

## 2014 EDUCATION CONFERENCE



**NOVEMBER 14-16**

Desmond Hotel and Conference Center  
Albany, NY

### Featured Speakers



**Lisa Dixon, MD, MPH**  
Director, Center for  
Practice Innovations



**Mike Veny**  
Founder, Transforming  
Stigma



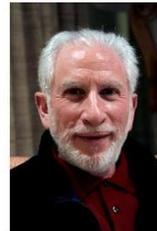
**Marvin Schwartz, MD**  
Division Head, Social and  
Community Psychiatry,  
Duke University



**Major Sam Cochran (Ret.)**  
University of Memphis



**Delbert Robinson, MD**  
Associate Investigator, Center  
for Psychiatric  
Neuroscience, The Zucker  
Hillside Hospital



**Lloyd Sederer, MD**  
Medical Director,  
NYS Office  
of Mental Health

### **Lisa Dixon, M.D., M.P.H.**

Dr. Dixon is the Director of the New York State Psychiatric Institute's Center for Practice Innovation. Dr. Dixon was named Principal Investigator for one of the two independent teams conducting NIMH's Recovery After Initial Schizophrenic Episode (RAISE) study, which NIMH

Director Thomas Insel, M.D. says “is one of the most important initiatives ever conducted on the treatment of the neurodevelopmental disorder.” RAISE seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness. RAISE is designed to reduce the likelihood of long-term disability that people with schizophrenia often experience. Dr. Dixon’s team has developed the RAISE Connection Program, a research study which will be conducted at community clinics in partnership with the Maryland and New York state mental health systems.

The findings from her RAISE research led to the NYS Office of Mental Health to green light the OnTrackNY program operated through the Center for Practice Innovation. OnTrackNY is an innovative treatment program for adolescents and young adults who are experiencing their first episode of psychosis. OnTrackNY helps people achieve their goals for school, work, and relationships by using a shared decision making approach.

Dr. Dixon aims to involve NAMI-NYS affiliates in helping families get their loved ones the treatment they need as quickly as possible. She envisions NAMI as being a gateway to treatment and a support for families. Dr. Dixon is extremely familiar with the unique kind of help only NAMI can provide. She conducted a major randomized trial of NAMI’s Family-to-Family Program documenting the evidence-based conclusion that “Family-to-Family is helpful to families of people with serious mental illness (SMI) by reducing subjective burden and worry and increasing empowerment, knowledge about SMI, understanding of the mental health system and self care.”

### **Marvin Swartz, MD**

Marvin Swartz, MD, is the Division Head of Social and Community Psychiatry at Duke University. His clinical interests are: General adult psychiatry; outpatient treatment of adults with neurotic, affective, and psychotic disorders; and individual outpatient psychotherapy.

Dr. Swartz is one of the nation’s preeminent researchers of how to reform the criminal justice system to make it more comprehensive and responsive to the unique needs of people with a mental illness. His research interests are in examining the effectiveness of services for severely mentally ill individuals, including factors that improve or impede good outcomes. Current research includes: the effectiveness of involuntary outpatient commitment, psychiatric advance directives and antipsychotic medications.

He also served as member of the MacArthur Foundation Research Network on Mandated Community Treatment. In this and related work Dr. Schwartz is examining the role legal tools such as Psychiatric Advance Directives may play in improving outcomes for persons with severe mental illness. In this regard, he served as Co-Principal Investigators (PI) with Jeffrey Swanson of a NIMH study examining the effectiveness of Psychiatric Advance Directives and a MacArthur Foundation grant supporting their dissemination.

They are also evaluating New York's Assisted Outpatient Treatment Program (Kendra's Law) and estimating the cost of criminal justice involvement in severely mentally ill individuals. In 2005, Dr. Swartz gave testimony before the New York State Assembly on his research on

Kendra's Law, where he stated that "AOT can be effective when provided for 6 months or more and combined with consistent and frequent outpatient services and come with what the consumers we studied consider acceptable personal costs. Kendra's Law is well aligned with research on how AOT can be effective." [Click here](#) to read Dr. Swartz's testimony

Dr. Swartz is also involved in clinical trials in schizophrenia and served as Co-PI of the NIMH funded Clinical Antipsychotics Trials of Intervention Effectiveness study investigating the role of antipsychotics in treatment outcomes in schizophrenia and Alzheimer's Disease.

He received his medical degree from Tufts University School of Medicine and did his residency in Psychiatry at Duke University Medical Center

## Mike Veny

People who struggle with mental health challenges from all over the world are singing the praises of Mike Veny. He's a sought after keynote speaker & workshop facilitator who consistently inspires audiences, increases the visibility of mental health organizations, and makes life easy for meeting planners.

After suffering from a mental health breakdown in August of 2011, *Mike made the decision to use his speaking & drumming skills to help others with similar challenges.* Each day is an uphill battle with obsessive compulsive disorder, anxiety, anger, and depression. He is committed to inspiring people to feel hope.

This has become a critical part of his recovery. Mike has presented at the Canadian Mental Health Association Halton Region Youth Summit, along with events for affiliates, chapters, and member organizations of the ARC, Mental Health America, NAMI, the National Council for Behavioral Health, the National Federation of Families for Children's Mental Health, & Youth Move National.

**Mike discovered his talent for speaking through convincing the staff at psychiatric hospitals to discharge him 3 times during his childhood.** In addition to being hospitalized as a child, he was expelled from 3 schools and medicated in attempts to reduce his behavioral outbursts. By the fifth grade, Mike was put in special education. Aside from getting more individualized attention from the teacher, he learned that pencil erasers make a great sound when tapped on a desk. *He had no idea that drumming would become his career or his path to recovery.*

Beyond speaking, bringing interactive drumming to mental health events allows Mike to share his full time job with world. When he's not speaking, he's memorizing music, rehearsing, performing, and recording with a variety of artists. As a Member of the Board of Directors of The Fender Music Foundation & writer for Corporate Wellness Magazine, Mike enjoys helping others get the opportunity to experience music making.

Mike firmly believes that mental health challenges and people challenges go hand in hand. Once he came to this realization, he began to value relationships with others. He works hard to constantly grow relationships and immediately resolve any conflicts. His speeches address the

challenge of mental stigma through a message that encourages simple, proactive actions. This provides a guideline for people to see their challenges in a positive light and organizations to increase funding.

### **Major Sam Cochran (retired)**

Sam Cochran was the first coordinator of the Memphis Police Services Crisis Intervention Team (CIT). This was the nation's first CIT program and was established in 1988 after the shooting of a man living with a serious mental illness by a police officer. The Memphis model was designed to improve the way police and the community respond to mental health crisis. The Memphis CIT program has achieved remarkable success in reducing injuries and fatalities of both people living with a mental illness and law enforcement officials. The Memphis model has been adopted and implemented in more than 2800 communities in 45 states and the District of Columbia.

Major Cochran retired from the Memphis police department after over 30 years of service and now provides consultation to CIT programs throughout the nation. He holds a Masters degree in Political Science from the University of Southern Mississippi. In addition to his nationally recognized work with the CIT program, Major Cochran was a coordinator for the Hostage Negotiation Team and the Critical Incident Services (CIS) for the Memphis Police Department. During his time as a law enforcement officer, Major Cochran (ret.) served in uniform patrol, the investigative division and was been an instructor at the training academy.

Sam Cochran is nationally known for his work in the field of crisis intervention. In addition to receiving the City University of New York (CUNY) John Jay College of Criminal Justice, Law Enforcement News Person of the Year Award (2000), the National Alliance of the Mentally Ill (NAMI) has named their annual law enforcement advocacy award after Sam Cochran. He has worked with police departments throughout the nation as well as departments in Canada, Australia, and England.

### **Lloyd Sederer, M.D.**

LLOYD I. SEDERER, M.D., is Medical Director of the New York State Office of Mental Health (OMH), the nation's largest state mental health system. As New York's "chief psychiatrist", he provides medical leadership for a \$4 billion per year mental health system which annually serves more than 650,000 people and includes 26 hospitals, two research institutes, and community services throughout a state of 20 million people. He serves as Acting Director of The Nathan Kline Institute for Psychiatric Research, the OMH research institute affiliated with New York University. Dr. Sederer is an Adjunct Professor at the Columbia/Mailman School of Public Health.

Previously, Dr. Sederer served as the Executive Deputy Commissioner for Mental Hygiene Services in NYC, the City's "chief psychiatrist". He also has been Medical Director and Executive Vice President of McLean Hospital in Belmont, MA, a Harvard teaching hospital, and Director of the Division of Clinical Services for the American Psychiatric Association.

In 2009, Dr. Sederer was recognized as the Psychiatric Administrator of the Year by the American Psychiatric Association and awarded a Scholar in Residence grant by the Rockefeller Foundation. He has received an Exemplary Psychiatrist award from the National Alliance on Mental Illness. Dr. Sederer has published seven books and 275 articles and reports in professional and lay publications. His writings have appeared in the New York Times/International Herald Tribune, The Washington Post, The WSJ.com and The Boston Business Journal. He is Medical Editor for Mental Health for the Huffington Post (now the AOL/Huffington Post Media Group), where his posts have appeared frequently for over two years.

His book *The Family Guide to Mental Health Care* was published in 2013.

His website is [www.askdrilloyd.com](http://www.askdrilloyd.com).

## **Delbert Robinson, MD**

Dr Robinson has been an integral part of the first episode schizophrenia treatment studies at The Zucker Hillside Hospital since 1986.

The Hillside Psychobiology of First Episode Schizophrenia Study treated and assessed 118 first episode patients for a mean of 221 (SD=106) weeks. Important treatment findings from that study included a high rate of response for the initial episode (Robinson et al. 1999a), but also a high rate of relapse (Robinson et al. 1999b) and a low rate of recovery (Robinson et al. 2004).

The Preventing Morbidity study (Robinson et al. 2006) compared olanzapine and risperidone treatment with 112 patients with first episode schizophrenia. In contrast with the results of the CATIE trial with multi-episode patients, clinical outcomes with risperidone were as good or better than with olanzapine. Olanzapine compared with risperidone treatment was associated with more weight gain, but even with risperidone the mean BMI of participants increased from the normal to the overweight range after only 4 months of treatment.

The Preventing Morbidity trial initiated the current first episode study model. Subjects are recruited and treated in community settings. Assessment is centralized to maximize the quality of assessment using rater teams based at The Zucker Hillside. The current ongoing NIMH-funded first episode treatment trial, Preventing Morbidity, Part 2 compares treatment with aripiprazole and risperidone. The Hillside research group has developed a first episode schizophrenia research network, which includes not only sites in the New York Metropolitan area, but also in other parts of the country and in Canada serving diverse communities.

The work Dr. Robinson has participated in demonstrated the efficacy, but also the limitations of pharmacotherapy for schizophrenia. We have learned that social and vocational deficits often

persist despite symptom remission and that the rate of recovery – defined by symptom remission and good functional outcome is disappointingly low (Robinson et al. 2004). These findings lead directly to the design of the RAISE contract funded to the Feinstein Institute. RAISE treatment incorporates both psychosocial and pharmacological treatments. Outcomes of treatment with the RAISE treatment model and with usual care are compared at community facilities across the county.