

Department of Veterans Affairs

MIRECC Matters

A Publication of the VISN 5 MIRECC

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MIRECC Early Career Investigator Spotlight

Richard Goldberg, Ph.D.



Dr. Leticia Travaglini, a recent graduate of our post-doctoral fellowship, was awarded a Rehabilitation Research and Development (RR&D) CDA-2 entitled **Improving the Assessment and Treatment of Chronic Pain in Veterans with Serious Mental Illness**. The Veteran Health Administration (VHA) has made treatment of chronic pain, especially nonpharmacological approaches, a high priority and initiated a nationwide dissemination of Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) – an evidence-based psychotherapy – across the VHA system. However, CBT-CP has not been scientifically tested in those with serious mental illness (SMI) and is largely not provided to Veterans with chronic pain and co-occurring SMI, a group with some of the highest rates of chronic pain and associated negative functional outcomes. In response to this gap, Dr. Travaglini's study will: 1) test the feasibility and acceptability of CBT-CP for improving pain-related functional outcomes in Veterans with SMI; 2) examine the feasibility of ecological momentary assessment to capture real-world experiences of and relationships among pain, mental health symptoms; and 3) evaluate Veteran experiences to inform whether CBT-CP requires tailoring to optimize its use with Veterans with SMI and co-occurring chronic musculoskeletal pain.

With this award Dr. Travaglini becomes our 4th CDA-2 funded early career investigator. Dr. Elizabeth Klingaman's RR&D CDA-2, **Cognitive Behavioral Therapy for Insomnia (CBT-I) for Psychosis: Guidelines, Preliminary Efficacy, and Functional Outcomes**, focuses on developing guidelines for the clinical tailoring of CBT-I for Veterans with psychotic disorders. Her work will also evaluate the feasibility, acceptability, and utility of the tailored program in improving sleep and associated functional outcomes.

Early Career Investigator Spotlight, continued

Another MIRECC early career investigator and former post-doctoral fellow, Dr. Anjana Muralidharan, has an RR&D CDA-2 titled **Peer Support for Exercise in Older Veterans with Psychotic Disorders** that focuses on the development and pilot testing of a peer coaching intervention for older Veterans with psychotic disorders. VA Peer Specialists, who are Veterans living in recovery from mental illness, provide intensive coaching to older Veterans with psychotic disorders to promote participation in exercise and physical activity. A fourth graduate of our post-doctoral fellowship, Dr. Samantha Hack, was awarded an RR&D CDA-2 titled **Development of a Patient-Centered Mental Health Intervention for Recent Veterans**. This goal of this project is to design a brief intervention to collaborate with Veterans on being engaged partners in the VA's new patient-centered care model and assist them in tailoring their care to best achieve functional rehabilitation from stress-related mental health disorders. Dr. Hack's research is also testing the feasibility and preliminary efficacy of the brief intervention in the context of a small randomized controlled pilot trial.

I am proud of these early career investigators and am excited about their long-term contributions to the VISN 5 MIRECC and to advancing the rehabilitation and recovery of Veterans. To learn more, here are some resources on the topics of these exciting CDA projects:

1. Dr. Hack's CDA is part of the VA Whole Health system transformation. In Whole Health, VA providers get to know each veteran as a person, before working with them to develop a personalized health plan based on their values, needs, and goals. <https://www.va.gov/wholehealth/>. Dr. Hack has published research examining the relationship between providers' patient-centered care (PCC) behaviors and clients' participation in PCC and their impacts on outcomes of mental health care. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6709667/>

2. Dr. Muralidharan provided a link to an abstract reporting on some results from her CDA project: https://academic.oup.com/innovateage/article/2/suppl_1/594/5171547

3. Dr. Travaglini provided a link to a summary of her project from a previous issue of the MIRECC Matters:

[https://www.mirecc.va.gov/visn5/newsletter/MIRECC Matters Winter 2018.pdf](https://www.mirecc.va.gov/visn5/newsletter/MIRECC_Matters_Winter_2018.pdf).

You can also tune into the SAMHSA Recovery to Practice Podcast where Dr. Travaglini talked about issues related to pain management in SMI:

Podcast Audio: https://www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/podcast_06_pain_full_show_v3.mp3

Podcast Transcript: https://www.samhsa.gov/sites/default/files/rtp_podcast_pain_management_transcript.pdf

VAMHCS Dialectical Behavior Therapy Clinical Service

Elizabeth Malouf, Jae Yeon Jeong, Christine Calmes, Peter Phalen, Jessica Grossmann, Coral Curcio-Bonner, Kathleen McGrath & Allison James



Dialectical Behavior Therapy (DBT) is an empirically supported intervention for challenging clinical problems. DBT reduces mental health symptoms for people with borderline personality disorder¹, depression^{2,3}, and posttraumatic stress disorder⁴, and also supports reductions in substance use^{5,6}, suicidality⁷, and self-harm⁸. DBT is an intensive intervention: full-model programs generally involve weekly group therapy to teach DBT skills, weekly individual therapy, access to as-needed telephone-based skills coaching, and weekly group consultation for DBT providers. Patients remain involved in DBT for up to 12 months. With a relatively long course of therapy and multiple components, DBT can be difficult to implement in its entirety. In many hospitals, only parts of the program are implemented. For example, a therapist may teach DBT skills during individual sessions without the support of the skills group or consultation. Stand-alone DBT skills groups may exist without the individual therapy and skills coaching to help patients apply the skills in their lives. Dismantling studies of DBT find that the full program shows the best results in terms of symptom improvement and patient retention⁹.

In July 2018, funds from a VISN 5 MIRECC Recovery Seed Grant supported implementation of a full-model DBT program at the VA Maryland Health Care System. Funds were used to provide a 3-day DBT training for clinicians and a full year of expert consultation in implementing DBT within the VA system. A group of nine clinicians joined the VAMHCS DBT Clinical Service in early 2019; the service enrolled its first group of patients in March 2019. The service targets patients with multiple risk factors and high needs. For admission patients must meet at least two of the following criteria: (1) History of multiple psychiatric hospitalizations in the past 5 years, with at least one hospitalization in the past year; (2) History of suicide attempts and/or non-suicidal self-injury within the past 5 years; and (3) Emotion dysregulation or impulsivity that is currently interfering with life functioning.

Almost one year later, we are happy to report that there are many signs of success. First, there is a high demand for the DBT Clinical Service. We have received approximately 40 consults in the past year. In fact, we have had more demand than space in the program. The program is generally well regarded in the hospital. Here are some quotes from clinicians who have referred to or coordinated care with the program:

"This is such a great resource for our Veterans" - CRH Social Worker

"The combination of individual and group therapy, along with phone coaching when needed, has helped the veteran I referred to the program utilize skills effectively and progress in her recovery." - Psychologist, Women Veterans Evaluation and Treatment Program

Dialectical Behavior Therapy, continued

"Prior to the initiation of the full DBT program, the TRP struggled with where to refer Veterans with BPD and often ended up treating them in our program...we did not have the staffing model to provide full DBT and therefore were unable to fully meet the needs of these complex patients. The full DBT model has really allowed us to...better serve some of our most complex Veterans." - Trauma Recovery Program Manager

"When I learned of the DBT group, I immediately thought of one of my Veterans whom I have been working with for a number of years with many repeated admissions for SI in the context of the guilt and shame surrounding their experience with addiction. The endless cycle of admitting and completing outpatient referrals ... was not working and it created frustrations for both myself and the Veteran. The DBT group offered a different option. We have completed the referral and the Veteran expressed excitement about this opportunity." - HUD/VASH Case Manager

Second, there is evidence of good treatment engagement. Of the 14 patients enrolled, only 4 have dropped out. Two have graduated after six months and an additional five are expected to graduate at the year mark this spring, 2020. This dropout rate is especially encouraging given that this population is traditionally difficult to engage and that the course of treatment is at least 6 months long.

Third, there is evidence of positive patient response to treatment. Results from measurement-based care have been encouraging, showing that the majority of patients had reductions in depression symptoms and increases in skills use among other positive outcomes. Behavioral outcomes are similarly encouraging. There have been no suicide attempts or hospitalizations among current DBT patients while in the DBT program. This is especially notable given that recent suicide attempt and hospitalization at the time of referral were part of the admission criteria.

Finally, clinicians who are part of the service are gratified by this work. Team member Kathleen McGrath expressed: *"It was incredibly rewarding to witness participants applying the DBT skills in group, supporting each other, and creating positive changes in their lives."* Clinician Christine Calmes said: *This has allowed me to effectively learn and implement the DBT model."* Clinician Liz Malouf agreed: *"I have worked with individuals with emotion dysregulation and impulsivity in different contexts. This program gives more support to the patient and to the provider, which leads to a better result."*

The service has many goals for the future. We plan to recruit new clinicians to further build the service. We hope to join a national network of VA DBT full-model programs to share program evaluation data and to learn from others' experience. We are collaborating with the DC VAMC to co-present on implementing full-model DBT in the VA; this presentation will be delivered in June as part of the National MH Recovery and Wellness Webinar Series.

References: 1. Linehan, M. M., Armstrong, H. E., Suarez, A., Allmon, D., & Heard, H. L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of general psychiatry*, 48(12), 1060-1064. 2. Hill, D. M., Craighead, L. W., & Safer, D. L. (2011). Appetite-focused dialectical behavior therapy for the treatment of binge eating with purging: A preliminary trial. *International Journal of Eating Disorders*, 44(3), 249-261. 3. Rizvi, S. L., & Steffel, L. M. (2014). A pilot study of 2 brief forms of dialectical behavior therapy skills training for emotion dysregulation in college students. *Journal of American College Health*, 62(6), 434-439. 4. Bohus M, Dyer A. S, Priebe K, Krüger A, Kleindienst N, Schmahl C, et al. (2013) DBT for PTSD after childhood sexual abuse in patients with and without borderline personality disorder: A randomized controlled study. *Psychotherapy & Psychosomatics*. 82:221-233. 5. Dimeff, L.A. & Koerner, K. (2007) Dialectical behavior therapy in clinical practice: Applications across disorders and settings. New York: Guilford Press. 6. Van den Bosch, L. M., Verheul, R., Schippers, G. M., & van den Brink, W. (2002). *Dialectical behavior therapy of borderline patients with and without substance use problems: Implementation and long-term effects*. *Addictive Behaviors*, 27(6), 911-923. 7. Linehan, M. M., Comtois, K.A., Murray, AM (2006). Two year randomized controlled trial and follow up of Dialectical Behavior Therapy vs Therapy by experts for suicidal behavior and borderline personality disorder. *Archives of General Psychiatry*, 63(7), 757-766. 8. DeCou, C. R., Comtois, K. A., & Landes, S. J. (2019). Dialectical behavior therapy is effective for the treatment of suicidal behavior: A meta-analysis. *Behavior therapy*, 50(1), 60-72. 9. Linehan, M.M et al., (2015) Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A Randomized Clinical Trial and Component Analysis. *JAMA Psychiatry*, 72 (5) 475-482.

MIRECC Investigator Partners with Baltimore Ceasefire 365 to Show that Ceasefires can Reduce Gun Violence

VISN 5 MIRECC Editorial Staff

The homicide rate in Baltimore is among the highest in the United States, and the vast majority of these killings involve firearms. In mid-2017, community members in Baltimore called for a city-wide weekend-long cessation of violence under the title Baltimore Ceasefire. They organized three public meetings before the first ceasefire weekend with a statement to the city that "Nobody Kill Anybody" for 72 hours. The movement also incorporated a proactive 'peace challenge' and rebranded as "Baltimore Ceasefire 365" to reflect the importance of peace throughout the year.

Since 2017, Ceasefire weekends have occurred on a quarterly basis and are ongoing, communicated through personal outreach on the streets of Baltimore, social media, radio, television shows, events, and newspaper articles. Six to ten public meetings now take place between ceasefire weekends in all nine districts of the city to coordinate planning and invite participation.

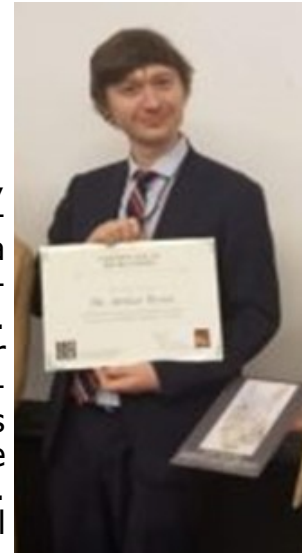
During ceasefire weekends, Baltimore community members volunteer to plan and organize peace-building activities, which have included rallies, parties, basketball games, poetry readings, as well as resource fairs to address root causes of violence. Additionally, "sacred space rituals" are performed when someone is killed in the city, wherein groups of people visit murder locations to pray, burn sage, and express love in the spaces where someone has lost their life to violence. Although these rituals occur year-round, they are more frequent during ceasefire weekends.

Baltimoreans have been mostly supportive of the Ceasefire efforts, but the movement has also been met with a degree of skepticism due in part to the fact that evidence of its effectiveness was anecdotal. In 2019, MIRECC postdoctoral fellow Dr. Peter Phalen, who had begun attending Ceasefire meetings, realized that he could use a publicly available dataset on crime in Baltimore City to rigorously estimate the impact of Ceasefire weekends on gun violence. By fitting complex statistical models to this data which accounted for the confounding effects of seasonal trends and other factors, he was able to show that ceasefire weekends achieved a one to two-thirds reduction in shootings. This represents a massive impact, comparable to or better than other targeted gun violence interventions that have been evaluated in the literature.

Dr. Phalen connected with Erricka Bridgeford and Letrice Gant of Baltimore Ceasefire 365 to co-author a peer-reviewed article documenting the substantial decrease in violence during Ceasefire weekends. Their description of Baltimore Ceasefire 365 and its impact is now in press with the *American Journal of Public Health*, one of the leading public health journals. The complete data and code for this paper are publicly available at <https://github.com/peterphalen/code-for-publications/tree/master/Phalen-Bridgeford-Gant-Kivisto-Ray-Fitzgerald> and the full citation for the scholarly article is as follows: Phalen, P., Bridgeford, E., Gant, L., Kivisto, A., Ray, B., & Fitzgerald, S. (in press). Baltimore Ceasefire 365: Estimated impact of a recurring community-led ceasefire on gun violence. *American Journal of Public Health*. doi:10.2105/AJPH.2019.305513

VISN 5 MIRECC Fellow Receives Research Award

Arthur Ryan, Ph.D., an advanced fellow at the VISN 5 MIRECC, recently received the Award for Excellence in the Biological Exploration of Suicide from The James K. Bernard Foundation (JKBF), a non-profit organization founded in 2010 focused on suicide prevention through scientific research, education and awareness. This award is given in recognition of an early career investigator whose research helps identify biological risk factors and pathways. A committee of three experts selected 3 finalist abstracts from among early career researchers' abstracts submitted to the 2019 IASR/ASFP conference, based on innovation and originality. The award was presented to Dr. Ryan at the organization's annual meeting in October 2019 in Miami.



The citation for the presentation is: Ryan, A. T., Deuster, P., Umhau, J. C., Wilcox, H. C., & Taub, D. D. (2019, October). Latent Class Profiles of Serum Fatty Acids are Associated with Risk of Suicide in Military Personnel. Invited oral presentation at the International Academy of Suicide Research and American Foundation for Suicide Prevention International Summit on Suicide Research, Miami Beach, FL.

Dr. Ryan was chosen by JKBF for his work investigating fatty acid profiles associated with suicide. Dr. Ryan's research was done in collaboration with co-authors and mentors from several leading research institutions, including the Uniformed Services University of the Health Sciences, The Johns Hopkins Bloomberg School of Public Health, and the Washington D.C. VA hospital. In JKBF's official announcement of the award, Dr. Ryan described his work in a *From the Scientist* piece, which we have provided below. Please also see: <https://jameskirkbernardfoundation.org/featured/jkbf-bestows-first-biological-research-award/>

From the Scientist: Summary of Presentation "Latent Class Profiles of Serum Fatty Acids are Associated with Risk of Suicide in Military Personnel."

**Arthur Ryan, Ph.D.
Advanced Fellow, VISN 5 MIRECC**

I was interested in how levels of fatty acids in a person's blood might be associated with risk for suicide, the leading cause of death among active duty members of the U.S. military (1). Previous research has shown that different types of fatty acids can have various effects on a person's health. For example, increased levels of omega-3 fatty acids appear to help reduce the risk of stroke (2). I wanted to know whether considering levels of several fatty acids at once might help illuminate biological changes that predispose individuals towards suicide. My co-authors and I analyzed data derived from blood samples previously collected from 800 military service members who eventually died of suicide and 800 living military service members. I used a statistical technique that allowed me to identify groups of individuals who have similar "profiles" of fatty acids; by that I mean they had

Fatty Acids, continued

deficits of multiple individual fatty acids. I then compared these fatty acid groups, known technically as “latent classes,” with one another.

The statistical analysis showed that individuals who later died by suicide were more likely to have certain profiles of fatty acids; for example, they were more likely to have profiles with high levels of certain saturated fatty acids and low levels of certain omega-3 fatty acids. Individuals with the suicide-associated fatty acid profiles were also more likely to have been diagnosed with depression and alcohol use disorder, conditions associated with increased risk for suicide. Fatty acids are essential to many biological systems related to suicide, from the creation and maintenance of neurons to the proper functioning of the immune system. My co-authors and I speculate that the suicide-associated fatty acid profiles could contribute to changes in the brain, such as increased inflammation, which might further predispose a vulnerable individual towards suicidal behavior.

Overall, our research suggests that the levels of fatty acids in a person’s blood might be associated with increased or decreased risk for suicide. It’s important that my co-authors and I note the possibility that the association between fatty acids and suicide is because of some unmeasured third variable related to both fatty acids and suicide; for example, people at risk for suicide might stop eating healthy foods, which would also change their fatty acid levels. However, it is also possible that there is a direct causal connection between fatty acid profiles and suicide.

Measuring fatty acid profiles might never be a way to reliably tell that an individual person is at imminent risk for suicide, but understanding their possible biological connection with suicidal behavior might lead to interventions that help to foster population-level health and resilience, similar to the way that the American Heart Association recommends restricting the amount of saturated fatty acids in your diet as one way to encourage heart health (3). This research identifying suicide-associated profiles of fatty acids represents one piece in a much larger effort in finding biological factors that might eventually be used to prevent suffering and deaths by suicide.

1. Armed Forces Health Surveillance Center. Surveillance snapshot: Manner and cause of death, active component, US Armed Forces, 1998-2013. *MSMR***21**, 21 (2014).
2. Yang, B. *et al.* Circulating long-chain n-3 polyunsaturated fatty acid and incidence of stroke: a meta-analysis of prospective cohort studies. *Oncotarget***8**, 83781–83791 (2017).
3. American Heart Association. Saturated Fat. <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/fats/saturated-fats>.

Recovery Science Transitions to the National Mental Health Recovery & Wellness Webinar

Since 2018, the VISN 5 MIRECC has hosted twice monthly Recovery Science webinars focused on recovery-oriented mental health care. While all VA staff and providers were welcome to attend, we were unfortunately only able to provide CEs to VISN 5 employees. Now, through a new effort with our VA clinical partners, the VISN 5 MIRECC is expanding our dissemination efforts and offering CEs nationally. Along with the Inpatient and Outpatient Psychosocial Rehabilitation and Recovery Services in the VA Office of Mental Health and Suicide Prevention and with the Veterans Health Administration Employee Education System, the VISN 5 MIRECC will begin operating the National Mental Health Recovery & Wellness webinar series starting in April 2020.

The National Mental Health Recovery & Wellness (NMHR&W) series is aimed at supporting recovery-oriented mental health care and disseminating emerging and evidence-based mental health practices. In addition to expanding to a national audience, the NMHR&W series will be archived with available CEs for three years on VA TMS to serve as a continuing resource for VA providers and staff. The first presentation will be by Dr. Anjana Muralidharan, a VISN 5 MIRECC Investigator, on *The Role of Peer Providers in Supporting Physical Health and Wellness*. VA staff can register for the presentation in TMS.

People who were already receiving the Recovery Science presentation announcements will be transitioned to the NMHR&W monthly email announcements. Clinicians and staff who are not already on the mailing list and wish to receive the NMHR&W announcements can send an email request to Ralf.Schneider@va.gov.

A graphic with a yellow and white background featuring diagonal stripes. The text "VA National Mental Health Recovery & Wellness Webinar Series" is written in a bold, blue, sans-serif font. A blue horizontal bar is at the bottom of the graphic.

**VA National Mental Health
Recovery & Wellness
Webinar Series**

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 most recent VISN5 MIRECC National Peer Webinar Series was held on Wednesday, March 4th, 1:30pm-3:00pm. Jay Gorman, PhD. and Jessica Mack, CPS presented ***Veteran Outreach Into the Community to Expand Social Support (VOICES): Peer Support through Coffee Socials.*** 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 described the initial implementation and results of the pilot. The presenters received many questions and comments by the 136 Peer Specialists who attended.

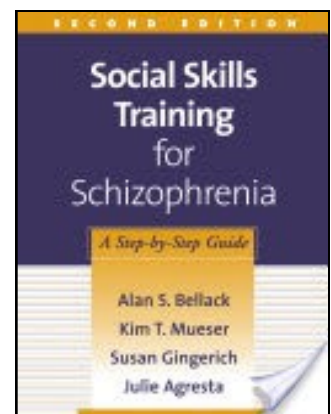
Recovery-Oriented Small Grants Program

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.

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 or email Elizabeth Gilbert, Ph.D. at 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

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 the 3rd Thursday, of every month 10:00am-11:30pm. We will temporarily meet by phone in order to help prevent spread of the corona virus. To join by phone dial 1-800-767-1750. When prompted use the Access Code: 48765#. All Veterans with lived experience of mental illness and who have received services at the VA are encouraged to attend, including those who are currently VA employees. The Veterans provide their perspectives on VISN5 MIRECC activities and projects. We are looking forward to the attendance of past participants and to additional Veterans joining this effort. Please contact Ralf Schneider at 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.**

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.**

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Putting Recovery Into Practice



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