

Department of Veterans Affairs

MIRECC Matters

A Publication of the VISN 5 MIRECC

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Using Qualitative and Mixed Methods Research to Enhance our Commitment to Putting Recovery into Practice

Richard Goldberg, Ph.D. and Amanda Peeples, Ph.D.

Approximately 5 years ago, our MIRECC developed new infrastructure to support the use of qualitative and mixed methods research. The qualitative and mixed methods sub-unit of the VISN 5 MIRECC Research Core is led by Amanda Peeples, Ph.D., with support from Alicia Lucksted, Ph.D. The unit's overarching goal is to provide guidance, training, and assistance to MIRECC investigators and research staff in conducting qualitative and mixed methods data collection and analysis in support of MIRECC's current and future research activities.

Investigators at the VISN 5 MIRECC have a diverse and growing portfolio of qualitative research projects. The methods we use most often include semi-structured interviews and focus groups, in projects ranging in size from small pilot studies to large randomized-controlled trials and quality improvement projects. Qualitative and mixed-methods are an invaluable tool to gain depth of understanding of participants' personal experiences with, for example, a new intervention or a particular diagnosis or lived experience.

For this issue's Director's Column, I have asked Dr. Peeples to summarize the work of her unit and highlight some specific projects. Per her summary, since the sub-unit was established in 2014, it has supported qualitative or mixed-methods in at least 11 VA- and NIH-funded research grants, including 3 Career Development Awards, as well as over 10 pilot studies and 11 quality improvement and program evaluation projects. Over the same period, VISN 5 MIRECC investigators have authored more than 25 publications and more than 20 presentations informed by qualitative data. In addition, our workshops have provided interview and/or focus group training to coordinators, Peer Support Specialists, and students and trainees.

Methods, continued

Here are a few of VISN 5 MIRECC's recent and current projects utilizing qualitative methods:

Through a VA RR&D Career Development Award, Dr. Anjana Muralidharan is utilizing qualitative methods in developing and testing a Peer-led exercise intervention among older Veterans with serious mental illness. First, she held a series of focus groups with 5-10 Veterans with mental health conditions to discuss how to engage, motivate, and support older Veterans to increase their physical activity. Next, after a small pilot trial of the intervention, she conducted interviews with 6 participants about their experiences participating in the intervention. The two Peer Support Specialists who facilitate the intervention were also interviewed about their experiences delivering the intervention and the effectiveness of the training and supervision. The feedback from these interviews was used to finalize the intervention, and a larger pilot trial is now underway. Dr. Muralidharan plans to interview 10-15 Veterans participating in the larger pilot trial about the impact of the intervention on their physical activity, health, and quality of life.

Dr. Letitia Travaglini recently completed a VISN 5 MIRECC Pilot Program study about the experience of living with bipolar disorder and chronic pain. She conducted qualitative interviews with 15 Veterans with bipolar disorder and chronic pain about their experiences with chronic pain, pain management, and how having both conditions affect each other and individuals' quality of life and functioning. In addition, 15 VA direct service providers were interviewed about their experiences in treating Veterans with both bipolar disorder and chronic pain. Dr. Travaglini is pursuing an RR&D Career Development Award-2 to further explore these topics and to examine the feasibility of Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) for Veterans with bipolar disorder and other serious mental illnesses. She hopes this CDA-2 will be a launching point for a research career optimizing nonpharmacological pain management strategies for Veterans with serious mental illness.

Drs. Alicia Lucksted and Samantha Hack, funded by a VISN 5 MIRECC Pilot award, are conducting focus groups with an array of diverse Veterans in order to develop a theoretical model and companion survey measure of Veteran identity. Veteran identity has been defined as "the veteran's self-concept that derives from his/her military experience within a sociohistorical context, including both the objective and subjective aspects of their military service" (Harada et al., 2002, p.530). Unlike other social identities, research on veteran identity, its diversity, and its impact on health and wellbeing is scant due to a lack of theoretical models and measures. Drs. Hack and Lucksted previously developed the Veteran Group Identification Scale, grounded in Cameron's (2004) three-factor model of social identity. However, through this process they realized that homogeneous models of identity were insufficient and significant qualitative work was needed to develop a valid multidimensional model of veteran identity. At least 12 focus groups will be conducted with both VA and non-VA using Veterans in order to describe the distinct clusters of meaning and values that Veterans ascribe to their identity as Veterans.

MIRECC Seed Grant Update: Inspiration Buttons at the Martinsburg VAMC

Martinsburg VAMC, Mental Health Service, Health Maintenance Program Domiciliary Social Workers



The Social Work staff of the Health Maintenance Program (HMP) Domiciliary at the Martinsburg VA Medical Center (VAMC) was awarded a small grant from VISN 5 MIRECC in February 2018.

The HMP Domiciliary is a residential program for Veterans who have a chronic and/or currently unstable medical or mental health condition that is severe enough that it cannot be adequately treated in the community. Veterans enter HMP to stabilize their condition(s) with the goal of returning to the community. Many Veterans in HMP have comorbid physical and medical conditions (such as uncontrolled diabetes, congestive heart failure, chronic obstructive pulmonary disease, recent amputation, hepatitis-C), serious mental health conditions (including schizophrenia, PTSD, bipolar disorders, major depressive disorders with recent history of suicidal ideation or history of suicide attempts), current or past substance use disorders, homelessness, and no or insufficient income to manage independently in the community. While in the HMP Domiciliary, Veterans develop an individual treatment plan with personalized goals. Veterans must demonstrate a productive use of their time. The program offers daily group programming and Veterans are expected to attend six hours of available group programming daily.

We applied to the VISN 5 MIRECC Seed Grant Program to purchase inspirational buttons for Veterans in the HMP Domiciliary to distribute to Veterans visiting the medical center for outpatient appointments, family members who might be accompanying them, Veterans in the medical center's Community Living Center, as well as peer Veterans in other Domiciliary programs and medical center staff. In all, 1,200 buttons were purchased that were emblazoned with inspirational sayings developed by Veterans participating in the HMP's "Positive Thinking" group. The sayings selected were: "Never, Never Give Up," "An Obstacle Is Often A Stepping Stone," "Believe In Yourself," and "If You Can Dream It, You Can Do It."

Veterans participating in the HMP's "Positive Thinking", "Social Skills", and "Relationships" groups distributed the buttons between July 2018 and January 2019. We estimate that approximately 150 Veterans participated in the project throughout the year.

HMP Social Work staff believed that Veterans participating in the project would each experience something different. We hoped that the experience of working together as part of a team and practicing new social skills would be long-remembered and beneficial to each Veteran. We also expected that the project

Inspiration Buttons, continued

would generate “goodwill” for the Martinsburg VAMC and create a positive impression on those visitors, staff and Veterans who were approached and offered a button. The project was thought to be “win-win-win” for participating Veterans, the medical center itself and the visiting public.

Here are some comments shared by Veterans after the experience:

“I enjoyed it.”

“It was different.”

“I got to meet some new people.”

“It was fun.”

“It was therapeutic. It made me talk to a stranger.”

“It was easy, a good way to break the ice.”

“I was a little nervous at first.”

“I gave two out and told the person to pass one along to someone else, pay it forward.”

“Someone told me it inspired them.”

“Someone said, ‘Thanks for the encouragement.’”

“Someone said, ‘That’s right. Keep on going.’”

“People asked me what the button was for and it made me have to talk with them longer.”

“It made me feel good to be able to give people something. Sometimes I feel like I’m getting a lot but not giving anything back in return.”

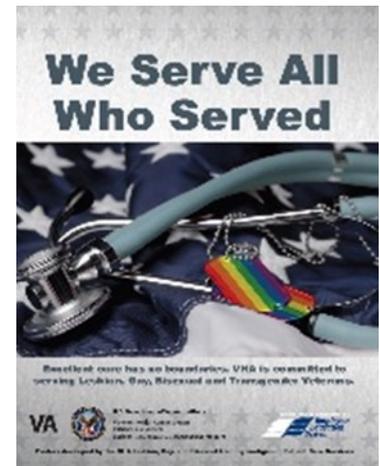
Overall, Veterans seemed to have enjoyed the experience. It gave them the opportunity to socialize and to meet new people. Staff remarked that many Veterans who participated in the project were observed to be in a better, brighter mood following the activity. The activity also enhanced Veterans’ relationships with each other. Some became competitive, trying to hand out more buttons than anyone else. Some worked together to hand them out. One Veteran volunteered to push another Veteran confined to a wheelchair, so he could better participate in the project. As one Veteran said, “It made me feel good to be able to give people something. Sometimes I feel like I’m getting a lot but not giving anything back in return.”

We were surprised by the enthusiasm Veterans showed for the project. They seemed to really appreciate and enjoy an opportunity to interact with people within the medical center and to offer them something tangible as a “gift.” It is amazing how so simple an idea and one that was relatively easy to bring to fruition was able to impact the Veterans who were able to participate.

We feel privileged to have been awarded this seed grant from the VISN 5 MIRECC and would like to formally thank MIRECC for awarding it to us.

VAMHCS Employees Participate in Baltimore LGBT+ Pride

On June 15th & 16th, six VAMHCS employees led by VAMHCS LGBT Veteran Care Coordinator Jillian Silveira staffed a VA information table at Baltimore LGBT+ Pride, both Saturday for the Pride Parade down Charles Street and on Sunday at the Pride Festival in Druid Hill Park. Backed by banners with rainbow letters saying "We Serve All Who Served," the table offered handouts about VAMHCS services and VA resources, suicide prevention information including "Make the Connection" and "Veteran Crisis Hotline" giveaways, and gun locks.



The conversations that the table volunteers had with parade and festival attendees ranged from light-hearted to serious. They engaged people by asking if they are or know a Veteran who might need assistance, offering the 24/7 Veteran Crisis Line information. Many passersby took information and giveaways for Veterans they know, or for themselves. One health practitioner took a stack of crisis line cards to put in her waiting area as she serves many veterans. Another took two for an uncle she said is a Veteran wanting help but not sure where to go. We also met quite a number of LGBT and other Veterans, often leading to deeper conversations. Saturday's table handed out quite a few fliers about services at the VAMHCS and specifically about LGBT health care. Sunday's table answered more questions about how to get a copy of one's DD-214 and how to sign up for VA healthcare.

On both days, giving away the red gunlocks and information provided by VA Suicide Prevention sparked many conversations. People were attracted to the color and giveaway, often thinking they were small bike locks. Explaining their function gave us the opportunity for quick poignant outreach about veteran suicide risk, gun locks' role in suicide prevention, and general gun safety at the same time. Some people backed away, saying they don't own a gun. Others took one or several for themselves or others they know, often mentioning keeping children safe from guns in the home.

On both days, attendees were glad to see the VA Booth. "People repeatedly thanked us for being there," said one VA volunteer. "They said it is good to see the VA being part of the community and taking part in festivals like this. Several said they're impressed by how far VA has come regarding LGBT issues and health care."

"Pride was a really great opportunity for outreach, I felt like we reached a lot of Veterans and those who support Veterans," continued another volunteer. "But it was not all serious. We also played with cute dogs and ate snowballs. And people really appreciated our being there. I'm looking forward to next year"

For VA LGBT healthcare materials to use in your location see: https://www.patientcare.va.gov/LGBT/VA_LGBT_Outreach.asp

Publication Spotlight

Muralidharan, A., Mills, W., Evans, D., Fujii, D, Molinari, V. (2019). Preparing Long-Term Care Staff to Meet the Needs of Aging Persons with Serious Mental Illness. *Journal of the American Medical Directors Association, 20(6), 683-688.* Individuals with serious mental illness (SMI) are increasingly aging into older adulthood and are overrepresented in residential long-term care settings. The present study aimed to examine the preparedness of staff in these settings to care for individuals with SMI. A multidisciplinary U.S. Department of Veterans Affairs (VA) workgroup of professionals with expertise in geriatric mental health collected voluntary feedback via online questionnaire, as part of a quality improvement project. Respondents were mental health providers (N=51) embedded in VA nursing homes, called Community Living Centers (CLCs). The questionnaire contained multiple-choice, Likert scale, and open-ended questions regarding the opportunities and challenges associated with caring for Veterans with SMI in CLCs. Respondents identified a lack of training of front-line staff as a key challenge in providing high quality care to residents with SMI. Specifically, respondents indicated a need to increase staff knowledge about SMI symptoms and diagnoses, to improve staff communication and interactions with residents with SMI, and to decrease mental illness stigma among staff. The present study revealed significant areas of training need for front-line staff in nursing homes. Many perceived staff training needs overlap with the knowledge and skill set required to provide high quality dementia care. Integrating training regarding the care of residents with SMI into dementia care training efforts may be a fruitful future direction. Strategies for this and a suggested curriculum are provided.

Hack, S. M., Larrison, C. R., Bennett, M. E., & Lucksted, A. A. (2019). Experiences of African American men with serious mental illness and their kinship networks within the mental health care system. *Journal of Ethnic & Cultural Diversity in Social Work, 28(1), 98-114.* Informed by the Network-Episode Model, 26 African-American men with serious mental illness and 26 members of their kinship networks completed in-depth qualitative interviews about their experiences with the mental health care system to better understand racial differences in mental health care. The aim was to better understand communication among kin networks, clients, and treatment agencies with a focus on the opportunities for kinship involvement. Although kin were involved in clients' everyday lives, they were largely excluded from the community mental health agency (CMHA) and treatment decisions. In addition to incorporating family resources, enhanced efforts by CMHAs to collaborate with kin may increase knowledge about mental illness and mental health care in the African-American community, removing an impediment to service access and client retention.

Comings and Goings



We are happy to welcome three new staff members to our MIRECC!

Maddison Taylor, M.P.S. received a Master of Professional Studies in Clinical Psychological Science in 2018 from the University of Maryland, College Park (UMCP). Before coming to the MIRECC, Maddison worked as a Research Assistant in several labs in the Department of Psychology at UMCP with responsibilities including conducting screenings and assessments, managing data, and training new staff members in study procedures. Maddison will be working as a recruiter, assessor, and interventionist on Dr. Klingaman's study of Cognitive Behavioral Therapy for Insomnia in Veterans living with a mental illness with psychosis.

Cynthia Giron-Hernandez, B.A. received her bachelor's degree in Psychology and Spanish from the University of California, Santa Barbara and is currently pursuing a Master of Professional Studies in Clinical Psychological Science at UMCP. She has worked most recently as a Research Assistant in the Military Stress Studies Lab in the Department of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences / Center for Deployment Psychology in Bethesda. She also worked in the Close Relationships Lab in the Dept of Psychological and Brain Sciences at University of California, Santa Barbara, coding experimental data gathered from video transcriptions as part of a study that explored the role of empathic accuracy among romantic partners. Cynthia will be working on Dr. Drapalski's pilot study developing a reproductive health planning tool for women Veterans living with serious mental illness and on Dr. Kasckow's studies on interventions for Alzheimer patients.

Lillian Hammer, B.A. received a bachelor's degree in Psychology from Hendrix College and is currently pursuing a Master of Professional Studies in Clinical Psychological Science at UMCP. Prior to starting at the MIRECC, Lillian worked as a Research Assistant in the Laboratory of Emotion and Psychopathology at UMCP, coding facial expressions from video-recorded social interactions and contributing to other training experiences within the lab. Lillian will be working on Dr. Hack's study of developing an intervention to promote patient centered mental health care, as well as on Dr. Kasckow's studies on interventions for Alzheimer patients.

We also say farewell to Natalie (Kiddie) Vineyard, our center's Social Science Program Coordinator for MIRECC studies taking place at DC VAMC. In this role Natalie touched every MIRECC study that took place at the DC VAMC, and was especially involved in Dr. Goldberg's QUERI-funded evaluation of embedding mental health Peer Specialists within VA Primary Care programs. Natalie worked to ensure that all MIRECC studies ran smoothly at the DC VAMC and we will miss her hard work, optimistic attitude, and, of course, Dolce! Fortunately we will still get to see Natalie in her new role in the Office of Research Compliance at the DC VAMC.

VISN 5 MIRECC Recent and Upcoming Educational and Research Activities

Our mission is to support recovery and enhance community functioning of Veterans with serious mental illness. Here we list some recent educational and research activities:

(1) DC VA Medical Center Research Day. DC VAMC Research Week is an annual event hosted in the Atrium of the DC VAMC hospital that gives Veterans, Families, Clinicians, and other research departments a chance to share innovations in mental and physical health in a highly digestible way. Each year the VISN 5 MIRECC presents what is new in its research and clinical work to support and advance recovery among Veterans with serious mental illness. This year, research was presented by Dr. Alicia Lucksted and Ms. Lorriane Kuykendall on living with internalized stigma and on smoking cessation. The poster authored by Dr. Lucksted and Dr. Drapalski mapped out the trajectory of responding to and coping with stigmatizing events across one's life, as described by Veterans using VA mental health services, and in-

cluding both hindering factors and mitigating factors accompanied by quotes that represented each of the various stages. The poster by Dr. Bennett and colleagues, on smoking cessation described how being admitted to an inpatient unit can be a launching point for starting the conversation about long-term reduction or cessation. Its intervention coupled the fact that patients are not allowed to smoke on inpatient units with psycho-education and smoking abstinence and post-discharge support phone calls. DC VAMC Research Week is a great opportunity for Veterans, staff, and others to see the progression of their healthcare. It also serves to bring the clinical service and research service together as well as foster inter-departmental sharing.

(2) You can now follow the VISN 5 MIRECC on VA Pulse! While some of the site is still "under construction" we've already added a ton of great resources. You can learn a little bit more about our staff, find copies of the

MIRECC Matters, learn about upcoming webinars/trainings, access intervention manuals, and so much more! Any VA employee can sign up to use VA Pulse.net. Follow us at <https://www.vapulse.net/groups/visn-5-mirecc/pages/welcome>.

(3) The MIRECC runs a bi monthly Science Meeting (2nd and 4th Tuesday of the month, 12-1, at the MIRECC or email ralf.schneider@va.gov to request a Skype meeting invitation). **Good news—we now have CEs available for the 2019-2020 series for VISN5 VA Employees!** 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, or Ralf.Schneider@va.gov to be added to our mailing list.

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". A number of investigators are conducting studies that are aimed at assisting Veterans 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 at the VA Maryland Healthcare System and would like to learn more.

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 Kirsten Poston at 410-637-1430 to see if you are eligible.

A number of investigators are conducting studies that are aimed at exploring mental illness risk factors as well as assisting Veterans in identifying, planning for, and achieving their personal recovery goals. Both approaches have many implications for mental health recovery. These studies are recruiting participants who receive mental health services within the VA Maryland Healthcare System. Below are descriptions 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.

Toxoplasma gondii, the Kynurenine pathway, and Suicidal Behavior in Veterans. We are looking to recruit Veterans for a research study examining the link between suicide risk factors and brain molecules. We are looking for veterans who are: (1) between the ages of 18 and 65, (2) have no current substance abuse or dependence, and (3) are able to complete one blood draw and approximately 6 hours of questionnaires/interviews with study staff. Participants who complete all study procedures will be paid for their time. All study procedures are completely voluntary. Research is conducted under Dr. Teodor Postolache.

If you or someone you know would like more information about this study, please contact Amanda Federline at 410-637-1433.

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 from a VA computer, 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 VISN 5 MIRECC hosts national educational webinars throughout the year for VA Peer Specialists. Our next webinar, titled **Mutual Aid: Support and Collaboration between Peers and Clinicians with Mental Health Lived Experience**, will be held September 23, 1-2:30 pm. The Mental Health Lived Experience (MHLE) Community of Practice is a group of mental healthcare professionals working in the Veterans Health Administration who have personal lived experience with mental illness. The goal of the MHLE Community of Practice is to assist the VA in meeting its goals for recovery oriented care and workplace diversity. Our presenter will be J. Irene Harris, PhD, Clinical Psychologist at the Edith Nourse Rogers Memorial Veterans Hospital. The presentation will review the structure and services that the Mental Health Lived Experience Community of Practice provides and end with an open discussion of ways that MHLE and peer support can collaborate.

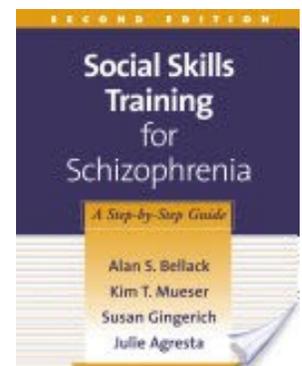
Stay tuned for information on Webinars coming in 2020!

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 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 first meeting of our MIRECC's Veteran Stakeholder Forum in our newly re-vamped time and format. The meeting is tentatively scheduled for: Thursday, August 15th, 10:00am-12:00pm. 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 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.**

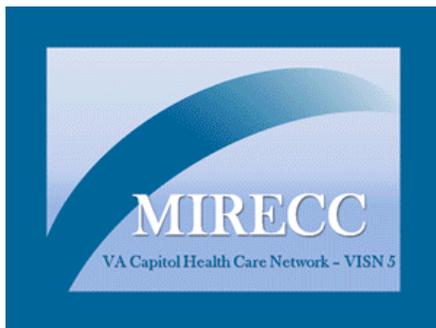
Staff Training to EASE Self-Stigma

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.**

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

Phone: 410-637-1850
Fax: 410-637-1880

Putting Recovery Into Practice



MIRECC Matters is also
available online:

www.mirecc.va.gov/visn5/



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

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