidence Based Approach to Improving Functional Disability in Serious Mental Illness

Matcheri S. Keshavan, MD

Most patients with serious mental illnesses such as schizophrenia are at least partially disabled, with only about 10-15% of patients achieving competitive employment over the course of their lifetime. Much of this disability stems from impairments in cognitive function, especially social cognition.

In recent years, psychosocial treatments aimed at improving cognition have been increasingly found to be effective. Keshavan and colleagues have reported that people with early-stage schizophrenia show a robust and persistent response to a form of cognitive rehabilitation called cognitive enhancement therapy (CET) compared to supportive therapy. People in the CET group showed greater improvements in social adjustment, and symptoms. Improvements persisted a year after the end of the 2 year treatment. CET patients were also more likely to find competitive employment suggesting that the improvement translates to the "real-world".

CET seeks to strengthen the basic neural building blocks of cognition, followed by steps to improve complex functions such as social cognition, through group and individual therapy, computer-assisted training, and homework assignments. Clinicians teach the patients to identify nonverbal cues, to gain perspective on other people's feelings, to act wisely in interpersonal situations, and to grasp the main point in social interactions. An exciting recent finding, published in Archives of General Psychiatry (2010 Jul;67(7):674-82.), showed that CET participants also retained more gray matter (brain tissue) than individuals in supportive therapy during follow-up.

Dr Keshavan and colleagues are now implementing CET at the Massachusetts Mental Health Center, and are further examining the benefits of and mechanisms underlying cognitive remediation in patients with schizophrenia.

Using Computer Software to Enhance Cognitive Skills: A personal account

Melissa Alford

I have struggled with post-traumatic stress disorder resulting from a serious physical illness just before I turned three. I've read that if a child has a trauma in the first five years of life, while the brain is forming, and does not run around and explore the world and act like a child, it can affect the way the brain forms. I have always had anxiety problems and tremendous trouble regulating my concentration - I could only concentrate occasionally for short periods. Most people experiment with study and work habits in school, trying different study techniques and ways of analyzing information, but I lacked the foundation to do so. I could memorize the information, but I had great difficulty analyzing it.

For the past year, I have worked for a company that provides employees access to challenging and interactive educational software. I learned to apply lessons - to take what I have learned in one lesson and apply it to the next. I gained a better understanding of how to trust my instincts - or, rather, to know when to trust my instincts and when I am just guessing. Most of all, I slowly built my ability to concentrate. Much of what has helped me has been the opportunity to build systems and habits for learning inch by inch. In addition to my present job with this company, I am also interning in an office hoping to further develop my work and study habits.

We would like to extend our special thanks to the Sidney R. Baer, Jr. Foundation, whose generous support has enabled us to organize our conference for the past three years.

This year's conference "Cutting Edge Approaches to the Recognition and Treatment of Serious Mental Health Disorders Emerging in Adolescence" has once again proven to be popular and informative to caregivers in the Greater Boston area and beyond.

Registration is now open! November 19 MMHC-BIDMC Symposium

Online registration is now open for the 1st Annual MMHC-BIDMC Symposium titled "Modern Treatment of Serious and Persistent Mental Illness: State of the Art and Science Circa 2010", taking place on November 19th at the Turville Auditorium at Lemuel Shattuck Hospital. This unique one-day course is designed for the mental health clinicians, teaching faculty, researchers, and students. The objective is to provide, in a lecture and Q&A format, a state of the art review of the causes and treatments of serious, persistent mental illnesses such as schizophrenia, affective disorders, and borderline personality disorder. There will be considerable opportunity for interactions with the presenters.

By following the website link below, you will be able to register for the event and also download a full brochure about this conference. The brochure includes further information about this symposium, it's speakers, and CME accreditation for Physicians, Psychologists, Nurses, Counselors, and Social Workers. Once you register, you will receive an email confirmation. Please register quickly... the auditorium only seats 100! Registration for this event is only available through this online website:

http://www.continuingeducationprogram.org/symposium