



MIRECC Matters

VISN5 MIRECC: Putting Recovery Into Practice

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Letter from the Director

Richard Goldberg, Ph.D.

On Mission and Moving Forward

We held our periodic external advisory board meeting on May 2nd during which we provided a status report of our activities across our Research, Clinical and Education Cores, presented details about our newly created qualitative and mixed methods unit, and sought consultation on how to enhance and extend our reach and value across all of our activities.

Summary of MIRECC activity: We currently have a total of twenty-three VISN 5 MIRECC investigators and post-docs who are working on research that fits squarely with our mission of putting recovery into practice. Our portfolio of external leveraged funding currently exceeds \$16 million and includes fifteen VA R&D and QUERI funded awards. Our Clinical and Education Cores are engaged in a wide range of training, education, dissemination and implementation programming that directly impact the clinical services available to support Veteran recovery and community functioning.

Presentation of new infrastructure: We provided details about our recent creation of a qualitative and mixed

Letter from the Director

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methods unit that will support and enhance our research and evaluation activities. To oversee this effort, we are delighted to welcome Jeffrey Solomon, Ph.D., who will be spending a significant amount of time working with us moving forward. Dr. Solomon is a Research Health Scientist at the Center for Healthcare Organization & Implementation Research (CHOIR) at the ENRM VA Hospital in Bedford, MA. Trained as a cultural anthropologist, Dr. Solomon specializes in using qualitative methods in health services research and evaluation projects. As a methodologist, he has served both as a PI and co-investigator on numerous projects across a wide range of health topics. The MIRECC is also looking to hire an on-site qualitative expert to help sustain this unit's operation. We are excited about how this new unit will both enhance the quality and focus of our research and support ongoing evaluation of our clinical and educational programming.

Consultation regarding strategic planning: We presented a consultation framework designed to elicit feedback from our advisors regarding how to best consider the focus and impact of our activities and efforts. In addition to recommending continued focus on serious mental illness, advisors encouraged us to apply our expertise to informing the recovery and community integration of all Veterans with mental health concerns. We look forward to taking up this charge and drawing on our work in family interventions, supported employment, shared-decision making, and treatment engagement to help a broader group of Veterans lead healthy and productive lives.

In all it was an engaging and productive meeting and we are excited about moving forward with our goal of putting recovery into practice.

Development of a Shared Decision-Making Instrument to Facilitate Family Engagement in Veterans' Mental Health Treatment

Anjana Muralidharan, Ph.D.

Family members of Veterans with serious mental illness (SMI) affect, and are affected by, their relative's illness. Research demonstrates that including family members in Veterans' mental health treatment positively impacts treatment outcomes and recovery. Additionally, many Veterans with SMI would like their family members to be able to communicate with their treatment providers, and many family members are interested in receiving information about Veterans' illness and treatment. Despite this, it is unclear whether Veterans' needs and preferences regarding family involvement are being assessed, or if family contacts, referrals, and interventions are being provided in a way that is consistent with Veteran and family member preferences. Recent research has demonstrated that shared decision-making can be used to assess Veterans' preferences regarding family involvement in treatment, provide options for family involvement in treatment, and reach a consensus on a preferred option.

Two of the goals of the Mental Health Quality Enhancement Research Initiative (QUERI) Recovery workgroup are to promote Veteran-centered care and to increase family involvement in Veterans' mental health treatment. In line with these goals, the present study aims to develop a shared decision-making instrument that will help clinicians engage in a collaborative discussion with Veterans regarding their preferences for family involvement in their treatment. We will recruit 10-15 clinicians from mental health clinics throughout the VA Maryland Healthcare System to participate in the study. Qualitative interviews will be conducted to obtain input on how to create a shared decision-making instrument on this topic that would be feasible, acceptable, and useful in a VA mental health clinic setting. In addition to clinician interviews, we will seek consultation from Veteran and researcher experts regarding how best to structure the shared decision-making instrument for use in a VA mental health setting.

The main output of this study will be a brief, semi-structured shared decision-making instrument to facilitate discussion of family involvement in mental health treatment, adapted for use in a VA mental health clinic setting. Future studies could examine the feasibility, acceptability, and utility of this instrument in VA mental health clinics, as well as its impact on family-clinician contact, Veteran treatment engagement and satisfaction, and Veteran treatment outcomes.

Mindfulness-Based Stress Reduction: Uses to Promote Recovery for Veterans with PTSD

By Jennifer Cho, LCSW

The MIRECC's recovery-fostering Small Grants program has supported the implementation and success of Mindfulness Based Stress Reduction (MBSR) for Veterans recovering from PTSD and other mental health challenges at the DC VAMC. Mindfulness-Based Stress Reduction is an eight week program that provides instruction and practice in mindfulness, seated meditation, walking meditation, and gentle yoga. In addition, mindful communication, responding vs. reacting to stress, and other topics are covered in the classes. Sessions are 2 ½ hours in length and an all-day silent retreat is also included. Mindfulness Based Stress Reduction is highly respected in the medical community for a variety of conditions and has almost thirty years of research supporting its effectiveness.

Since Spring 2013, three cycles of MBSR have been completed at DC VAMC and over 30 Veterans with PTSD have graduated from the program. Participants in the program are from all eras, include men and women, and face a variety of co-occurring challenges including mental health diagnoses, pain, medical conditions, and social stressors. Jennifer Cho, LCSW, and Gail Feagans, CNS are the MBSR group leaders and clinicians in the DC VAMC Trauma Services clinic.

In Spring 2014, Congressman Tim Ryan, mindfulness advocate and author of *A Mindful Nation*, visited DC VAMC to meditate with Veterans in the MBSR program and to hear how mindfulness practice has changed their lives. In addition, Congressman Ryan gave a presentation to DC VAMC Veterans and staff regarding his personal journey with mindfulness and the benefit of mindfulness practice for our nation's Veterans. Participants from the MBSR program have

"Until this class, I didn't realize that I hold my breath all the time. I'd get mad and I just wouldn't breathe. I've been practicing the breathing and haven't passed out since."

MBSR and PTSD

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shared some of the positive impact of mindfulness practice on their lives and on their recovery from PTSD:

"I used to never go to the 4th of July because the fireworks bothered me so bad and my wife didn't like that. This time, I was able to go and stay. I sat there and breathed and practiced my mindfulness and I was alright and my wife, she was happy."

"I love my grandkids but I couldn't be around them before. But now, when they get to running around, I just breathe. Sometimes they ask me what I'm doing and I tell them 'mindfulness yoga.' I can take them to the playground now and I do it [mindfulness practice] there."

"I used to wake up angry. I had so much pain, I couldn't take it. Doing the body scan, I realized it's [pain] not all over, some parts of me are okay, and I can deal with it better. And I used to fall out all the time, I had that syncope. Until this class, I didn't realize that I hold my breath all the time. I'd get mad and I just wouldn't breathe. I've been practicing the breathing and haven't passed out since."

"I'm trying to get used to being a senior. I know I have more years behind me than in front of me. I've had PTSD a long time and I want to make the most of the years I have left. This mindfulness, it helps me pay attention to what I'm doing, how I'm living."

Plans for the next MBSR for PTSD group are underway and there has been interest in expanding the use of MBSR to other populations.

If you have questions or would like more information, please contact Jennifer at Jennifer.Cho@va.gov.

Meet A MIRECC Investigator

AN INTERVIEW WITH CATHERINE HARRISON-RESTELLI, MD

Dr. Catherine Harrison-Restelli earned her MD at Weill Medical College Cornell University in 2004. She completed her intern year in Gynecology and Obstetrics at the Johns Hopkins Hospital, and finished her residency in General Psychiatry at the University of Maryland (UM) -Sheppard Pratt Hospital combined residency program. She completed a fellowship in Psychosomatic Medicine (psychiatric care of the medically ill) at UM and joined the faculty in 2010. Until 8/2012, she was the primary psychiatrist in the Primary Care-Mental Health Integration Program at the Baltimore VA. She joined the VISN 5 MIRECC in 11/2013, serves on the national VA Women's Reproductive Mental Health Initiative steering committee and the Maryland DHMH Intimate Partner Violence Task Force. She sees patients as a psycho-oncologist with UM's Marlene and Stewart Greenebaum Cancer Center. She teaches fellows, residents and medical students as a consulting psychiatrist to the medicine, oncology, Ob/Gyn and neurosurgery services at the University of Maryland Medical Center.

1) Tell us about your areas of interest.

My clinical and research interests include the psychiatric care of patients with serious medical illnesses (HIV, cancer, transplant); management of delirium, confusion and agitation in medically ill patients; women's mental health, especially the care of the pregnant and postpartum woman; and the psychiatric care of veterans, especially female veterans and patients with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD).

2) What activities are you working on and what are the potential benefits of this work for Veterans?

My primary area of work is in Reproductive Psychiatry and helping to educate and provide consultation for women with depression, bipolar disorder, PTSD, and schizophrenia who wish to become pregnant or breastfeed. Women compose nearly 15% of active duty and 18% of reserve troops. The number of women using VA

healthcare has more than doubled since 2000. There are 1.8 million female Veterans in the US, and a large proportion (57%) of our most recent female veterans (OEF/OIF/OND) has used VA services. Many women Veterans are young: 42% are of reproductive age. In 2012, about 35% of women Veterans had a confirmed mental health diagnosis. Because some of these Veterans will likely become pregnant, it is important to discuss and consider balancing psychiatric medication risks (often small) with issues relating to untreated psychiatric symptoms. For example, untreated depression in pregnancy is associated with difficulties such as increased risk for smoking and other substance use, late registry for and poor compliance with prenatal care, delivering a small for gestational age infant, poor mother-baby bonding, and infant failure to thrive. I am working to educate mental health, primary care, and ob/gyn providers across VA about how to engage in nuanced individualized risk-benefit discussions with patients and empower patients to make a plan that gives them the best shot of a safe, happy, healthy mom and baby. I am also collaborating with colleagues at the MIRECC, including Dr. Seth Himelhoch (on a project to help people with HIV successfully stop smoking), Dr. Julie Kreyenbuhl (about the heightened risk of weight gain from different types of antipsychotic and mood stabilizer medication in women with serious mental illness), and Dr. Amy Drapalski (family planning/contraceptive counseling pilot project focused on women Veterans with serious mental illness). Finally, as my colleague Lt. Commander Bernard Fischer MD is currently deployed in Afghanistan, I am working with David Loreck MD as the sub-investigator on the VA Augmentation and Switching Treatments for Improving Depression Outcomes Study.

3) How can people get in touch with you?

Please call me at 410-328-6553 or e-mail me: crestell@psych.umaryland.edu.

Upcoming Educational Activities at the MIRECC



WEBINAR FOR PEER SUPPORT SPECIALISTS

In February, the MIRECC held a webinar for Peer Support Specialists and other Peer Providers and Volunteers on the topic of *Navigating Boundaries in Peer Support Services* delivered by Melanie Bennett. We received a lot of positive feedback and so are planning a second webinar for August, 2014. The topic of this second webinar will be *Telling Your Recovery Story* and it will be delivered by Ralf Schneider. We encourage all to attend!

CONFERENCE ON PEER SUPPORT SERVICES

The VISN 5 MIRECC will be holding its annual conference on June 10, 2014! The title of the conference is *The Role of VA Peer Support Specialist Services in Enhancing Recovery for Veterans with Serious Mental Illness*, and it will be held at the Baltimore VA. VA and community presenters will discuss clinical work and research related to Peer Support Specialists within VA including the VA national initiative to hire and train more Peer Support Specialists, and how Peer Support Specialists have been involved in mental health programs in different VA medical centers. Stay tuned for more information on this conference!

MIRECC MENTAL HEALTH RECOVERY RESOURCE TABLE

The VISN 5 MIRECC continues to host a regular Recovery Resource Table on the 2nd Floor of the Baltimore VA Medical Center. The table has VA mental health resources for Veterans and family members. Veterans can also learn of research innovations at the MIRECC, how our efforts can positively impact them, and opportunities for them to get involved. Stop by and see us! The next table will be out sometime in August.

**Contact Ralf Schneider for information on any of these activities:
410-637-1874, Ralf.Schneider@va.gov.**

Recent MIRECC Publications and Presentations

[VISN 5 MIRECC staff are listed in **bold**]

Publications

- Albrecht, J., Gruber-Baldini, A., Hirshon, J.M., **Brown, C. H., Goldberg, R. W.**, Rosenberg, J., Comer, A., & Furuno, J. (2014). Depressive symptoms and hospital readmission in older adults. *Journal of the American Geriatric Society*, 62 (3), 495-9.
- Carpenter, W. T.** (2014). Porous-diagnostic boundaries: a new emphasis for the bulletin. *Schizophrenia Bulletin*, 40(1), 1-2.
- Carpenter, W. T.**, Regier, D., & Tandon, R. (2014). Misunderstandings about attenuated psychosis syndrome in the DSM-5. *Schizophrenia Research*, 152(1), 303.
- Dixon, L. B.**, Glynn, S. M., Cohen, A. N., **Drapalski, A. L., Medoff, D.**, Fang, L.J., **Potts, W., & Gioia, D.** (2014). Outcomes of a brief program, REORDER, to promote consumer recovery and family involvement in care. *Psychiatric Services*, 65 (1), 116-120.
- Fischer, B. A.** (2014). Schizophrenia research: Where are we. *Journal of Nervous and Mental Disease*, 202 (1), 4-5.
- Himelhoch, S. S.**, Riddle, J., & **Goldman, H.H.** (2014). Barriers to implementing evidence based smoking cessation practices in nine community mental health sites. *Psychiatric Services*, 65(1), 75-80.
- Keller, W.R., **Fischer, B. A.**, McMahon, R., Meyer, W., Blake, M., & **Buchanan, R. W.** (2014). Community adherence to schizophrenia treatment and safety monitoring guidelines. *Journal of Nervous and Mental Disease*, 202(1), 6-12.
- Marshall, T., **Goldberg, R. W.**, Braude, L., Dougherty, R., Daniel, A., Ghose, S., George, P., & Delphin-Rittmon, M. (2014). Supported employment: Assessing the evidence. *Psychiatric Services*, 65(1), 16-23.
- Okusaga, O., Muravitskaja, O., Fuchs, D., Ashraf, A., Hinman, S., Giegling, I., Hartmann, A.M., Konte, B., Friedl, M., Schiffman, J., Hong, E., Reeves, G., Groer, M., Dantzer, R., Rujescu, D., & **Postolache, T. T.** (2014). Elevated levels of plasma phenylalanine in schizophrenia: a guanosine triphosphate cyclohydrolase -1 metabolic pathway abnormality. *PLoS ONE*, 9(1), e85945.
- Schiffman, J., Kline, E., Reeves, G., Jones, A., **Medoff, D., Lucksted, A. A.**, Fang, L.J., & **Dixon, L. B.** (2014). Comparing parents of youth with parents of adults seeking a family peer education program. *Psychiatric Services*, 65, 247-250.
- Warren, K.R., **Postolache, T. T.**, Groer, M.E., Pinjari, O., Kelly, D.L., & Reynolds, M.A. (2014). Role of chronic stress and depression in periodontal diseases. *Periodontology 2000*, 64(1), 27-38.

Presentations

- Bennett, M. E.** (2014, January). *Health Behavior Change: How Individuals with Mental Illness Can Achieve Their Goals and How Others Can Help Along the Way*. Presented at the Annual Conference of the National Alliance on Mental Illness, Wilmington, Delaware.
- Lucksted, A. A.**, Boyd, J., Peters, T., & **Drapalski, A. L.** (2014, March). *Ending Self Stigma Class: Emerging Evidence and Development Plans*. Poster presented at the 2014 Tools for Change conference, sponsored by The Center for Dignity, Recovery.
- Postolache, T. T.**, et al., (2014, February). *Abstract to be published in Pteridines*. 33rd International Winter-Workshop on Clinical, Chemical and Biochemical Aspects of Pteridines and Related Topics, Innsbruck.
- Postolache, T. T.**, et al., (2014, February). *Latent neurotropic pathogens, low grade inflammation, and personality traits implicated in suicidal self-directed violence*. Presented at The 33rd International Winter-Workshop on Clinical, Chemical and Biochemical Aspects of Pteridines and Related Topics, Innsbruck.

Comings and Goings

We are happy to welcome two new staff members to the VISN 5 MIRECC!

Sera Havrilla, MS and Chelsea Schutter, MA will both be working as recruiters and assessors for studies at the MIRECC. Sera received her Master of Science in Counseling from Loyola University Maryland in 2013 and most recently worked as part of a county mobile crisis team as well as an outpatient counselor in a mental health clinic in Crownsville, Maryland. She has extensive experience providing mental health services in a range of service settings. Chelsea received her MA in Counseling Psychology from Towson University in May of 2012. She has extensive experience providing crisis services to individuals in their homes and by phone. She also has experience working with survivors of domestic violence.

Welcome to you both!

Upcoming Conferences and Events

MIRECC SCIENCE MEETINGS

The MIRECC organizes a series of meetings at which invited speakers and local researchers present research findings, discuss other projects they are working on to get input from peers, or discuss other research-related issues. These meetings occur twice per month and are held in the MIRECC conference room (7th Floor Baltimore Annex). Dates, speakers, and topics for the spring are listed below. Please contact Melanie Bennett (Melanie.Bennett@va.gov) for more information.

The Science Meeting is on hiatus for the summer. If you have ideas for Science Meeting presenters for Fall, 2014, please contact Melanie at the email above and let her know. We are interested in ideas for presenters that do work on issues related to recovery, diversity, and services for Veterans with serious mental illness. See you in the fall!

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines: 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, Ph.D., MIRECC Recovery Coordinator
www.mirecc.va.gov/visn5, 410-706-3244, Alicia.Lucksted@va.gov

MONTHLY CONSULTATION SEMINAR Psychopharmacology Case Conference

First Thursday of every month, 1:00 - 2:00 PM

Call 1-800-767-1750, code 79846

All VISN Clinicians are invited to attend this conference and to bring questions about a difficult or challenging psychopharmacology case. 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. The MIRECC Case Conference facilitators are Robert Buchanan, M.D., MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, Ph.D., MIRECC investigator and Associate Professor in the UMB Department of Psychiatry; and Neil Sandson, M.D., inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

Upcoming Conferences and Events

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VA Social Skills Training for Serious Mental Illness

Since 2008, the VA Social Skills Training (VA-SST) program has been training VA clinicians nationwide in the delivery of SST for Veterans with serious mental illness.

To date, the program has trained over 550 VA mental health clinicians in the delivery of SST. We have also trained over 30 Master Trainers as experts in SST, covering 18 out of the 21 VISNs across the country.

For more information on Social Skills Training and the VA-SST Training program, we encourage you to visit our website:

http://www.mirecc.va.gov/visn5/training/social_skills.asp

Matthew Wiley, MPH, VA Social Skills Training Program Coordinator:

Matthew.Wiley@va.gov

The VISN 5 MIRECC Seeks Veterans Interested in Mental Health Issues to Join Our Veterans Advisory Panel

Advisors are volunteer Veterans who meet once a month to hear about current VISN-5 MIRECC research, educational, and clinical projects and to contribute their perspectives, opinions and suggestions as Veterans.

All interested Veterans are encouraged to join!

Be part of the discussion.

Help shape MIRECC work in the VA.

Meet other Veterans with common interests.

Good on your resume, too.

To become a MIRECC Veterans Advisory Panel (VAP) advisor, or for more information, please contact:

Ralf Schneider, at 410-637-1874 or Ralf.Schneider@va.gov

The MIRECC Veterans Advisory Panel is not connected to a research study.

It is an ongoing group of volunteer advisors who help the MIRECC further improve its work.





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