



## MIRECCs Help to Implement the Recovery Model in VA

by Michael Kauth, PhD

At the recent 3rd national meeting of the Mental Illness Research, Education and Clinical Centers (MIRECC), four invited conference speakers noted that the MIRECCs play a significant role in developing and testing creative educational interventions and supporting recovery implementation.

In a videotaped introduction, Jonathan B. Perlin, MD, PhD, MSHA, FACP, Under Secretary for Health, underscored the relevance of the MIRECC conference theme – “Risk, Rehabilitation, and Recovery: Treating Mental Illness in the VA” – to the goals of the VA’s Mental Health Strategic Plan. He noted that the conference highlighted MIRECC efforts in critical areas of need: suicide prevention (see this issue), post-deployment mental health, posttraumatic stress disorder, and hard-to-reach populations including the homeless, the recently incarcerated, and elderly veterans.

Frances M. Murphy, MD, MPH, Deputy Under Secretary for Health for Health Policy Coordination, spoke about numerous challenges facing VA mental health care today and outlined key recommendations of the VA’s comprehensive Mental Health



**Dr. Perlin addresses the conference via video.**

*Photos by Louise Mahoney*

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Strategic Plan. One essential recommendation was the development of a “recovery model at every medical center”. This represents an important philosophical shift in the focus of care from a medical symptom management model to a psychosocial positive outcomes model. “Recovery” in this sense goes beyond remission of psychiatric symptoms to helping veterans to reach their optimal level of functioning and enjoy meaningful lives.

Alan S. Bellack, PhD, VISN 5 MIRECC Director and chair of a VA work group to implement the recovery model in VA, noted that successful national transformation efforts must involve stakeholders at all levels of the organization, particularly local leaders. In addition to

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## 14 Taped Presentations from the National Conference Available on the VA Content Delivery Network (CDN)

### Treatment of the Chronic Suicidal Patient - Translating Dialectical Behavioral Therapy (DBT)

by Marianne Goodman, MD —Running Time: 15 min. 44 sec.

[http://vaww.sites.lrn.va.gov/vacatalog/cu\\_detail.asp?id=20727](http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=20727)

### Suicide and Culture: the Context for Primary Prevention

By David A. Litts, Col. USAF (Ret.) —Running Time: 19 min. 44 sec.

[http://vaww.sites.lrn.va.gov/vacatalog/cu\\_detail.asp?id=20730](http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=20730)

### Suicide Assessment and Prevention Initiative

by Bruce M. Levine, MD —Running Time: 19 min. 25 sec.

[http://vaww.sites.lrn.va.gov/vacatalog/cu\\_detail.asp?id=20731](http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=20731)

### The Chronically Suicidal Patient

By Morton M. Silverman, MD —Running Time: 28 min. 14 sec.

[http://vaww.sites.lrn.va.gov/vacatalog/cu\\_detail.asp?id=20732](http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=20732)

*The presentations will be rotated each month. This first group was broadcast in October*

## National Conference Topic: Suicide Risk, Treatment, and Prevention

by Bruce Levine, MD

One of the major themes of the National MIRECC Conference was suicide risk, treatment and prevention. The conference featured two keynote presentations and a series of breakout sessions. They provided an overview on different aspects of suicide including risk assessment, systematic projects aimed at improving suicide prevention in the VA, community-based interventions, public health initiatives, evidence-based therapies, and basic conceptualizations of suicide.

The first keynote address by Ken Clark, FACHE, Network Director of VISN 22, provided attendees with a summary of the well-known National Center for Patient Safety's review of suicide and parasuicidal events within the VA. These data, culled from root cause analyses done nationally, suggest that the characteristics of suicide and suicide attempts amongst veterans reflect the clinical picture and epidemiological characteristics found in the general population.

The second keynote speaker, Lawrence Adler, MD, Director of the newly formed VISN 19 MIRECC, called for a paradigm shift in suicide prevention. Dr. Adler argued for early intervention targeting specific biologic vulnerability factors in at-risk populations, moving beyond standard symptomatic treatment of the psychiatric disorder. Clozapine has been shown to significantly reduce suicide in schizophrenia to a greater degree than other antipsychotics. His group has shown that Clozapine affects the P50 auditory gating mechanism, a biological marker for impaired sensory gating in a number of psychiatric disorders at high risk for suicide, particularly schizophrenia. Because these patients do not filter out extraneous auditory information, they can get overwhelmed by too much information. Clozapine significantly improves impaired P50 auditory gating in schizophrenia, which correlates with clinical improvement.



**Dr. Adler, Director of the VISN 19 MIRECC**

*Photo by Louise Mahoney*



### Reflections on Hurricanes Katrina and Rita

Our thoughts and prayers are with people on the Gulf Coast who were affected by Hurricanes Katrina and Rita, especially our colleagues in the South Central MIRECC.

*Photo taken August 29, 2005 in New Orleans by Jocelyn Augustino/FEMA*

Ira Katz, MD, Director of the VISN 4 MIRECC, in his talk on "Geriatric Suicide and Its Treatment," described the high incidence of suicide in the elderly and its correlation with high rates of depression. He showed that an intervention designed to treat depression earlier and adequately can substantially reduce rates of suicidal behavior. Dr. Katz is one of the lead investigators of the PROSPECT study, which is implementing interventions for depression across a variety of primary care settings.

Colonel David Litts, MD, presented the Air Force's suicide prevention program, which has been viewed as a model for public health efforts in decreasing suicide. This program involves heightening awareness within the community, destigmatizing the need for intervention, and targeting both behaviors and life events that could increase risk for mental health issues and suicide. LTC Charles Engel, MD, MPH, of the US Army reviewed the efforts of all the Armed Forces to reduce suicide, both in service-wide community-based programs, and in specialized military mental health initiatives.

Morton Silverman, MD, Education Director of the VISN 19 MIRECC, gave a wide-ranging talk on "Chronic Suicide Risk". He reviewed the risk factors in different psychiatric disorders including acute symptomatic risk factors and verbal and behavioral signs for short-term increased risk. He also discussed evidence-based pharmacotherapeutic and psychotherapeutic interventions. Of note was his report that working to enhance protective factors for suicide (e.g., religious beliefs) can have greater therapeutic effect than diminishing treatable risk factors. Gretchen Haas, PhD, Co-Director of the VISN 4 MIRECC, expanded upon suicide risk prevention with the development of the CAMM program, a collaborative care model to enhance the safety net for veterans at risk. The principles guiding this program include an assertive recovery-based collaborative approach which involves pursuing patients in the community, assiduously following up missed appoint-

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## DoD Brings New Perspective to VA Conference

by Ruth Ann Tsukuda, EdD, MPH

The National Education Group broke new ground at this year's MIRECC conference by inviting participation from the Department of Defense (DoD). By participating, DoD staff helped to demonstrate the increased cooperation and collaboration with the VA in addressing the mental health needs of returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) soldiers and veterans. Through formal and informal interactions, attendees were able to exchange perspectives, gain new information, and begin to identify opportunities for new endeavors to address shared concerns. Topics in the program's agenda were rich sources of information on research, clinical care, and education activities related to the care of the more than 400,000 men and women currently serving or recently separated from military service.

In sharing personal experiences while deployed in Iraq, Jim Sardo, PhD, a psychologist at the Portland VAMC, and Colonel Charles Hoge, MD, Director, Division of Psychiatry and Neuroscience, Walter Reed Army Institute of Research, helped those in attendance better appreciate the "lived" experience of those fighting a war. Their poignant reflections helped to illustrate the harshness of the desert environment, the scarcity of common conveniences, the separation from loved ones, the physical and mental stress of combat, and the danger of unpredictable conditions of war.

Elaine Peskind, MD, Co-Director of the VISN 20 MIRECC, illustrated the importance of collaborative approaches to clinical services by describing the experience of VA mental health providers offering care at Madigan Army Medical Center. In her practice, it became evident that some of the needs of those returning from OIF/OEF differ from the needs of those from previous wars. Innovative clinical approaches, including carefully planned coordination of services, are extremely important. To address these needs, the VA and the DoD must seek out ways to learn about each others' culture, language, and clinical services.

Harold Kudler, MD, reviewed the findings of the Joint DoD/VA Conference on Post Deployment Mental Health. This conference focused on reframing the needs of returning soldiers and their families from one of medical response to



A veteran chats with LTC Engel and Col Cozza

Photo by Louise Mahoney

one of a public health perspective where early screening, triage, and intervention may prevent chronic post deployment mental health problems. For those returning home, the focus is on recovering and maintaining function.

The DoD and VA will continue collaborative efforts to address mental, physical and social needs of returning sol-

### Suicide Prevention (Continued from page 2)

ments, maintaining the treatment alliance, monitoring suicide risk and managing the means to suicide on an ongoing basis, including engaging significant others in the treatment process. Dr. Haas also made a case for suicide screening in primary care settings.

Bruce Levine, MD, the Education Director of the VISN 3 MIRECC, described an extensive education program for clinical staff. The program incorporates risk factors and protective factors described by Dr. Silverman, and is tied to a Suicide Risk Assessment designed for CPRS. This assessment includes clinical reminders that reflect the patient's level of risk. Dr. Levine discussed using this more traditional approach to suicide intervention as the basis for development of expertise in prevention and intervention. Stewart Brown, PhD, Team Leader of the Boulder Colorado Vet Center, described the use of Veteran Centers as supportive communities that provide some of the safety net for veterans at risk.

Greg Brown, PhD, Marianne Goodman, MD and Lucia Vail, PhD, reported on the evidence-based psychotherapies for suicidal individuals: cognitive behavior therapy (CBT), and dialectical behavior therapy (DBT), respectively. Dr. Goodman described the experience of translating DBT into the VA setting and evaluating its efficacy among veterans. Dr. Brown described using the well-established principles and techniques of CBT to develop a 12-session treatment specifically targeted at suicidal behavior. In addition, he discussed some of the difficulties with establishing a good evidence base for interventions in suicide and the complex issues inherent in conducting research in this area.

The combination of these presentations helped highlight the problem of suicide in our veteran population, and the broad efforts going on within the MIRECCs, VA and DoD to reduce suicide risk, improve treatment and, most importantly, increase prevention. ♦



Dr. Kudler from the VISN 6 MIRECC

Photo by Louise Mahoney



# VA Fellows Exhibit a Growing Body of Work

by Ruth O'Hara, PhD & Heather L. Gray, BA

The VA Special Fellowship Program in Advanced Psychiatry and Psychology was launched in 2001 and has grown to include 10 VA MIRECC sites and their affiliated academic institutions. To date, over 46 fellows (17 psychiatrists and 29 psychologists) have participated in the Fellowship Program. The primary goal of the Fellowship Program is to train psychiatrists and psychologists to become leading clinical researchers and educators in high priority areas of mental health. This is accomplished by combining individual mentored research with state-of-the-art educational and clinical experiences. The success of the MIRECC Fellowship program is attested to by the fact that a significant number of our Fellows have graduated into mental health clinical research and education careers within the VA system, often having joint VA/academic faculty level positions.

In collaboration with their mentors, Fellows are expected to translate research findings into innovative educational and clinical activities aimed at improving the mental health care of our veterans. MIRECC Fellows are developing clinical research careers in a broad range of mental health areas that

**Participating MIRECC Fellowship Sites**

- West Haven, CT (Yale University)
- Bronx, NY (Mount Sinai School of Medicine)
- Philadelphia, PA (University of Pennsylvania)
- Baltimore, MD (University of Maryland)
- Durham, NC (Duke University)
- Houston, TX (Baylor College of Medicine)
- Denver, CO (University of Colorado Health Sciences Center and University of Utah School of Medicine)
- Seattle, WA (University of Washington)
- Palo Alto, CA (Stanford University)
- San Diego, CA (University of California, San Diego)

often expand upon the focus of their MIRECC site by targeting underrepresented populations and settings, and forming collaborations among other MIRECC and non-MIRECC sites. As examples, two such endeavors include the development of a novel intervention designed to reduce negative

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Ruth O'Hara, PhD, Co-Director, VA Special Fellowship in Advanced Psychiatry and Psychology Coordinating center (top-center left) at poster session where MIRECC Fellows share progress with conference attendees and senior faculty

*Photo collage by Louise Mahoney*

**MIRECC Fellowship** *(Continued from page 4)*

PTSD symptoms in female veterans with sexual trauma and significant PTSD symptoms and the development of a multi-site MIRECC collaboration aimed at treating non-refractory depression.

At the National MIRECC Conference in New Orleans, June 2005, Fellows participated in a mock study review session on VA Career Development opportunities, headed by Dr. Theresa Gleason of the VA Office of Research and Development. In addition, a significant highlight of the conference was the poster presentation session that allowed the MIRECC Fellows to profile their individualized clinical research endeavors; thereby, showcasing our future VA leaders in the field of mental health. ♦

**MIRECCs Help Implement Recovery Model***(Continued from page 1)*

national mandates, coordination and education, local facilities (with guidance from the Network) will develop local recovery implementation plans. Local recovery coordinators, clinical leaders, consumer councils, and family representatives are expected to play a key role in tailoring implementation efforts to the unique needs of the local veteran population and the community. Local implementation efforts are seen as the engines that run transformation of VA health care.

Dr. Michael Kauth, Co-Director of the VISN 16 MIRECC and a member of Dr. Bellack's work group, outlined a staged plan to educate mental health providers about the recovery model. Mandatory training is expected to promote increased awareness and lay the foundation for implementation. However, Dr. Kauth acknowledged the need for facilities, Networks, and the MIRECCs to develop and test innovative recovery educational interventions. Dr. Kauth described the recent MIRECC-VISN 16 & 17 training in psychosocial rehabilitation as an example of how Networks, clinicians, and researchers can collaborate to support changes in clinical programs. In this project, each facility (and each participating clinician) set individual goals according to their circumstances. At 6-month follow-up, all sites had developed Action Plans for adopting a recovery model, and five sites had collectively trained 87 additional clinicians in components of psychosocial rehabilitation. Two Mental Health Directors spontaneously described their trainees as "advocates" and "opinion leaders" for recovery-based care. Dr. Kauth added that the VA recovery implementation plan proposed by the work group is intended to invite creative and innovative approaches to meet the considerable diversity across VA facilities in resources, personnel, and patient populations. ♦

**EDUCATION ACTIVITIES**

<b>VISN 1</b> Ongoing	<b>National VA Peer Support Conference Call</b> 2nd & 4th Monday of each month at 1:00 PM ET VA Nationwide Teleconferencing System Contact: Marcie.Hebert@med.va.gov
Ongoing	<b>Consultation with Moe Armstrong</b> Implementing peer support programs Contact: Robert.Rosenheck@med.va.gov
<b>VISN 3</b> Ongoing	<b>MIRECC Clinical Consultations</b> 2nd and 4th Fridays 11:45 AM-1PM Hudson Valley Health Care System and by VTEL 1st Friday Northport VAMC Contact: Bruce.Levine@med.va.gov
<b>VISN 4</b> May 12, 2006	<b>VA Grand Rounds at WPIC</b> Pittsburgh, PA Contact: Sara.Salmon-Cox@med.va.gov
June 2006	<b>Interventions for Suicidal Persons</b> (with VISNs 3 and 19) Atlantic City, NJ Contact: Ruckdesc@mail.med.upenn.edu or Bruce.Levine@med.va.gov
<b>VISN 5</b>	No events through June 2006
<b>VISN 6</b> March 14-15, 2006	<b>Motivational Enhancement Workshop</b> with Dr. Ron Murphy W.G. "Bill" Hefner VAMC, Salisbury NC Contact: Mary.Ellena2@va.gov
<b>VISN 16</b> Ongoing 2006	<b>"Bringing Science to Practice," Monthly Web-based Conference Series</b> Third Thursdays at noon, CT Contact: Michael.Kauth@med.va.gov
<b>VISN 19</b> February 15, 2006	<b>Contemporary Clinical Suicidology: From Research to Practice</b> by Dr. David Jobes VA Eastern Colorado / University of Colorado Health Science Center Contact: Jan.Kemp@med.va.gov
March 30-31, 2006 (tentative)	<b>Annual Psychopharmacology Conference</b> Salt Lake City, Utah George.Lindsay@med.va.gov
<b>VISN 20</b> Ongoing 2006	<b>"MIRECC Presents,"</b> a bi-weekly V-Tel Conference on a range of mental health topics Contact: Shannon.Squire@med.va.gov
<b>VISN 21</b> TBA	<b>Assessment and Treatment of PTSD in OIF/OEF and Vietnam Era Veterans: Current Issues</b> Contact: Jennifer.Gregg@med.va.gov
<b>VISN 22</b> TBA	<b>Recovery Workshops</b> Training in Recovery oriented programs such as Peer and Family Support Contact: Kathy.Arndt@med.va.gov

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## NATIONWIDE MIRECCs

### VISN 1

**Bruce Rounsaville, MD, Director**  
(203) 932-5711 x7401  
West Haven, Connecticut  
<http://www.mirecc.org/other-mireccs/visn1/visn1.html>

**Improve care for veterans with mental illness and substance dependence**

### VISN 3

**Larry Siever, MD, Director**  
(718) 584-9000 x3704  
Bronx, New York  
<http://www.va.gov/visns/visn03/mirecc.asp>  
**Investigate causes and treatments of serious mental illness**

### VISN 4

**Ira Katz, MD, PhD, Director**  
(215) 349-8226  
Philadelphia, Pennsylvania  
<http://www.va.gov/visn4mirecc>  
**Advance care for veterans with concurrent physical, mental and/or substance use disorder**

### VISN 5

**Alan S. Bellack, PhD, ABPP, Director**  
(410) 605-7451  
Baltimore, Maryland  
<http://www.va.gov/visn5mirecc>  
**Improve care for veterans with schizophrenia and for their families**

### VISN 6

**Gregory McCarthy, PhD, Director**  
(919) 681-9803  
Durham, North Carolina  
**Create a translational medicine center for the clinical assessment and treatment of post-deployment mental illness**

### VISN 16

**Greer Sullivan, MD, MSP.H., Director**  
(501) 257-1712  
North Little Rock, Arkansas  
<http://www.va.gov/scmirecc/>  
**Close the gap between mental health research and clinical practice**

### VISN 19

**Lawrence E. Adler, MD, Director**  
(303) 303-8020 x2832  
Denver, Colorado  
**Improve care for suicidal veterans through integration of research, education and clinical practice**

### VISN 20

**Murray A. Raskind, MD, Director**  
(206) 768-5375  
Seattle, Washington  
<http://www.mirecc.org/other-mireccs/Visn20/visn-20.html>  
**Investigate the genetics, neurobiology and treatment of schizophrenia, PTSD and dementia**

### VISN 21

**Jerome Yesavage, MD, Director**  
(650) 852-3287  
Palo Alto, California  
<http://mirecc.stanford.edu>  
MIRECC Fellowship Hub Site  
**Individualize treatments for veterans with PTSD or with Alzheimer's Disease**

### VISN 22

**Stephen R. Marder, MD, Director**  
(310) 268-3647  
Los Angeles, California  
<http://www.mirecc.org>  
**Improve functional outcomes of veterans with psychotic disorders**

Visit our website at [www.mirecc.med.va.gov](http://www.mirecc.med.va.gov)



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