



MIRECC Matters

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Letter from the Director

Alan S. Bellack, PhD, ABPP

The MIRECC has grown and evolved since we were first funded in 1999, but the last 6-months or so have involved some of the most significant changes. First and foremost, three long standing and highly valued members of our team, Wendy Tenhula, PhD, Dwight Dickinson, PhD, and Shannon Thomas-Lohrman, MA, left us for new positions. Wendy is now at a combined VA DoD program in Silver Spring, Dwight is at the NIH Intramural program, and Shannon is working at a medical research center in Memphis, TN. Fortunately, we have developed a strong *bull pen* over the years, and we have been able to replace each of them from within with highly qualified

colleagues. **Amy Drapalski, PhD, and Matt Wiley, MA, have assumed most of Wendy's duties as MIRECC Coordinator, and Alison Cernich, PhD, has joined our team as an investigator and the Fellowship Director. Julia Evelly, MA, and Katrina Spencer, MA, have taken on Shannon's responsibilities as Human Subjects and Research Coordinator, respectively.**

At the same time, Bernard Fischer, MD, and Seth Himmelhoch, MD, colleagues from the University of Maryland School of Medicine, have joined our group of investigators. Bernie, Seth, and Alison are talented clinical scientists who are each very interested in PTSD and TBI, two interrelated priority areas for VA. We have considered expanding our research portfolio to address these problems for some time, but did not have a cadre of investigators with expertise in the area. The addition of Bernie, Alison, and Seth suddenly gives us a critical mass to develop a substantive research program in the area. We have brought a dedicated research assistant on board to help collect pilot data and several other MIRECC and VAMHCS Mental Health investigators have joined our burgeoning group. This topic will also be a theme of our next Advisory Board meeting, which was postponed by the recent snow events. I expect we will have more to report about developments in this area in the future.

There have been two other changes of note. **First**, Lisa Dixon, MD, MPH, has agreed to accept appointment as Deputy Director of the MIRECC. Lisa has been functioning in that role on an ad hoc basis for some time and I am delighted to be able to make it official. This appointment substantially strengthens our leadership team.

Second, as is apparent to anyone who has wandered into our office suite lately, our space has been cut in half and a number of folks who formerly lived in our suite have been distributed around the VAMHCS and our University offices. The VAMHCS is in the process of a major construction project that will add much needed space in the front atrium that abuts our suite. Part of the expansion involves lease of a new building (the Annex) several blocks away. The MIRECC, along with many mental health programs and other VAMHCS programs, will be moved to the Annex over the next 6-months or so. This dislocation has certainly been disruptive, but VAMHCS leadership and staff involved in the process have done their best to make it as painless as possible. In addition, special kudos go to Matt Wiley, Mary Lupi, and Fran Broomall, who have devoted extensive time and energy to helping smooth the transition and prepare for the move. When all is said and done, we will be further away from the remaining VAMHCS mental health programs and our University offices, but we expect to have more and better space in the Annex while retaining necessary research space in the Greene St building.

MHICM Recovery Incentives Program Holds Recognition Ceremony

Alicia Lucksted, PhD, & Jessica Campbell, LCSW-C

On December 23, 2009, Veterans and staff from Baltimore's Mental Health Intensive Case Management (MHICM) gathered to recognize the first group of MHICM Veterans who met their personal recovery goals under the new Recovery Incentives Program. The Recovery Incentives Program is funded by a VISN 5 MIRECC Seed Money Grant, which prompts Veterans and MHICM staff to identify broader life goals that do not always fit into the traditional clinical treatment plan.

Twelve Veterans received achievement certificates in front of their peers, staff, and visitors during the awards ceremony. Several Veterans* spoke with the authors about their Recovery Incentive goals and permitted the authors to include their names and thoughts in this article. In hopes of helping someone else meet their goals, the Veterans offered suggestions and reflections on their efforts. They also acknowledged the challenges in meeting their goals.

Don, one of the recognized Veterans, smoked steadily for 32 years. His Recovery Incentive Program goal was to quit smoking after "patient and pleasant prompting" by VA staff got him thinking about stopping smoking. Don also realized that he no longer liked the taste of cigarettes. He quit smoking more than two months ago. His next goals are to stay tobacco free and to find a job in medical lab work, which he received training while in the Army. Similarly, Lundy Hartsock was another Veteran recognized for meeting his health-related goals. He set a goal of walking three times a week. He not only exceeded his walking goal over the past several months but also met with a nutritionist to revamp his eating habits. **As a result, he noticed being "more fit" and being able to breathe better.** Lundy also reported that he has "gradually been losing weight." He emphasized the importance of believing in one's self, especially during challenging periods.

While a number of Veterans identified health-related goals for the Recovery Incentives Program, other Veterans choose to focus on social and financial goals. Garry was recognized for meeting his goal of frequently participating in social activities within the community. He took advantage of attending events that he would enjoy and reported multiple benefits from participating in these social activities. "It's a good goal; it broadens my life," he noted. Garry added that the support of MHICM staff helped him reach his goal and suggested that others accept such assistance. One Veteran meeting his financial goal of paying off his car loan was George. Although he readily acknowledged that there were challenges to meeting his goal, he noted that "it feels good to own something outright [and] to have something in my name that is paid for." George stressed the importance of staying active and committed to his goal, which will be useful for future recovery goals. His next goal is to pay off his home.

Jessica Campbell, MHICM Social Worker who submitted the grant application for the Recovery Incentives Program, noted that the group recognition provides an opportunity for Veterans to support each other and to learn from one another. She hoped that the recognition ceremony inspired their peers in the audience to pursue their personalized recovery goals. The grant for the Recovery Incentives Program continues through June 2010.

**Note: Veterans interviewed for this article are listed in the way they preferred to be identified.*

Meet the MIRECC Research Program Evaluator



AN INTERVIEW WITH SOPHIA AUTREY

Sophia Autrey, MPH, CLC, is the VISN 5 MIRECC's Research Program Evaluator. Sophia received her Bachelor of Science degree from Alabama A&M University and Master of Public Health degree from Morehouse School of Medicine in Atlanta, GA. Sophia joined the MIRECC in December of 2008 and provides valuable expertise to VISN 5 staff.

Tell us about your area of expertise.

My experience prior to coming to the VA is in Public Health. I worked in the Georgia Division of Public Health as the Lead Evaluator for the Office of Birth Outcomes and the Centers for Disease Control in the National Center for Infectious Diseases. My areas of expertise include program evaluation, qualitative and quantitative analysis, strategic planning, and healthcare organizational efficiency.

My primary function in the VA is to review the goals and objectives of a program, analyze the current activities as they relate to the program goals, synthesize these activities to see if they actually yield the desired result, and finally make recommendations with the assistance of the effected staff to increase effectiveness of the program.

What program evaluation projects (MIRECC & non-MIRECC) are you currently working on?

Currently, I am conducting a continuous quality improvement and evaluation of the Psychosocial Rehabilitation Training Program (PRT) which includes the Psychosocial Rehabilitation (PSR) Fellowship Hub Site and the Social Skills Training Program. As the program evaluator for the project, I

conduct an overall process and outcome evaluation which includes continual reviews of the workshop validity and reliability, quality assurance sessions with consultants, and quality improvement recommendations. I also developed a data collection process for the PSR Fellowship seminar series to inform the Hub Site of opinions about the seminar series and to provide feedback to seminar presenters.

In addition to PRT, I am working on a number of projects that include: 1) The Wellness Recovery Action Plan (WRAP) Pilot evaluation with Dr. Richard Goldberg, 2) an administrative evaluation of the MIRECC, 3) an evaluation of MIRECC seed grants of 2009, 4) the Family Intervention Team Program evaluation, 5) the Mental Health Advance Directives Outcome Measures, and 6) Recovery Outcomes Evaluation.

What are some other projects you've worked on this past year?

Since I have been at the MIRECC, I have worked with the Local Recovery Coordinators in the production and distribution of their first Recovery Annual Report; planning of the Stigma Conference; and chairing the recovery outcomes workgroup. I have evaluated the cultural transformation collaborative of the Community Living Center (CLC) clinical programs and compiled the CLC annual report. Finally, I have worked with the Coordinators of the Psychosocial Rehabilitation Recovery Centers (PRRC) to compile the VISN 5 application for official PRRC designation. A second phase of this project will be to conduct semi-annual audits that correspond to the application.

In what ways can you be helpful to clinicians, researchers, and other VISN 5 staff?

My position is assigned to the VISN 5 MIRECC, so I am available to work with anyone throughout the VISN. For both clinicians and researchers, I can assist them in assessing their sub-product lines' effectiveness and in developing long-term strategic plans that include measurable objectives. I can provide technical assistance and guidance on the development, management, and synthesis of complex health service issues and research.

If people would like to benefit from your expertise and collaborate with you, how might they reach you?

I am located in the MIRECC offices on the 6th floor. To contact me, call 410-605-7000 ext 4734 or

"My areas of expertise include program evaluation, qualitative and quantitative analysis, strategic planning, and healthcare organizational efficiency."

New Assistant Director of the MIRECC Research Core



Julie Kreyenbuhl, PharmD, PhD, has taken on the role of the *Assistant Director of the MIRECC Research Core*. As part of her position, she will work closely with the Associate Director, Lisa Dixon, MD, MPH, to oversee the core's biostatistics, data management, administrative data, and quality assurance units. She will have responsibility for coordinating recruitment efforts across studies and sites.

Dr. Kreyenbuhl joined the VISN 5 MIRECC as a research investigator in 2000 after completing her graduate training in health services research at the University of Maryland School of Pharmacy and a post-doctoral fellowship at the Maryland Psychiatric Research Center. She has co-lead the monthly VISN 5 MIRECC Psychopharmacology Case Conference since 2006. Her research focuses on the pharmacoepidemiology of serious mental illness, and she has contributed extensively to the development of evidence-based guidelines for the treatment of schizophrenia. She is also the Principal Investigator of a VA Health Services Research & Development funded study evaluating whether a computerized educational intervention for Veterans with serious mental illnesses increases rates of screening for the metabolic side effects of second-generation antipsychotic medications.

Farewell and Good Luck

Dwight Dickinson PhD, JD, recently left the MIRECC for a position directing the neuropsychology group for the Genes, Cognition and Psychosis Program, Clinical Brain Disorders Branch, NIMH, NIH. Dr. Dickinson was the MIRECC's first post doctoral fellow, beginning in 2000. He joined the faculty of the University of Maryland School of Medicine in 2002. For most of a decade, he was a cornerstone of the MIRECC's research into cognitive impairments in schizophrenia and psychosocial and pharmacological treatments for these problems. In addition to his research, Dr. Dickinson served as the Assistant Research Core Director for the MIRECC, a member of the VA/UM Psychology Internship Consortium Training Committee, and chairman of the MPRC/UM Data and Safety Monitoring Board.

Upcoming Events

MONTHLY SGA CONSULTATION SEMINAR

First Thursday of every month:

March 4, 2010, & April 1, 2010

1:00 - 2:00 PM

MIRECC conference room, BVA (6A-168)

or PPVA VTel conference room, Bldg 364 (C-110)

or call 800-767-1750, code 79846

Psychopharmacology Case Conference: All VISN Clinicians are invited to bring questions about a difficult or challenging psychopharmacology case, or to just attend to listen. Note that the topic of the conference has been expanded from a focus only on metabolic side effects of antipsychotic medications to include all areas of psychopharmacology. Case Conference leaders are Robert Buchanan, MD, MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, PhD, MIRECC investigator and Assistant Professor in the UMB Department of Psychiatry, and Neil Sandson, MD, inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2010: 1st of March, June, September, & December

Small Grant Amount: \$300-\$5000

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations in response to the VA's Action Agenda to transform VA mental health services to a recovery model. This program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects, new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models, or specific recovery-oriented services/programs. For more information or to receive an application, please contact:

Alicia Lucksted, PhD

MIRECC Recovery Coordinator

Alicia.Lucksted@va.gov

410-706-3244

VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS

March 2-3, 2010

Baltimore, MD

The VISN 5 MIRECC is training staff on the delivery of Social Skills Training (SST) for Veterans with schizophrenia and other serious mental illness (schizoaffective, bipolar, and treatment refractory depression). This is a national initiative being led by the Office of Mental Health Services, and individuals in all VISNs are invited to participate. For this training initiative, only clinicians working with Veterans with SMI (as defined above) are asked to apply. Please direct all questions and application requests, including upcoming workshop dates, to:

Matthew Wiley, MPH

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QUESTIONS OR COMMENTS ABOUT MIRECC MATTERS

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