

Department of Veterans Affairs

MIRECC Matters

A Publication of the VISN 5 MIRECC

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Social Skills Training

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Using Technology to Improve the Reach and Impact of Social Skills Training

The Veteran’s Health Administration has mandated that all Veterans living with serious mental illness have access to Social Skills Training (SST). SST is a recovery-oriented evidence-based treatment that helps Veterans improve interactions with people in interpersonal, occupational, and other social domains. SST allows individuals to direct their actions toward their personal recovery goals.

Since 2008, the VISN 5 MIRECC has led the VA national SST roll-out as part of the larger VACO sponsored EBP program. To date, we have trained over 860 SST providers who have conducted SST groups across all 50 states, Washington DC, Puerto Rico, and the Philippines, reaching more than an estimated 6,000 Veterans during the training period. Following training, these clinicians are equipped to provide SST to Veterans for the remainder of their VA careers.

We are making active and

creative use of technology to advance our training program. We developed an SST web course in collaboration with the Employee Education System (EES). The 3.5-hour course includes text animation synced with audio narration and learning checks, as well as video clips of SST groups and a simulated individual SST session. This course has been accredited for CEUs across multiple disciplines and has been available in TMS since September, 2016. We have successfully used the web course as part of four national trainings and numerous regional trainings too.

With an eye toward enhancing SST’s reach and impact, we have partnered with the Center for Social Innovation to develop and test *Social Skills Coach*, a web-based application and provider dashboard. The product will provide people the opportunity to: 1) review information they have learned in SST, 2) practice skills via the app, and 3) apply newly ac-



Dr. Richard Goldberg
VISN 5 MIRECC Director

quired skills in the real world. Phase I of this study will produce a prototype and test it in a small randomized controlled trial to examine feasibility, credibility, acceptability, and preliminary efficacy. This trial is funded by an NIMH Small Business Innovation Research (SBIR) award and is being conducted in the VA Maryland Health Care System (VAMHCS).

I am excited to be a part of efforts to use technology to improve the impact of this recovery oriented intervention. I look forward to reporting on our results in future newsletters.

Vocational Rehabilitation Connected to Baltimore PRRC Initiates Challenge Coin Tradition

Alicia Lucksted and Samantha Hack

Traditionally, Challenge Coins are given to military service members for completing challenging milestones, missions, or accomplishments. Last year, Veterans in the Vocational Rehabilitation Program connected with the Baltimore PRRC and Vocational Rehabilitation Specialist Tamara Ervin obtained MIRECC Seed Money grant to establish a challenge coin for their program – recognizing that completing the program was clearly a worthy challenge and accomplishment.

Over a number of months, an evolving group of Veterans at the vocational program saw the project through, from the idea through securing Seed Money funding, designing the coin, finding a vendor, and determining the ceremony and criteria for giving them out. Several Veterans started the idea with Ms. Ervin, then others joined to re-invigorate the project later, and others continue to join today.

The coins are a tangible reminder of the vocational services program’s purpose of helping Veterans take active roles in their communities and obtain gainful employment. Carrying it in one’s pocket or bag is a reminder of ones’ resiliency, recovery, and capabilities.

The coins also serve another important purpose. As one Veteran explained, the “object of the coins is to unify us and remind us of the program when its not physically present, especially if someone is coming up on stress or a crisis. It is something physical to touch and hold, reminding you that there’s a team behind you, other Veterans behind you, and you are not alone.”

The group purposefully designed the coin to have a textured design, rather than a smooth finish, so that coin-holders could use it as a grounding and mindfulness tool by feeling the design,



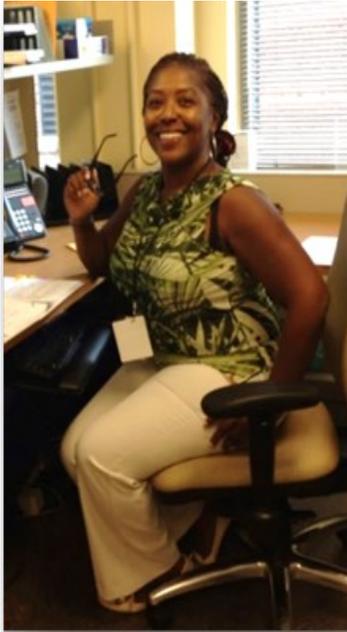
Picture of a Challenge Coin

even without looking at it. One side of the coin says, “We serve together. We recover together.” And the other side has all the seals and names of the 5 branches of the military to reinforce the message of unity.

On in June 2017 the PRRC began including the coins in their distribution. At that first “graduation” 13 Veterans received a coin. One graduate said, “I carry my coin everywhere, I worked hard for this and it means a lot, to me anyway.” Another agreed, “This coin, I earned it. I deserve it. I worked hard for this thing! And it reminds me of all I learned in the program and the other Veterans.” Going forward, all PRRC vocational graduates will receive them, with the next graduation being held September 29th.

In Memory of Valerie Price

By Amanda Federline and Sera Havrilla



The VISN 5 MIRECC lost someone very special last month: Peer Specialist Valerie Price. Valerie came to the MIRECC in 2012 after crossing paths with Dr. Goldberg on a previous project. Although Valerie only worked with him briefly, her energy and enthusiasm clearly made an impact. As soon as the opportunity presented itself, Dr. Goldberg wanted to make Valerie a part of the MIRECC. She quickly became an integral part of the Living Well study, facilitating multiple groups with ease and natural charisma. Over the years she worked on many different studies and continued to develop her skills as a Peer Specialist. Valerie was a steadfast advocate for all Veterans, whether it was

directly through her position at the VA or through her community service. Throughout her 56 years Valerie explored many different career paths, but everyone who interacted with her here at the VA could tell she had truly found her calling working at the MIRECC. She was so passionate about and dedicated to her work and helping other veterans on their path to recovery. Valerie frequently ended her work day by saying she didn't want to leave and go home because she loved being at work so much.

Those of us who worked with Valerie every day could always expect to hear her make her entrance by whistling her way down the hallway in the morning. She brought a smile to everyone's face before she even walked in the door. She loved to lead both her coworkers and Veterans in mindfulness and relaxation exercises – admittedly her favorite hobby. Whether in a professional capacity or

just as a friend, Valerie was always more than willing to sit and listen and offer support and advice. Despite facing challenges in her own life, she was the most optimistic, hopeful, and encouraging person to be around. When the MIRECC came together to celebrate Valerie's life, it became even more apparent how special she was to everyone. Whether you knew her for 10 minutes or 10 years, she made a lasting impact - through her humor, her thoughtfulness, and her dedication to her role here at the MIRECC.

On September 11, 2017, the MIRECC dedicated our conference room in her memory. Valerie's sister and niece were able to attend the dedication and see the commemorative plaque created in her honor. Valerie truly exemplified the mission of the VA by devoting her life to service, and she will be deeply missed.



Peer Housing Location Assistance Group (PHLAG) named a VA Homelessness Innovative Best Practice

By Alicia Lucksted

In 2003, the VA Central Office asked the VISN-5 MIRECC to help them conduct a 6-site national field test of an innovative program created by Carol Klein, MSW, a dedicated social worker at the Boston VA. Ms. Klein's program, created over years of helping Veterans, combined a dynamic problem-solving group, peer assistance, and one-to-one coaching, to help Veterans resolve obstacles and obtain permanent and independent housing, with excellent results. VA Central Office wanted to test whether Ms. Klein's model could be effectively implemented at other VA sites.

MIRECC employees Vera Sturm, MS and Alicia Lucksted, PhD provided implementation assistance to the 6 sites VACO chose for the field test, evaluated outcomes, and produced an implementation manual for future sites. Between 2004-2007 the 6 sites, guided by Lisa Pape, MSW from Central Office, involved more than 700

Veterans in the PHLAG program. The MIRECC helped track and support the development of the program at each site, and led data-gathering on each Veteran's progress and outcomes.

PHLAG helps Veterans work to resolve obstacles to permanent housing such as poor credit history, criminal record, and untreated mental health or substance abuse problems. The program is coled by a peer specialist and a social worker who facilitate a weekly group, provide individual coaching, and engage in extensive community outreach and networking. They foster a strong sense of peer-assistance among group members – Veterans help each other find leads, leverage community resources, solve problems, and keep morale positive.

In the original 6-site field test, Veteran's spoke highly of the PHLAG teams, and the six teams found the work

challenging and rewarding. Most excitingly, it worked: PHLAG-enrolled Veterans moved into permanent and independent housing at much higher rates than those in other VA housing-related programs of the time (using national data for comparison). Almost all of those who did not obtain *independent* and *permanent* housing none-the-less improved their housing situation substantially.

Earlier this year (2017) , Mr. Scott Liu of the VHA National Homeless Programs Office heard of PHLAG programs at the North Texas Health Care System and the Albuquerque VA Medical Center. Mr. Liu wrote a VA white paper to inform VA sites nationally about the PHLAG model. It contains additional details about the model and can be viewed at: <http://vhaindweb-sim.v11.med.va.gov/hub2/app/hp/library/record/visit?>

Meet the New VISN 5 MIRECC Fellow

Dr. Arthur T. Ryan joined us as a psychology fellow this fall. He received his Ph.D. in Clinical Psychology from Emory University. He completed his internship at the Atlanta VA Medical Center with concentrations in consult liaison psychiatry, military sexual trauma, neuropsychology, and primary care mental health integration. He returned to Emory for a one year fellowship to continue working on a multi-site research project studying individuals who at high risk for developing serious mental illness before beginning his work at the MIRECC.

1) Tell us about your area of research. During graduate school, my research focused on individuals at high risk of developing serious mental illness. We conducted clinical interviews, took biological samples like saliva and blood, and collected brain imaging. We then followed individuals for two years, collecting this data again and again so that

we could see how people changed over time. One of my particular interests was in reviewing treatments for adolescents who have trouble with social functioning and unusual ideas. My dissertation examined whether having an older father at the time of conception increased the risk for negative outcomes among our participants.

2) What studies/programs of research are you currently working on? I am still exploring the many ongoing research projects at the MIRECC. I am interested in leveraging the unique research opportunities that the VA provides, such as large electronic databases of thousands of veterans and coordinated medical care for mental health and non-mental health conditions. I hope to use these unique assets of the VA to find ways to improve care for veterans, especially those veterans who are at higher risk for premature illness and impaired functioning.

3) What are the potential benefits of your program of research for Veterans? I hope that my research will let us learn what veterans are already telling us through their patterns of care in the VA system. This could lead to targeted interventions for veterans who are at increased risk of not being properly connected to the medical treatment they need to stay healthy and enjoy life. My research might also help us to make sure we know which treatments are likely to work for particular veterans, rather than adopting a one-size-fits-all approach. I especially hope that this strategy will help us to identify programs and ideas that work for regular veterans during their regular care in the VA system rather than just those that participate in VA research programs.

Dr. Ryan can be reached at the MIRECC or by email at Arthur.Ryan@va.gov.

TOOLKIT: Caring for Veterans with Serious Mental Illness in Community Living Centers

By Anjana Muralidharan

Older Veterans with serious mental illness (SMI) who receive services in VA Community Living Centers (CLCs, or VA Nursing Homes) often have complex care needs. Dr. Anjana Muralidharan, Psychologist Clinician Investigator at the VISN 5 MIRECC took part in a national VA workgroup, convened by Dr. Michele Karel and led by Drs. Daryl Fujii and Denise Evans, to consider the needs of these Veterans and the teams who care for them. The workgroup agreed that one area of need was for basic education, training, and support regarding topics related to SMI and recovery, for front-line CLC staff.

To meet this need, the workgroup compiled a toolkit of resources that CLC mental health professionals could use to help educate and support CLC teams – to help raise awareness, address stigma, and build basic knowledge regarding care of residents with SMI. Dr. Muralidharan took the lead on assembling and curating materials.

Sources for materials included: existing educational materials on SMI and recovery at the VISN 5 MIRECC, other investigators at the VISN 5 MIRECC, individuals in the workgroup including Drs. Daryl Fujii, Denise Evans, and Whitney Mills, and the websites of well-reputed organizations and agencies in the area of psychiatric rehabilitation and recovery.

The toolkit was created using an iterative process of listing topic areas, gathering materials, and obtaining input and feedback from the workgroup as well as from VISN 5 MIRECC investigators. Topics covered in the toolkit include SMI and recovery, mental illness stigma, strategies for effective and empathic communication with Veterans with SMI, cognitive impairment in SMI versus dementia, and medical comorbidity among individuals with SMI.

The toolkit was completed in August 2017, and made accessible via SharePoint. The toolkit is neither meant to be a comprehensive

The Unique Needs of Older Adults with Serious Mental Illness

Developed by Anjana Muralidharan, Ph.D.
Veterans Affairs Capitol Healthcare Network (VISN 5)
Mental Illness Research, Education, and Clinical Center (MIRECC)

Version date: 8/15/17

curriculum on SMI and recovery, nor a sufficient resource to meet the significant need for integrated, recovery-oriented, team-based care for all residents, including residents with SMI, in CLC settings across the VA, but may be a helpful starting point. Note that these toolkit materials may also be useful for other VHA programs/teams, and for other trainers across disciplines who have professional experience related to caring for people with SMI.

Check out the toolkit materials here! [SMI in CLC: Staff Training Toolkit](#)

Learn about Current Research Studies at the VISN 5 MIRECC

The mission of the VISN 5 MIRECC is to help Veterans “put recovery into practice”. Our research, education, and clinical programs intersect to address this mission. A number of investigators are conducting studies that are aimed at assisting Veter-

ans in identifying, planning for, and achieving their personal recovery goals. These studies are recruiting participants who receive mental health services within the VA Maryland Healthcare System. Below are descriptions of two

of them, with phone numbers to call if you or someone you know receives mental health services within the VA Maryland Healthcare System and would like to learn more.

Study 1: A Conjoint Analysis Survey to Elicit Preferences for Outcomes of Psychiatric Medication Treatment in Veterans with Serious Mental Illness

Veterans between the ages of 18-75 who have been diagnosed with Schizophrenia or Bipolar Disorder and who have been prescribed a psychiatric medication are invited to participate in a research study to help us better understand Veteran preferences when choosing medications.

You will be paid for your participation. Research will be conducted at the Baltimore and Perry Point VA.

Please call Katie Despeaux at 410-637-1431 to see if you are eligible.



Study 2: Improving Negative Symptoms & Community Engagement in Veterans with Schizophrenia

Our team is looking for veterans between the ages of 18-75 who have been diagnosed with Schizophrenia or Schizoaffective Disorder to evaluate a new intervention

aimed at improving negative symptoms. Negative symptoms include things like having low energy to do things, not feeling pleasure when doing things, and difficulty socializing with other

people. Participation includes four study interviews and group sessions that occur twice a week for 12 weeks. You will be paid for your participation.

This study is being conducted by Melanie Bennett, Ph.D. at the Baltimore, Perry Point, and DC VA Medical Centers.

Please call Kelly Lloyd at 410-637-1887 to see if you are eligible.

Publication Spotlight

Reich, C. M., Hack, S. M., Klingaman, E. A., Brown, C. H., Fang, L. J., Dixon, L. B., Jahn, D. R., Kreyenbuhl, J. A. (2017). Consumer Satisfaction with Antipsychotic Medication Monitoring Appointments: The Role of Consumer-Prescriber Communication Patterns. *International Journal of Psychiatry in Clinical Practice*.

This study was designed to explore patterns of prescriber communication behaviors as they relate to consumer satisfaction among a sample of Veterans with serious mental illness. Recordings from 175 antipsychotic medication-monitoring appointments between veterans with psychiatric disorders and their prescribers were coded using the Roter Interaction Analysis System (RIAS)

for communication behavioral patterns. The frequency of prescriber communication behaviors (i.e., facilitation, rapport, procedural, psychosocial, biomedical, and total utterances) did not reliably predict consumer satisfaction. The ratio of prescriber to consumer utterances did predict consumer satisfaction. Consistent with client-centered care theory, antipsychotic medication consumers were more satisfied with their

encounters when their prescriber did not dominate the conversation. Practice Implications: Therefore, one potential recommendation from these findings could be for medication prescribers to spend more of their time listening to, rather than speaking with, their SMI consumers.

Klingaman, E. A., Brownlow, J. A., Boland, E. M., Mosti, C., & Gehrman, P. R. (in press). Prevalence, predictors, and correlates of insomnia in U.S. Army soldiers. *Journal of Sleep Research*.

This study investigated the rates, predictors, and correlates of insomnia in a national sample of U.S. Army Soldiers. Data were gathered from the cross-sectional survey responses of the All-Army Study (AAS), of the Army Study to Assess Risk and Resilience in Service members. Participants were a representative sample of 21,499 U.S. Army soldiers who responded to the AAS self-

administered questionnaire between 2011 and 2013. Insomnia was defined by selected DSM-5 criteria using the Brief Insomnia Questionnaire. Insomnia was present in 22.76% of the sample. Predictors of insomnia status in logistic regression included greater number of current mental health disorders, less perceived open lines of communication with leadership, less unit member support, and

less education. Insomnia had global, negative associations with health, social functioning, support, morale, work performance, and Army career intentions. Results provide the strongest evidence to-date that insomnia is common in a military population and is associated with a wide array of negative factors in the domains of health, military readiness, and intentions to remain in military careers.

VISN 5 MIRECC Recent and Upcoming Educational Activities

The mission of the VA Maryland Healthcare System Capitol Health Care Network (VISN 5) Mental Illness Research, Education, and Clinical Center (MIRECC) is to support recovery and enhance community functioning of Veterans with serious mental illness. We are committed to providing outstanding training opportunities for students, advanced trainees, and professionals to contribute to the development of a cadre of researchers and clinicians who are dedicated to the study and treatment of veterans with serious mental illness within the range of treatment settings that serve them. To support this mission, the Education Core hosts a range of educational programs that are open to clinicians and staff in VISN 5.

Here are a few of the MIRECC's educational activities available for people to attend:

(1) On July 19th, MIRECC collaborator Dr. Stephanie Sacks presented a webinar

focused on treatment of posttraumatic stress disorder in individuals with serious mental illness in cooperation with TMS as part of the VA National PTSD training series. Go to <https://www.ptsd.va.gov/professional/consult/lecture-series.asp> to see the webinar.

(2) The MIRECC runs a bi-monthly Science Meeting (2nd and 4th Tuesday of the month, 12-1, at the MIRECC, VANTS 800-767-1750, 71129). Our first meeting was on Tuesday, September 26 during which Dr. Samantha Hack led a journal club and discussion of an article that reviews research on the use of marijuana in mental health treatment. Other dates for Journal Club discussions are:

October 24, 2017
November 28, 2017
January 9, 2018
February 13, 2018
April 10, 2018
June 12, 2018

Look for email reminders of these dates, the topics that will be covered, and information on where to obtain the articles that will be discussed.

Upcoming research presentations are:

- October 10, 2017: Understanding Caregiver Preferences and Priorities when Assessing Treatments for Children with Complex Mental Health Needs
- November 14: Results from the *Peers and PACT* Study
- December 12, 2017: Pilot Study Update: *Helping Veterans with Serious Mental Illness StayQuit from Smoking*
- January 23, 2018: The role of research in VHA's cultural transformation to patient-centered care
- February 27, 2018: PTSD and Recovery among Vietnam Era Veterans
- April 24, 2018: Chronic Pain & Bipolar Disorder: Results of a Pilot Study
- May 22, 2018: Mediation Analysis Methods for Pre-Post Follow-up Studies

**For more information, contact
Melanie Bennett at
Melanie.Bennett@va.gov.**

MIRECC Staff Conduct Trainings in Evidence-Based Practices for Veterans with Serious Mental Illness

At the VISN 5 MIRECC, our mission is to *put recovery into practice*. Our Clinical Core partners with clinical programs and staff at the VAMHCS, VISN, and national levels to support *recovery-oriented* and *evidence-based* clinical services for Veterans with mental illness. To support this mission, MIRECC investigators offer educational content to enrich the staff at your clinical program or provide training on an unmet clinical need. We have expertise in a range

of topics related to *mental health recovery*. Seminar topic areas include:

- Ending Self Stigma
- Promoting Community Integration
- Family and Mental Health Treatment
- Person-Centered Care
- Treating Substance Use Disorders

- Early Psychosis Services
- The Role of VA Peer Specialists and Peer-Delivered Interventions

Seminar length can be modified if needed. If you're not in VISN 5, our investigators can make presentations remotely to VA programs anywhere in the country.

For more information, contact Anjana Muralidharan at Anjana.Muralidharan2@va.gov.

Staff Training to EASE Self-Stigma Among Veterans in Recovery

Self-Stigma is the harm caused when people start to define themselves by the stereotypes they are exposed to. It interferes greatly with wellness, recovery and treatment. EASE is a 90 minute program designed to be useful to mental health staff, of all disciplines, levels, and positions, to refresh our knowledge about stigma and its harmful effects and to learn practical

strategies we can use to help the Veterans we work with be resilient in the face of common stigmatization of mental health problems.

EASE strategies employ four principles, from which it gets its name: **E**ducation, **A**wareness, **S**hifting perspective, and **E**mpowerment.

For more information and to access EASE training materials so you can deliver EASE yourself, go to <http://www.mirecc.va.gov/visn5/training/ease.asp> or contact the EASE Team at EASETeam@va.gov.

Learn about the Post-doctoral Fellowship at the VISN 5 MIRECC

The VA Advanced Fellowship Program in Mental Illness Research and Treatment at the VISN 5 MIRECC has one open post-doctoral psychologist fellowship position and one open post-residency psychiatrist fellowship position to begin in September, 2018. The goal of these two-year fellowships is to train psychologists and psychiatrists to become leading clinical researchers in the area of serious mental illness. Fellows develop independent programs of

research on topics related to psychosocial treatment development and implementation of recovery-oriented services and engage in supervised clinical training, delivering clinical services in settings that serve Veterans with serious mental illness. Detailed information about the VA Advanced Fellowship Program in Mental Illness Research and Treatment at the VISN 5 MIRECC can be

found on the national MIRECC website at <http://www.mirecc.va.gov/mirecc-fellowship.asp> and at the VISN 5 website at <http://www.mirecc.va.gov/visn5/>. **Potential applicants are encouraged to contact Dr. Melanie Bennett at Melanie.Bennett@va.gov to discuss details of the opportunities available for fellows.**

Recovery-Oriented Small Grants Program

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations within VISN 5 in response to the VA's Action Agenda to transform VA mental health services to a recovery model. The program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or ex-

panding 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. Past grants have been used by clinicians and peer specialists to attend trainings, bring in speakers, start new programs, and support crea-

tive activities that promote mental health recovery.

We will work with you to develop your application. Apply today! Grant amount can range from \$300-\$5000.

Application Deadlines are the 1st of March, June, and December.

For more information or to receive an application, please contact **Alicia Lucksted, Ph.D.**, MIRECC Recovery Coordinator, at 410-706-3244 or email her at Alicia.Lucksted@va.gov.

Join our Veterans Advisory Panel

To become a MIRECC Veterans Advisory Panel (VAP) advisor, or for more information, please contact **Ralf Schneider**, at 410-637-1874 or email him at Ralf.Schneider@va.gov.

The VISN 5 MIRECC seeks Veterans interested in mental health issues to join our Veterans Advisory Panel. Advisors are volunteers, who have a history of mental health diagnosis and recovery. They meet once a month to hear about current VISN-5 MIRECC research, educational, and clinical

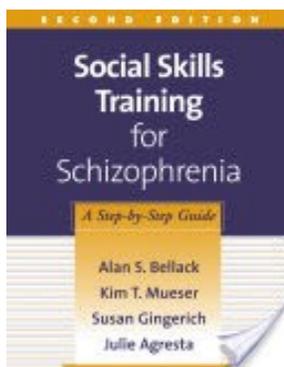
projects and to contribute their perspectives, opinions and suggestions as Veterans. All interested Veterans are encouraged to join!

- Be part of the discussion.
- Help shape MIRECC work in the VA.
- Meet other Veterans with common interests.

- Good on your resume, too.

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.

VA Social Skills Training



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. Over the years, the VA-SST program has trained over 800 VA staff across the coun-

try, including 53 Peer Specialists, 48 Master Trainers, and 216 fellows.

Trainings are scheduled by region. **For more information on Social Skills Training, the VA-SST Training program, and upcoming train-**

ings, please visit our website: http://www.mirecc.va.gov/visn5/training/social_skills.asp or email **Elizabeth Gilbert, Ph.D.** at Elizabeth.Gilbert@va.gov.

Join the VISN 5 MIRECC Clinician Advisory Panel

To join, please complete the CAP Expert Advisor Application, available on our website, or contact Samantha Hack (Samatha.Hack@va.gov) for a copy of the application.

The Clinician Advisory Panel (CAP) is a group of VA clinicians who serve as expert advisors to VISN 5 MIRECC investigators. The CAP helps identify emerging needs in VA care, critique developing interventions, and provide feedback on feasibility of proposed studies. The CAP meets quarterly, twice per year for general meetings and twice for project review. CAP members can attend in person at the Baltimore Annex or via VANTS.

General meeting: All CAP members are invited to share their views about unmet needs in VA care and underserved Veteran populations. These meetings inform the direction of future VA research.

Project review meeting: CAP members are selected based on their areas of expertise to review developing research projects and provide feed-

back. These meetings inform the development and execution of specific research projects.

All VA licensed independent practitioners are invited to join the CAP. We encourage members to list their CAP membership on their resumes and report it on their performance evaluations.

For more information, contact Samantha Hack
(Samatha.Hack@va.gov)

Opportunities to Partner with the VISN 5 MIRECC Clinical Core

At the VISN 5 MIRECC, our mission is to *put recovery into practice*. The Clinical Core partners with clinical programs and staff at the VAMHCS, VISN, and national levels to support *recovery-oriented* and *evidence-based* clinical services for Veterans with mental illness. Some examples include clinical consultation (provide sup-

port to staff who want to improve the services they offer to Veterans); training in evidence-based, recovery-oriented interventions (such as Social Skills Training and Wellness Recovery Action Planning); clinical demonstration projects of innovative services (partner with programs to pilot test innovative tools and services); direct clinical service and supervision (provided by MIRECC investiga-

tors and fellows) and needs assessment/program evaluation (assist programs in identifying service gaps or needs and generating ideas for new programs).

Contact us for more information:
Amy Drapalski
(Amy.drapalski@va.gov)
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(Anjana.muralidharan2@va.gov).

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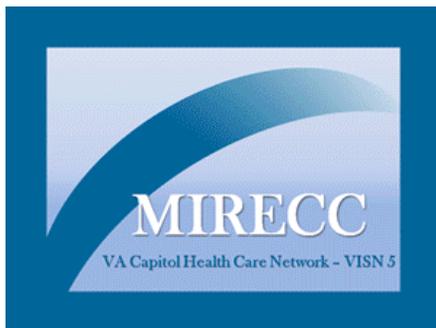
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Putting Recovery Into Practice



**MIRECC Matters is also
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