Advancing the Delivery of Social Skills Training in the VHA

Richard Goldberg, Ph.D.

The VA Psychosocial Rehabilitation Training Program (VA-PRT) based in the VISN 5 MIRECC has provided training for VA employees in the evidence based intervention Social Skills Training (SST) since 2008.

SST uses a structured format for teaching interpersonal skills that incorporates modeling, roleplays and other behavioral learning techniques. The Uniform Mental Health Services (UMHS) in VA Medical Centers guidelines require that SST be available to Veterans with serious mental illness at every VA Psychosocial Rehabilitation and Recovery Center (PRCC) and VA Medical Center. The VA-PRT SST Training Program works to fulfill these requirements by training VA personnel to deliver the SST intervention. To date, we have trained over 800 VA employees in all 50 states who have delivered SST to over 6,000 Veterans.

Until 2015, our primary method of training staff in SST was through 2-day face-to-face workshops followed by six months of consultation with a national SST consultant. In light of recent travel and budgetary considerations, the Psychotherapy section in Mental Health Services (VACO), which oversees the VA mental health EBP
Advancing the Delivery of Social Skills Training
(continued from page 1)

dissemination efforts, has called for a move away from in-person con-ferences toward blended learning models of training (i.e., training with a portion of face-to-face instruction replaced by online learning).

In response to this shift, we are redesigning our SST training program. Our new SST training program incorporates both in-person and distance learning methods as well as both national trainers and regional trainers. Although the content of the new model remains essentially the same as in the previous training model, the new model incorporates distance learning options including a web course to complete the required didactics and use of videoconferencing to support the experiential training.

The centerpiece of the new SST Training Program, the SST web course, was developed by the VA-PRT in collaboration with the Employee Education System (EES). The course, released on 9/29/2016, is housed within the VA Talent Management System (TMS) and has been accredited for CEUs for multiple health disciplines. Now that the SST web course is completed and in TMS, the next steps are to pilot the new SST training program incorporating the SST web course and videoconference options. In fiscal year 2017, two separate pilots of the new SST training program are planned as well as two Train the Trainer Workshops to increase the regional SST trainer workforce. The SST Training Program, with its new decentralized, blended learning model, is prepared to handle continued limited funding of VA conference travel and continue on its mission to meet UMHS requirements for the dissemination of this important intervention for Veterans with serious mental illness.
During the 2015-2016 school year, I volunteered with retired Veterans Mr. Brian Holmes and Mr. Brian Pesto at a local elementary school. We visited students in their classrooms, read stories to them, and did special programs with them. In this article, I describe some of the activities we did with the students and share impressions of the program from Mr. Homes and Mr. Pesto about their experiences.

Mr. Holmes served in the 101st airborne division in Vietnam as an infantry sergeant. After his discharge he went back to college and earned a bachelor’s degree. When I asked him what he liked about volunteering at the elementary school, he said that he especially enjoyed reading books to the children, including such classics as “Stone Soup” and “Where the Wild Things Are”. Mr. Holmes said it was a tremendous amount of fun: the kids loved the stories and enjoyed being read to. They answered questions about the stories and applauded after he finished. After each session, the kids shouted “Bye Mr. Brian!”. 

Eventually, Mr. Holmes started volunteering in the classroom of his wife, a social studies teacher in a Baltimore city school. When his wife left that school, he wanted to work in other schools because as he says, working with kids helps him feel younger.

Another activity that Mr. Holmes enjoyed was dressing up as an elf during the holiday season and handing out gifts to the children. The children
were so excited and everyone had a great time!

Mr. Holmes also volunteers for the consumer relation service at the VA, as well as at the Loch Raven Hospice. He says volunteering at the VA and in the school keeps him off the streets and out of trouble.

Mr. Pesto served in the US Navy on the U.S.S. Coral Sea, the aircraft carrier featured in the movie, “The Right Stuff”. He especially enjoyed helping students make spring baskets and playing geography games. Mr. Pesto said he was nervous at first but he became more comfortable each time he did it.

The school staff wishes to thank the Veterans who volunteered. They enjoyed having the Veterans volunteering in the classrooms, and were happy that the program allowed them to have additional adult readers come to the school and read books that were outside of the standard curriculum. One teacher said when the Vets come in to the classroom, it gives everyone—students and teachers like—time to relax and just enjoy literature.

There are many great opportunities for Veterans to get involved in community activities. You can contact your local organization to get more information. There are many great organizations that need our help!
Despite the efficacy of evidence-based treatment of posttraumatic stress disorder (PTSD) among Veterans, many Veterans prematurely drop out of or do not engage with treatment. It is possible that Veterans who drop out or don’t engage may have recovery goals, expectations, and beliefs that do not align with current treatment models for PTSD. Research suggests that a majority of Veterans with PTSD believe that their PTSD symptoms will be permanent and that they will have them for the rest of their lives. It may be that Veterans seeking treatment for PTSD do not expect symptoms to improve, but that through treatment they will learn to better manage their symptoms.

Many Vietnam era Veterans have been living with PTSD for decades and PTSD symptoms may have become internalized as a core facet of their identity. The prospect of recovery from PTSD symptoms may be frightening and may be accompanied by negative cognitions about how recovery would dishonor those who did not survive. There is also some evidence that Vietnam era Veterans differ from Veterans of other eras in terms of their engagement with and responses to treatment for PTSD. Understanding the meaning of Vietnam era Veterans’ PTSD symptoms is important to better meet their treatment needs.

I have recently received funding from the VISN 5 MIRECC for a pilot study to examine treatment and recovery goals, expectations, and beliefs among Vietnam era Veterans with PTSD. This study will recruit 12-15 Vietnam era Veterans with PTSD who are newly engaged with PTSD treatment. Eligible Veterans will be invited to participate in two qualitative interviews. The first interview will be at the start of their PTSD treatment and will focus on their conceptualizations and expectations of treatment and recovery. Interviews will also elicit these Veterans’ history of experiences and treatment for PTSD and other conditions with the VA. The second interview will take place approximately four months later with a focus on whether and how Veterans ultimately engaged with PTSD treatment, and how their experiences matched with their expectations.

The VA is tasked with providing patient-centered care to Veterans of multiple eras and generations. Through gaining a better understanding of Vietnam era Veterans’ beliefs and expectations about PTSD recovery, it may be possible to enhance, improve, or supplement current models of care to best address these Veterans’ needs.
Meet the New VISN 5 MIRECC Fellow!

The VISN 5 MIRECC is pleased to welcome Dr. Letitia Travaglini to our MIRECC!

Dr. Letitia Travaglini (Tisha) received her Ph.D. in Human Services Psychology from the University of Maryland, Baltimore County, with special emphasis on clinical psychology and community and applied social psychology. She recently completed her clinical internship at the VA Maryland Health Care System/University of Maryland Internship Consortium. Dr. Travaglini has been active in research focused on health behavior change, health care integration, co-occurring disorders, and social and community factors (namely, stigma) that impact mental health symptoms, high risk behavior, and treatment engagement.

1) Tell us about your area of research. As a graduate student, I was involved in research focused on health care integration and improving referral networks for individuals at risk for co-occurring behavioral health disorders and infectious disease. I worked in close collaboration with community organizations to develop and implement effective screening and brief intervention practices, and to create and evaluate staff trainings on health behavior change and incorporating sexual risk reduction counseling into behavioral health centers. I am also interested in social and community factors impacting health and well-being, with a particular interest in the role of public and internalized stigma on individuals’ symptoms, functioning, and healthcare engagement. My dissertation focused on public stigma toward people living with HIV/AIDS and whether video public service announcements were effective in increasing HIV-related knowledge and decreasing negative attitudes. I continued my interest in HIV stigma while on internship, working on a study examining the impact of internalized HIV stigma on individuals’ mental health symptoms.

2) What research are you currently working on? I am still in the process of meeting with MIRECC investigators and getting a sense of what available data and ongoing projects to start joining. I continue to have an interest in stigma, risk behavior, and co-occurring health conditions, and would like to be involved in training and evaluation projects.

3) What are the potential benefits of your program of research for Veterans? Ultimately, I hope that my research can help improve quality and scope of Veteran care. Specifically, I am hopeful that my line of research can aid in understanding the role of stigma and co-occurring conditions in seeking and engaging in treatment, examining effective interventions to reduce these experiences, and providing training and resources to staff to properly address these concerns with Veterans.

This study compared the prevalence of diagnosed ocular disease and eye disease treatment between VA patients with and without serious mental illness (SMI). We conducted a retrospective comparison of diagnosed ocular disease and treatment prevalence among patients with and without diagnosed SMI in fiscal year (FY) 2011 in the VA Capitol Health Care System (VISN 5). We identified 6,462 VA patients with SMI and 137,933 without SMI. The prevalence of diagnosed ocular disease was 22.7% in SMI patients without psychotic disorders and 35.4% in non-SMI patients (P <0.001). Those with serious mental illness had a higher prevalence of glaucoma (10.2% vs. 7.1% P < 0.0001), cataract (12.6% vs. 9.2% P < 0.0001), and dry eye (4.0% vs. 2.7% P < 0.0001). 34.3% of SMI subjects had been seen in ophthalmology or optometry vs. 23.0% of controls (P < 0.0001). VA patients with SMIs have a greater prevalence of diagnosed ocular disease, particularly cataract, glaucoma, and dry eye. While SMI patients utilize eye care services at a higher rate than the general VA population, the majority of subjects with serious mental illness do not get recommended annual eye examinations. More consistent annual ocular screening among VA patients with SMI may be indicated.


This study evaluated internet use among 239 Veterans with serious mental illness who completed questionnaires assessing demographics and internet use in 2010–2011. The majority of individuals (70 %) reported having accessed the internet and among those, 79 % had accessed it within the previous 30 days. Those who were younger and more educated were more likely to have accessed the internet, as were those with a schizophrenia spectrum disorder, bipolar disorder, or major depressive disorder, compared to individuals with PTSD. Veterans with serious mental illness commonly use the internet, including to obtain health information, though use varies across demographic characteristics and clinical diagnosis.
Comings and Goings

Katie Despeaux joined the VISN 5 MIRECC in July. She is completing her graduate work for her master’s of science in clinical psychology at Loyola University Maryland and has experience in data collection and study management. Katie is working as the lead research assistant on a MIRECC study of metabolic effects of medications for serious mental illness in female Veterans, doing recruitment and conducting qualitative interviews with study participants. She also works as a recruiter and assessor on a study of a multifamily group intervention for Veterans with mild TBI.

Welcome to the MIRECC!

Two of our post-doctoral fellows have recently left the MIRECC for new jobs. Dr. Stephanie Park ended fellowship in April and took a position as a Clinical Psychologist at the Rockville Internal Medicine Group. In this position, Stephanie provides cognitive behavioral interventions for individuals identified through primary care for a range of mental health concerns including depression, anxiety, and health behavior change challenges. Dr. Catherine Reich ended the fellowship in June. She took a position as an Assistant Professor in the Department of Psychology at the University of Minnesota, Duluth. In this position, Catherine teaches undergraduate and graduate courses, provides research mentorship to students, and will establish her own program of research. We are thrilled that our fellows have begun their careers as clinicians and researchers!

Aubree Corporandy recently left the MIRECC. Aubree worked as the lead research assistant on a MIRECC study of metabolic effects of medications for serious mental illness in female Veterans, doing recruitment and conducting qualitative interviews with study participants. She also worked as a recruiter and assessor on MIRECC studies examining a multifamily group intervention for Veterans with mild TBI and collecting information on the family planning and contraceptive counseling needs of women with mental illness. Jessica Rogers also left the MIRECC for new opportunities in Austin, TX. Jessica worked as a recruiter and assessor for several MIRECC studies, as well as an interventionist for a study of CBT for insomnia for individuals with serious mental illness.

Take care and good luck!
Educational and Training Opportunities

MIRECC Science Meetings
The MIRECC organizes a series of meetings at which invited speakers and local researchers and clinician leaders present on their work. Science Meetings occur on the 2nd and 4th Tuesday of the month (12-1) in the MIRECC conference room (7th Floor Baltimore Annex).

10/11/16: Dr. Amy Drapalski
Findings from the Women’s Reproductive Health Pilot Study

10/25/2016: Drs. Alicia Lucksted and Samantha Hack
Developing a Measure of Veteran Identity

11/8/16: Dr. Richard Goldberg and Ms. Valerie Price
Update on the QUERI-Funded Evaluation of the VA National Peers on PACT Initiative

11/22/2016: Dr. Robert Buchanan
Schizophrenia and the Gut Microbiome

12/13/2016: Dr. Eric Slade
OEF/OIF/OND Veterans’ and VA PTSD Residential Services: A Mixed Methods Study

Educational Webinar Series for VA Peer Specialists
The VISN 5 MIRECC hosts 3-4 educational webinars per year for VA Peer Specialists. These webinars cover topics related to mental health services that may be useful for Peer Specialists in a variety of treatment settings.

The next webinar will be held some time in December or January.
We will send out information on the date and presenter ASAP.

Contact Ralf Schneider at Ralf.Schneider@va.gov for more information.

To sign up or suggest a topic for a future webinar, please contact Ralf Schneider at Ralf.Schneider@va.gov.

SAVE THE DATE!

MIRECC Sponsored Workshop in 2017
Mindfulness Practice for use in Mental Health Care
Wednesday, May 10th, at the Baltimore VAMC.
Registration is pending.
Contact Ralf Schneider (ralf.schneider@va.gov) for more information.
Educational and Training Opportunities

**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. Over the years, the VA-SST program has trained over 800 VA staff across the country, including 53 Peer Specialists, 48 Master Trainers, and 216 fellows. We will provide more information on upcoming trainings in future issues of the MIRECC Matters.

For more information on the VA-SST Training program, visit our website: [http://www.mirecc.va.gov/visn5/training/](http://www.mirecc.va.gov/visn5/training/)

**MONTHLY CONSULTATION SEMINAR**

**Psychopharmacology Case Conference**

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

*Baltimore VAMC, Health Executive Conference Room*

*1-800-767-1750, code 79846*

All VISN Clinicians are invited to bring questions about a difficult or challenging psychopharmacology case. 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.

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

MIRECC staff conduct trainings in evidence-based practices for individuals with serious mental illness including interventions focused on social skills, self-stigma, smoking cessation, and illness management. For more information, contact Amy Drapalski (Amy.Drapalski@va.gov).
Get Involved with the VISN 5 MIRECC

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 within VISN 5 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 go to our website (www.mirecc.va.gov/visn5) or contact Alicia Lucksted, Ph.D. at 410-706-3244 or Alicia.Lucksted@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.
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