

Department of Veterans Affairs

# MIRECC Matters

A Publication of the VISN 5 MIRECC

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## ***Update on Implementing an Evidence-Based Practice to Support Recovery***

***Richard Goldberg, Ph.D. and Elizabeth Gilbert, Ph.D.***

We are happy to share a summary of our VA Social Skills Training (VA SST) Program. Supported by The Office of Mental Health and Suicide Prevention at VA Central office as part of the national EBP Program, we train providers to deliver SST, an evidence-based group intervention for individuals living with serious mental illness<sup>1</sup>. Training involves required readings, an interactive didactic presentation, an experiential learning session, and six months of clinical consultation. We also offer a Train-the-Trainer Program so that SST Regional Master Trainers are available in all VISNs. Over 1100 VA providers have successfully completed VA SST since 2008, representing over 200 unique VA sites across all 50 states, Puerto Rico, and Guam. In 2019, VA SST conducted 21 experiential learning sessions and mentored 114 VA providers through the 6-month training program.

In 2019 we have been working on several enhancements of SST. In addition to the suicide prevention initiative highlighted in this issue of MIRECC Matters, a protocol for telehealth delivery is in development, a critical innovation that can extend the reach of SST to VA sites that do not have an on-site provider. The SST telehealth protocol has undergone successful program evaluation at two VA clinics. We are also developing a measurement-based care (MBC) assessment<sup>2</sup> for SST that will allow data on participants' skill improvement and personal goal attainment to inform personalization of SST group content.

Finally, VA SST launched an accredited webcourse titled "What is Social Skills Training for Serious Mental Illness? An Overview and Refresher" which reviews the intervention and provides basic information about the VA SST Training Program. The webcourse is available for VA providers in the VA Talent Management System 2.0 (item #37842; [www.tms.va.gov](http://www.tms.va.gov)) and is publicly available through the TRAIN learning network at [www.train.org](http://www.train.org).

<sup>1</sup>Bellack, A. S., Mueser, K. Gingerich, S., & Agresta, J. (2004). Social skills training for schizophrenia: A step-by-step guide. 2nd Edition. New York, NY: The Guilford Press. <sup>2</sup>Scott K. & Lewis C.C. (2015). Using measurement-based care to enhance any treatment. *Cognitive and Behavioral Practice*, 22(1), 49-59.

## ***Social Skills Training Program: Suicide Prevention Initiative***

***Clare Gibson, Ph.D.***



Individuals with serious mental illness (SMI) are at increased risk of suicide as compared to the general population<sup>1</sup>. There is a need for interventions that target suicidal behavior in individuals with SMI. The Social Skills Training for Serious Mental Illness (SST) Training Program is working on bridging that gap to better meet the needs of this high-risk population. SST is an evidence-based intervention that targets social functioning and incorporates behavioral strategies such as role-plays, modeling, and positive reinforcement. The SST model is suited to address suicide prevention in that it provides a positive and welcoming space for Veterans to learn and practice skills to seek out support before or during a stressful situation or crisis and to increase their resilience.

The SST Training Program developed two workgroups focused on: 1) development of an SST suicide prevention curriculum for Veterans, and 2) enhancing staff training on suicide prevention and SMI. The workgroups consist of VA SST Training Program staff, MIRECC faculty and postdoctoral fellows, and a Suicide Prevention Case Manager from the VA Maryland Healthcare System. National experts and co-developers of SST also provided input. The steps that the VA SST Training Program have taken in each of these areas are outlined below followed by future directions.

**Suicide Prevention Curriculum.** The SST suicide prevention curriculum is currently in development and is intended to be used as a supplement to ongoing SST groups. The goal of the curriculum is to promote self-care, help Veterans cope more effectively with stressful situations and crises, and, therefore, aid in the prevention of suicidal behavior. The curriculum includes an overview for SST facilitators to guide them in implementing the curriculum and suggestions of existing skills that can be adapted to the suicide prevention curriculum (e.g., "Leaving Stressful Situations" and "Expressing Unpleasant Feelings"). The curriculum emphasizes that staff should follow VA policies and procedures and best practices for suicide prevention, including referring to safety plans, and it also provides suicide prevention resources for Veterans. Four new skills were created and are still being refined. These new skills are currently titled: "Calling the Veterans Crisis Line," "Helping Someone who is in Emotional Distress get Professional Help," "Asking for Help in a Stressful Situation or Crisis," and "Asking Someone to Join You for an Ac-

## ***SST Suicide Initiative, continued***

tivity to Serve as a Distraction from a Stressful Situation.” In addition to the newly developed skills, the curriculum includes two psychoeducational, introductory sessions. The psychoeducational sessions review topics such as defining stress and crisis and reviewing coping skills for managing stressful situations; the introductory sessions also provide Veterans with suicide prevention resources. An added feature of the curriculum is that it encourages integrating skills that more directly target cultivating relationships such as “Expressing Positive Feelings” and “Expressing Affection.” Such skills encourage social connectedness and enhance well-being, which may increase resilience to suicidal ideation<sup>2</sup>. Two of the new skills (“Calling the Veterans Crisis Line” and “Helping Someone who is in Emotional Distress get Professional Help”) were implemented in the Baltimore Psychosocial Rehabilitation and Recovery Center’s SST group for the purposes of gathering more information and receiving Veteran and facilitator feedback. Group members and facilitators met with SST Training Program staff after the groups to answer questions about their experience and share their reactions to the new skills. Veterans and facilitators overall reported positive feedback about the new skills and their utility, as well as ideas on how to further improve the skills.

**Staff Training.** There is training on suicide available for VA staff through TMS but there is little available about approaching suicidality in SMI. The staff training being developed by the VA SST Training Program will include information on risk and protective factors and best practices in suicide prevention methods for people with SMI. The goal is that all staff, including SST facilitators, increase their knowledge about SMI and suicidality so that they can provide more effective and informed care. The Staff Training Workgroup is coordinating with the national TMS webcourse revision team regarding the content of the TMS webcourse, which will be offered to all VA mental health providers, as well as other staff.

**Next steps.** The committees continue to refine the curriculum and staff training. The new skills will be piloted again along with the introduction to the suicide prevention curriculum to gather more input from Veterans and facilitators. We look forward to sharing these resources as soon as they are fully developed. To learn more about SST, please visit the [VISN 5 MIRECC website](#). VA staff interested in learning how to provide SST can contact their VISN’s SST Regional Master Trainer, the VA SST Training Program Manager, Elizabeth Gilbert, Ph.D., at [Elizabeth.Gilbert@va.gov](mailto:Elizabeth.Gilbert@va.gov), or the VA SST Training Program Coordinator, Laché Wilkins, at [Lache.Wilkins@va.gov](mailto:Lache.Wilkins@va.gov).

<sup>1</sup>Hor, K., & Taylor, M. (2010). Suicide and schizophrenia: a systematic review of rates and risk factors. *Journal of psychopharmacology*, 24(4 Suppl), 81–90. doi:10.1177/1359786810385490. <sup>2</sup>Elbogen, E.B., Molloy, K., Wagner, H.R., Kimbrel, N.A., Beckham, J.C., Van Male, L....Bradford, D.W. (2020). Psychosocial protective factors and suicidal ideation: Results from a national longitudinal study of veterans. *Journal of Affective Disorders*, 260, 703-709. doi: 10.1016/j.jad.2019.09.062.

## ***Conference on Whole Health for Transgender Veterans***

***Jillian Silveira, OTR/L***

In celebration of LGBT Pride Month, on June 7, 2019 the VA Maryland Health Care System (VAMHCS) hosted a day of conferences titled *Whole Health Care for Transgender Veterans*. Jillian Silveira, the VAMHCS LGBT Veteran Care Coordinator, organized the event with assistance from the VAMHCS Diversity Committee. Ms. Silveira received funding from the VISN 5 MIRECC's Recovery-Oriented Small Grants Program to sponsor the event.

Veterans were welcomed to the morning presentation, and the afternoon presentation focused on staff training, providing participants with continuing educational credits. Both were well attended with engaged audiences. Ms. Silveira stated "We are really hoping that people recognize that this is about civil rights." LGBT persons have long been denied rights to employment, housing, and even freedom. History teaches that separate is not equal."

The focus of the day was nationally known transgender advocate Staff Sergeant Shane Ortega. Sergeant Ortega was born in Patuxent River Maryland, to military parents, and was assigned female at birth. While still living as a woman he served in the Marine Corps as a Police Officer. After leaving the Marines he transitioned to male and then joined the Army as a Helicopter Flight Engineer. During his time in service he completed three combat tours, two to Iraq with the Marines and one to Afghanistan with the Army. Staff Sergeant Ortega was the first transgender male to serve openly in the military. He has long worked in LGBT advocacy, including the repeal of "Don't Ask Don't Tell" policy, transgender military equality, and LGBT Equal Opportunity protections. He is a frequent public speaker and media commentator (including MSNBC, the NY Times, Bloomberg, Fox News)

Sergeant Ortega presented two conferences. The morning conference was open to all Veterans. He spoke at length about his Native American heritage and about various cultures that have traditionally supported transgender identities, including non-binary or "two-spirited" persons. Often such persons are accorded cultural importance with the belief that they "walk the path of two genders." Sargent Ortega also shared of his military experience, spoke about his experiences with acceptance, and answered Veterans' questions.

The afternoon session was open to all VAMHCS staff. Ms. Silveira opened the conference by speaking about VA National Directive 1341 regarding access to care, VA medical and mental health services available to trans-identified Veterans, and standards for documentation and Veteran-clinician interactions. Then Sergeant Ortega spoke of his cultural heritage and of raising awareness about gender identify variations and correcting misinformation. He encouraged questions from the audience, who asked questions both about his personal experiences and about clinical-care best practices for transgender Veterans.

## ***Labyrinth Journey Workshop Brings a New Recovery Practice to the Perry Point VA PRRC***

***Rick Martin, Ph.D.***



Walking labyrinths have been used for contemplation and meditation for centuries and have been incorporated into modern mindfulness practices, including within VA. For example, the Martinsburg VAMC has a portable canvas labyrinth used by various events and programs, and the Perry Point VAMC has a permanent labyrinth near Building 364, surrounded by ornamental bushes and benches.

A labyrinth is a walking path that starts on the outside edge (entrance) of a circular form created by the path curving repeatedly on itself and leading to an open space at its center (see photo). This is distinct from a maze, which is a puzzle with dead-ends and false paths. In a labyrinth there is only one path, leading in an uninterrupted serpentine to the center. Typical practice is to pause at the entrance for a deep breath and perhaps to focus on a specific intention or question and then move slowly and deliberately along the labyrinth's path, endeavoring to stay mindful of one's movements in the moment. At the center, one may pause for a moment to reflect (such as on thoughts that came to mind about the question one entered with). Then one exits the same way, mindfully moving back along the path to the labyrinth's exit. Often the path out is viewed as re-entering the daily world from the contemplative space of the labyrinth's center.

Because this is a personal and variable process, providers who encourage Veteran clients to use a labyrinth can benefit from training in facilitating its use and supporting users. Dr. Rick Martin, then the Local Recovery Coordinator for Mental Health at the Perry Point VAMC, took part in such training at the Sepulveda VA Medical Center in years past, and so knew its value. As interest in and use of walking labyrinths increased in VISN 5, Dr. Martin organized a six-hour workshop called "Labyrinth Journey" delivered by the Labyrinth Journey Network in Glenside PA. With support from the VISN 5 MIRECC's Recovery-Oriented Small Grants Program, Dr. Martin and Ms. Kathy Moran, a Staff Nurse at Perry Point, arranged for an instructor team to come to Perry Point VAMC in August 2019.

The day-long interactive workshop included a Brief Labyrinth Introduction, Labyrinth Walk, Creative Processing, Labyrinth as Ritual, The Facilitation Process, and The Role of the Facilitator. Ten VA staff members participated, representing the Psychosocial Residential Rehabilitation Treatment Program (PRRTP), the Psychosocial Rehabilitation and Recovery Center (PRRC), Patient and Family Centered Care (PFCC), the Community Living Center (CLC), Chaplain Services, Whole Health, Peer Support Services, Hospice, and Primary Care.

## ***Labyrinth, continued***

Participants said that the instructors were “outstanding” and provided a balanced perspective from both clinical and practical viewpoints. Nancy Brown, Staff Nurse, commented that “This training was an eye opener to me of just how simple yet profound walking the Labyrinth can be.” Others said that “It was a pleasure to attend,” and “I found the facilitator training very valuable and feel the Veterans can benefit from learning about ways to utilize the labyrinth to increase their coping strategies.”

Since August, attendees have used their training in a variety of ways. Brandi Daugherty, LCSW-C, a social worker at the Perry Point PRRC said, “Since the training, I have been able to incorporate the use of the labyrinth in groups with the PRRC veterans. They have utilized it for mindfulness, stress management and reflection. The veterans have had positive comments about using the labyrinth during the group and expressed interest in using on their own.”

As another example, Jean McHale, LCSW-C, wrote, “I am a hospice social worker at Perry Point. The new outdoor labyrinth is across the street from the inpatient hospice unit. I have integrated introducing the labyrinth into my introductory/admission conversations with family members as a healthy coping tool and strategy to use while visiting. I use the information learned in the class to help them consider how they may engage the labyrinth. The veterans we serve are not usually physically able to visit the labyrinth, but, if the opportunity presents, I would be interested in facilitating use of labyrinth with the hospice unit Veterans... [Further,] I hope to lead/facilitate future labyrinth walks with peers and staff for team building and developing healthy self-care.”

Several attendees have also used a labyrinth themselves since the training, as part of self-care or mindfulness. Ms. Brown said “I have since walked two additional Labyrinths and experienced the same degree of calmness and actual increased clarity of focus to a current emotional issue weighing heavy.... [it] provided me a brief period of mental downtime-by slowing the mental chatter of the day... I believe the physical action of ‘the walk’ is what helped me to not only reach the deeper recesses of my thoughts/motivations, but actively move through those upsetting thoughts. .... Labyrinth walking is an example of an excellent modality that provides beneficial outcomes with no side effects and is available to those who choose. Perfect for those dealing with anxiety or any condition wherein the overwhelming chatter of the mind holds the rest of the person’s mind /body /soul captive.”

For more information on the walking labyrinth at the Perry Point VA, please contact Kathy Moran at [Kathy.Moran@va.gov](mailto:Kathy.Moran@va.gov), or 410-642-2411 x26953.

## ***MIRECC Investigators Present at the NAMI Maryland Annual Meeting***

The National Alliance for Mental Illness (NAMI) is the largest grassroots mental health organization focused on improving the lives of individuals with mental illness as well as supporting family members and providers. NAMI Maryland provides resources, outreach services, trainings, and organizational support and advocacy to consumers, family members, and providers in Maryland. Every year, NAMI Maryland holds a conference that brings providers, consumers, and family members together to learn about emerging research and treatment, obtain resources, and learn more about mental health. The MIRECC supported the NAMI Maryland Conference this year with two presentations.

Letitia Travaglini, PhD, a MIRECC postdoctoral fellow, presented on chronic pain assessment and management, incorporating potential challenges or considerations when working with individuals with comorbid chronic pain and serious mental illness (SMI). The presentation covered a basic overview of chronic pain and prevalence rates among individuals with SMI, common ways to assess chronic pain severity and its impact on functioning and quality of life, and an overview of different types of chronic pain management (e.g., medications, invasive and non-invasive medical procedures, complementary and integrated health, psychological and behavioral therapies). She then went into more specific details about behavioral therapies and provided self-management and educational resources to attendees. Twenty people attended the presentation, and many appeared to be appreciative of learning more about chronic pain management and having access to the provided resources.

Samantha Hack, PhD, LMSW, a Research Health Scientist at the MIRECC, presented on VA mental health resources available at no cost to the community. US federal agencies provide mental health materials at no-cost with access on public-facing websites, yet many community members are unaware of these resources. The presentation opened with an introduction to the VA's new system of care, Whole Health, and highlighted informational and skills-based handouts which support this integrated approach. Attendees then learned about the National Center for PTSD's smart phone apps such as Anger and Irritability Management Skills (AIMS), Mindfulness Coach, and Move! Coach, which keep mental health practice close at hand. To help attendees understand how mental health care can work for them and what evidence-based practices may be of use, Dr. Hack reviewed educational websites and videos like *Make the Connection* and *Treatment Works for Vets*. Finally, to support optimal mental health care for Veterans and civilians in the community, participants learned about the array of free continuing education webinars made available through VA organizations like VHA TRAIN and Health Services Research & Development cyberseminars. Attendees were excited to learn that these resources are available at no cost and felt they would inform their practice and self-care.

## ***VISN 5 MIRECC Educational Activities***

**Qualitative research training.** In October of this year, Amanda Peeples, PhD, and Alicia Lucksted, PhD, held a two-part qualitative interviewer training workshop. The training provides an introduction and overview of the basics of qualitative interviewing, from informed consent and interview guide development through transcription and proofreading. Trainees included VISN 5 MIRECC research assistants, as well as 3 researchers from the Serious Mental Illness Research and Evaluation Center (SMITREC), a researcher from the VISN 5 Geriatric Research, Education, and Clinical Center (GRECC), a VISN 1 MIRECC CDA-awardee, and a University of Maryland, School of Medicine K-awardee. For more information, contact Amanda Peeples at [Amanda.Peeples@va.gov](mailto:Amanda.Peeples@va.gov).

**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). **Good news—we now have CEs available for the 2019-2020 series!** We have some great presentations planned, including an update on a pilot study of a smoking cessation program that starts when Veterans are in the hospital and continues via telephone when they leave, and outcomes from a recently completed study of a group intervention for couples in which a Veteran has experience a mild traumatic brain injury. For more information, contact Melanie Bennett at [Melanie.Bennett@va.gov](mailto:Melanie.Bennett@va.gov).

**Join the VISN 5 MIRECC Recovery Sharepoint!** The VISN5 MIRECC hosts and contributes materials to a Mental Health Recovery Sharepoint for VA Mental Health staff. This site includes a range of documents on recovery-oriented topics including Overcoming Stigma, Family Engagement, Peer Support Specialist Resources, and Shared Decision-making. If you would like to be granted access to our Sharepoint site, please contact Ralf Schneider, [ralf.schneider@va.gov](mailto:ralf.schneider@va.gov) who will provide you with access. We encourage contributions of new resources and gladly accept recommendations for materials to add to the site.



## ***Family Support for Mental Health Recovery***

Do you work with Veterans who have been diagnosed with a mental illness and want to offer resources to their family members on ways of assisting in the recovery process? This brochure provides tips, information and resources on how to support a loved one and at the same time consider self-care for the family member. If you would like to receive copies of this brochure to hand out, please contact Tracy Robertson, CPRS at 410-637-1522 or by email at Tracy.Robertson@va.gov. Thank you!



## ***VISN 5 MIRECC Featured in VA Insider Blog***

Work from the VISN 5 MIRECC was featured in the VA Insider, an online resource to inform and educate VA Employees. The article, titled *Social Skills Training for Serious Mental Illness: A Successful Evidence Based Practice*, describes SST, provides resources for clinicians wanting to learn more, and provides an update on work being done by Richard Goldberg of the VISN 5 MIRECC and Jeff Olivet of the Center for Social Innovation on developing an SST smartphone app. To access the article, go to <https://vaww.insider.va.gov/social-skills-training-for-serious-mental-illness-a-successful-evidence-based-practice/>.

## ***Educational Webinar Series for Peer Specialists***

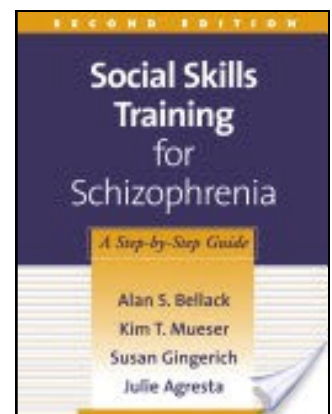
**The next VISN5 MIRECC National Peer Webinar Series** will be held on Wednesday, March 4th, 1:30pm-3:00pm. Jay Gorman, PhD. and Jessica Mack, CPS will present on **Veteran Coffee Socials, a Community Building Strategy**. Veterans transitioning from military to civilian life are vulnerable to a loss of social support and an increase in isolation from their communities, which can exacerbate other difficulties they may be experiencing, such as physical or mental health problems. Developed by Peer Support Specialists, Veteran Coffee Socials are an innovative community-building intervention designed to foster social support and community between Veterans. Certified Peer Support Specialists initiate and facilitate weekly coffee socials: open peer support groups held in local coffee shops or restaurants. Ms. Mack is a VA Peer Support Specialist and colleague who was involved in the development and implementation of this approach. Dr. Gorman is a Research Psychologist at the Edith Nourse Rogers Memorial Veterans Hospital at Bedford, Massachusetts and assisted in evaluating this program. The presentation will describe the initial implementation and results of the pilot. Questions and comments by Peer Specialists are highly encouraged.

## Recovery-Oriented Small Grants Program

The VISN 5 MIRECC offers small grants 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 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. Past grants have been used to attend trainings, bring in speakers, start new programs, and support creative 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](mailto:Alicia.Lucksted@va.gov).

## 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 1020 VA staff across the country, including 87 Peer Specialists, and more than 48 Master Trainers, and 273 PSR fellows. Trainings are scheduled by region. For more information on Social Skills Training, the VA-SST Training program, and upcoming trainings, please visit our website: [http://www.mirecc.va.gov/visn5/training/social\\_skills.asp](http://www.mirecc.va.gov/visn5/training/social_skills.asp) or email Elizabeth Gilbert, Ph.D. at [Elizabeth.Gilbert@va.gov](mailto:Elizabeth.Gilbert@va.gov).



## Check Out the VISN 5 MIRECC Website

Check out the VISN 5 MIRECC Website for great information, tools, and announcements. We have recently added to our MIRECC News Spotlight which describes the Coordinated Specialty Care (CSC) model of intervention for young adults experiencing a mental illness with psychosis, and details new efforts in VA to create CSC programs for younger Veterans. We also have materials for download including a link to educational guides on schizophrenia and its treatment for Veterans and family members, a toolkit of resources that mental health professionals working in VA Community Living Centers (CLCs, or VA Nursing Homes) can use to support CLC teams in providing care to older Veterans with serious mental illness, and a guide to shared decision-making for family involvement in mental health treatment. Take a look to see what our investigators are up to and learn about their research findings! Go to: [www.mirecc.va.gov/visn5](http://www.mirecc.va.gov/visn5)

## VISN5 MIRECC Veterans Stakeholder Forum

Please join the next meeting of our MIRECC's Veteran Stakeholder Forum in our newly re-vamped time and format. The meeting is tentatively scheduled for: Thursday, January 16<sup>th</sup>, 10:00am-11:30pm. All Veterans with lived experience of mental illness and who have received services at the VA are encouraged to attend, and provide their perspectives on VISN5 MIRECC activities and projects. This may also include Veterans who currently serve as VA employees. We are pleased to again have the opportunity to benefit from your involvement and expertise. We are looking forward to renewed participation of some of our past participants and the inclusion of additional Veterans in this effort. Please contact Ralf Schneider at [Ralf.Schneider@va.gov](mailto:Ralf.Schneider@va.gov) for more information.

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

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. MIRECC investigators offer workshops 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*. Topic areas include: Ending Self Stigma, Promoting Community Integration, Family and Mental Health Treatment, Person-Centered Care, Treating Substance Use Disorders, Early Psychosis Services, and 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](mailto:Anjana.Muralidharan2@va.gov).**

## Staff Training to EASE Self-Stigma

Self-Stigma is the harm caused when people start to define themselves by the stereotypes they are exposed to. 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](mailto:EASETeam@va.gov).**

VISN 5 MIRECC  
Baltimore VAMC Annex  
Building  
209 W. Fayette Street, 7th  
Floor

Phone: 410-637-1850

**MIRECC DIRECTOR**

Richard Goldberg, Ph.D.

**MIRECC ADMINISTRATIVE OFFICER**

David Czajkowski

**RESEARCH CORE**

Associate Director: Julie Kreyenbuhl, Pharm.D., Ph.D.

Assistant Director: Robert Buchanan, MD

**EDUCATION CORE**

Co-Associate Director: Melanie Bennett, Ph.D.

Co-Associate Director: Samantha Hack, Ph.D.

Coordinator: Ralf Schneider, MA, CPRP

**CLINICAL CORE**

Associate Director: Amy Drapalski, Ph.D.

Assistant Director: Anjana Muralidharan, Ph.D.

**MIRECC MATTERS EDITOR**

Melanie Bennett, Ph.D.

**MIRECC MATTERS ASSOCIATE EDITOR**

Ralf Schneider, MA, CPRP

**PHOTO CREDITS**

Medical Media, VA Maryland Health Care System

University of Maryland School of Medicine

**MIRECC MATTERS**

An electronic publication of the  
**VA Capitol Health Care Network (VISN 5)**

**Mental Illness Research, Education, and Clinical Center  
(MIRECC)**

[www.mirecc.va.gov/visn5](http://www.mirecc.va.gov/visn5)

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