HCPC and Cizik School of Nursing team up to implement nurse safety

UTHealth Harris County Psychiatric Center (HCPC) is teaming up with Cizik School of Nursing at UTHealth on an 18-month, $83,399 grant-funded project from the Texas Department of State Health Services Workplace Violence Against Nurses Grant Program.

HCPC’s Elaheh Ashtari, PsyD, assistant professor at the Faillace Department of Psychiatry and Behavioral Sciences at McGovern Medical School and chief of Psychology Services at HCPC, and Ifeoma Ezeobele, PhD, MSN, senior nurse manager, are partnering with Kelly Kearney, DNP, assistant professor at Cizik School of Nursing, to lead this study using trauma-informed care (TIC) practices to decrease patient-on-staff injuries, seclusion and restraint events, and adverse work events, as well as increase patient-reported sense of safety.

Common practices such as restraints and seclusion in inpatient psychiatric settings place patients and staff at risk for retraumatization, psychological distress, mental illness, and even injury or death. Workplace trauma is a reality for those in inpatient psychiatric settings, Ashtari
Consistent with the research literature in this domain, Ashtari anticipates TIC practices will decrease the number of seclusion and restraints events that are needed for patients, which will reduce patient-on-staff injuries as well. Though TIC has not been considered previously as a means for decreasing injuries to nursing staff, Ashtari believes that this is a likely outcome. TIC techniques will assist nursing and direct care staff to utilize more effective communication and redirection tactics. By implementing TIC practices, Ashtari says this will lead to a safer work environment, alleviating some of the adverse events that nurses and clinical staff experience during their workday. This is the first study that specifically examines decreasing nursing violence with TIC practices.

TIC is evidence-based and a gold standard of care for inpatient psychiatric settings. TIC includes techniques such as evaluating the intent of behaviors, recognizing practices that are retraumatizing, and modifying language to be sensitive to one’s trauma history. TIC also encourages effective communication, recognizing patient and staff strengths, using transparency for decision-making to build trust, and promoting a safe work environment. Additionally, aligning policies and programming with trauma-informed principles and using data to motivate change have been shown to increase the efficacy of TIC in inpatient settings. The study will include training staff on Trauma Informed Care interventions, which will include virtual reality (VR) simulation offered by Cizik School of Nursing. The VR simulation will allow staff to begin practicing their new skills with challenging simulated scenarios during TIC training, contributing to the innovation of this study.

Ashtari hopes through this training that staff will experience fewer adverse workplace solutions. By using trauma-informed care, nurses will learn new techniques to avoid using restraints and encourage communication to deescalate situations. This may also lead to an increased sense of safety by patients, and a decline in seclusion and restraint events.

Ashtari is excited to get started and believes HCPC patients and staff will greatly benefit from TIC and the culture shift that will ensue.

“We work in a very challenging and difficult environment,” Ashtari said. “The patients who arrive here needing care are going through the most difficult time of their lives. When they come here, it should be a place of sanctuary, calm, and where they can heal. We take pride in our service to patients. This is an opportunity to capitalize on this.”

Faculty spotlight:
Little finds passion in working with veterans

Deborah Little, PhD, is a professor and the director of research for the Trauma and Resilience Center at the Faillace Department of Psychiatry and Behavioral Sciences. Her primary research includes studying the effects of injury or insult to the brain, specifically related to brain trauma (concussion), post-traumatic stress disorder, and toxic exposure in combat veterans.

Little’s path to research wasn’t realized until she discovered new interests while in college. She attended Scripps College
in Southern California to play soccer. After participating in experiments during and introduction to psychology class, she got involved in an active research lab. At that point, the former goalkeeper hung up her cleats and immersed herself in studies focused on the relationship between brain and behavior.

Today, Little focuses her research efforts on military health including active duty service members and veterans who return home with complex combat-related injuries. Her research focuses on identifying damage caused by head injury and the outcome of brain injuries in post-9/11 veterans as well as the effects of exposure to toxins and chemical weapons in veterans who deployed in support of Operations Desert Shield and Desert Storm. Along the course of these studies, Little has had the opportunity to interact with and learn from veterans and their families.

Because of her work with survivors of head injuries, Little was among the first to document the long-term effects of repeated concussions on the brain using noninvasive methods. As troops returned home from combat, her research started to expand beyond the lab and became directly connected to the daily obstacles faced by veterans in obtaining appropriate care and support for their injuries. Even outside of the lab, she is a devoted advocate for appropriate care and support on behalf of the veteran community.

“There was no such thing as multiple concussions being worse for you at that time,” Little said. “I had a wonderful opportunity to challenge this belief, to help document effects of concussion, and most importantly, argue on behalf of those who came back from combat with complex injuries. That was the first time in my career that advocacy and science were the exact same thing.”

When she is not working with the veteran community, Little’s passion outside of the office includes caring for abused and abandoned dogs. It’s not uncommon for her to nurse stray dogs back to health, and then to rehome them as emotional support animals who in turn serve to comfort hospital patients. She is currently writing a children’s book highlighting one of these experiences.

Read Little’s bio here.

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**Fries tackles suicide problem in bipolar patients**

One of the leading causes of death in patients with bipolar disorder is suicide. Bipolar disorder and suicide are often associated with each other due to a shared genetic risk, and the risk for suicide in bipolar disorder is among the highest of all psychiatric disorders.

Gabriel Fries, PhD, assistant professor in the department, is leading a study using a recently awarded four-year, $699,372 K01 grant (K01MH121580) from the National Institute of Mental Health (NIMH) to explore what makes certain bipolar disorder patients more vulnerable to suicide than others.
Fries and his team study epigenetics, or biological mechanisms that turn genes on and off in response to the environment. The group is going to look for a link among an epigenetic biosignature, measurable attributes, and suicide behavior among bipolar disorder patients. Fries believes suicide behavior in patients could depend on certain epigenetic mechanisms.

In order to test this, Fries will compare around 600 postmortem brain samples from subjects divided into three groups: patients with bipolar disorder who died of suicide, patients with bipolar disorder who died of other causes, and nonpsychiatric controls, those who didn’t have bipolar disorder and didn’t die from suicide.

Fries will look for DNA methylation, which is an epigenetic marker known to mediate the interaction between DNA and environment, and integrate it with markers of genetic risk for both suicide and bipolar disorder. The identified biosignatures will then be validated in blood samples from living patients who attempted or did not attempt to commit suicide in the past.

Fries hopes to discover a pattern based on brain alterations that will be able to predict a patient’s risk to suicide. Though this is the first of many studies that need to be conducted for that aim, he hopes this will one day help clinicians identify and manage suicide risk in bipolar disorder patients better.

“We hope that identifying the epigenetic basis of suicide in bipolar disorder may shed light on its cause,” Fries said. “Hopefully, this will lead to the early identification of individuals at high risk, possibly frame targets for intervention and prevention, and reduce the impact and development of suicidal behavior in this vulnerable population.”

Read more about this study.

Findley and Helminiak named to Champions of Learning

J. Chase Findley, MD, and Amanda Helminiak, MD

J. Chase Findley, MD, and Amanda Helminiak, MD, are two of 16 faculty members in various departments at McGovern Medical School that were recently named to the inaugural Champions of Learning Environment.

Findley and Helminiak both work closely with medical students, residents, and fellows. They both have key roles in creating a positive learning environments for medical students in their clinical rotations and in the classroom.
Led by Directors of Learning Environment Vineeth John, MD, MBA, and John Riggs, MD, these individuals were chosen to build an energetic learning environment to create opportunities to promote and encourage professionalism among all of their colleagues.

Students had a say in who was nominated as well. Third-and-fourth year students completed a learning environment survey. This survey allowed students to recognize the faculty members who helped to create the best learning environments.

Both feel humbled to be included in the Champions of Learning Environment and want to continue to have a positive impact on students.

“Overall I hope to promote my specialty and behave in a manner that will bring credit to psychiatry,” Helminiak said. “One way to accomplish that is by protecting and respecting the dignity of my patients, psychiatry residents, and medical students.”

“It’s a great honor to know that the effort and commitment that I place in education has been noticed by so many of our medical students,” Findley said. “I’m very glad my interactions with students have allowed them to have a positive experience while training in our department, and I hope that this will ultimately benefit our students’ future patients, in whichever specialty they choose to practice in.”

See the full list of faculty named to the Champions of Learning Environment.

Research:
Selek leads MST study

Salih Selek, MD, is bringing a novel trial treatment to the UTHnost HCPC called Magnetic Seizure Therapy (MST) as an alternative treatment to battle different forms of depression.
MST is an investigational treatment comparable with electroconvulsive therapy (ECT). ECT has shown success with certain mood disorders, such as treatment-resistant depression and bipolar depression. However, ECT shows some cognitive side effects, most notably - memory loss. Could MST be as effective as ECT without the troubling side effects?

MST uses magnetic waves to stimulate the brain instead of electrical currency in ECT. Selek and his team are looking to test MST vs. ECT to see which has fewer side effects for patients in bipolar depression. So far, the preliminary data suggests MST may have fewer memory side effects and faster recovery from anesthesia.

The study will be conducted by dividing patients into two groups: one that receives ECT and one that gets MST. From there, patients will receive up to 15 treatments. During and upon completion of the treatment, they will complete cognitive and clinical assessments.

Currently, MST is only approved for investigational purposes. HCPC is one of only two locations that is currently conducting trials in the United States. Selek hopes to prove that MST could become an alternative solution to treat depression with fewer side effects than previous treatments options.

Read more about MST.

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**Patient care:**

**De Quevedo explores VNS as depression treatment**

The UTHealth Treatment-Resistant Depression (TRD) Clinic at the Faillace Department of Psychiatry and Behavioral Sciences is proud to introduce vagus nerve stimulation (VNS) as a treatment option.

In many of treatment-resistant depression cases, patients, along with their families, become noncompliant or discontinue their antidepressant treatment when they're not seeing better results. The clinic provides cutting-edge technology and resources in a single location to improve personalized treatment, enhance care coordination, and expand accessibility.

In the past, VNS has been used to treat epilepsy. However, the U.S. Food and Drug Administration has approved VNS as an option for people with treatment-resistant depression by stimulating the vagus nerve via electrical shocks.

There are two vagus nerves, one on each side of the body. Both start at the base of the neck and run from the brain stem down to the chest.

VNS requires a small surgical procedure to implant a pulse generator, a pacemaker-like device, in the chest. The generator is connected to the left vagus nerve by a wire threaded underneath the skin. The device is programed to give an electric current in a continuous cycle for a set amount of time. The process then repeats itself.

Joao de Quevedo leads the TRD Clinic and is excited to start offering VNS as a treatment...
“VNS has shown effectiveness in treating major depressive disorder,” de Quevedo said. “We’re seeing an increase in the number of patients electing to go with this treatment. More than 100,000 patients worldwide are choosing VNS.”

Read more about VNS here.

What will psychiatry clinics look like in the future?

With advancing technology, substantial changes to the clinical practice may be here sooner than we think. No longer does a patient have to come in an office to receive treatment. Different ways of using artificial intelligence to examine patients are being explored.

What role will technology play in the way patient appointments are conducted? The expanded use of telepsychiatry, social media, artificial intelligence, and web-based applications and devices holds great promise for psychiatric assessment, diagnosis, and treatment.

Vineeth John, MD, MBA, and Basil Peechakara, MD, take a look at four critical factors that may contribute to bring these potential changes to the way we practice psychiatry going forward.

Read more in an article titled "The psychiatric clinic of the future," about these technological advances.

Congratulations to our 2020-21 psychiatry residency chiefs
Take the COVID-19 survey
Please take a few moments to take a survey on how you've been doing during the COVID-19 pandemic. This was put together by Scott Lane, PhD, and Salih Selek, MD, to explore how the pandemic has affected the UTHealth community's mental health. All results will remain anonymous. To start the survey click [here](#).

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**Clinical trials**

The following clinical trails are also back in operation, following all necessary safety guidelines. If you're interested, contact the appropriate study.

**Developing Adaptive Interventions for Cocaine Cessation and Relapse Prevention**
Contact: 713-500-DRUG (3784)

**Building Resilience in Caregivers of Trauma Survivors**
Contact: Deborah M Little, PhD, 713-486-2524

**The Safety and Efficacy of Psilocybin in Participants with Treatment Resistant Depression**
Contact: Valeria Cuellar, 713-486-2523

To see all open studies, visit our [website](#).

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**Publications**

**Increased Inflammatory Biomarkers and Changes in Biological Rhythms in Bipolar Disorder: A Case-Control Study**
Daniela V Bavaresco, Maria Inês da Rosa, Maria Laura Rodrigues Uggioni, Sarah D Ferraz, Tamires R Pacheco, Helena C Zuehl Dal Toé, Andressa P da Silveira, Luiz F A Quadros, Thiani Daminelli de Souza, Roger B Varela, Andriele A S Vieira, Felipe Dal Pizzol, Samira S Valvassori, João Quevedo

**‘Meeting Kids Where They’re At’: Usability and Acceptability of a Substance Use and Sexual Risk Prevention Program via Telemedicine for African American Girls**
Cristina Lopez; Amanda Gilmore; Angela Moreland; Carla Danielson; Ron Acierno

**Challenges for Child and Adolescent Psychiatric Research in the Era of COVID-19**
Michael G. Aman, PhD, and Deborah A. Pearson, PhD

**Risk of Depression in the Adolescent and Adult Offspring of Mothers With Perinatal**

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**In the news**

Vineeth John, MD, was interviewed by the Dallas Morning News about how friends can influence decisions on whether to go to bars and restaurants during the pandemic.

Andrea Taylor, PhD, spoke to Houston Public Media's Houston Matters radio show about the psychology of grief surrounding the death of George Floyd.

Andrea N. Taylor, PhD; Jennifer Hughes, PhD; and Melissa Goldberg PsyD; shared advice in a UTHealth News release on how to talk to children about racism in light of George Floyd's death.

On the same topic, Taylor was interviewed by Houston Public Media's KUHF Radio.

Lokesh Shahani, MD, MPH, spoke to the Houston Chronicle about the toll the coronavirus pandemic is taking on mental health in America.
Upcoming events

Registration coming soon!

*The conference will now be held online via Webex*
Save the Date

Feb. 6, 2021

12th Annual Psychiatry Update
Treatment Innovation for Veterans and First Responders

The Faillace Department of Psychiatry and Behavioral Sciences proudly invites you to the inaugural

2021 Houston Addiction Disorders Conference

April 9 and 10, 2021
Registration information coming soon

Join our mail list
We appreciate your donation!
Contact us