

Department of Veterans Affairs

# MIRECC Matters

A Publication of the VISN 5 MIRECC

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## ***VISN 5 MIRECC Infrastructure: Maximizing National and Local Impact***

The Mental Illness Research, Education and Clinical Centers (MIRECCs) were established by Congress to study the causes of mental disorders, and through education and training, put new knowledge into routine clinical practice in the VA. MIRECCs are an essential component of VA's national response to meeting the mental health needs of Veterans. MIRECCs also add significant value to local and regional initiatives and operations. For this issue, I will highlight how the VISN 5 MIRECC's integrated programs maximize our contributions to *both* VA national and local/regional efforts to improve care for Veterans with serious mental illness.

**RESEARCH:** Our research focuses on the development, evaluation, and

implementation of recovery-oriented, evidence-based services. Our Research Core consists of five sub-units that provide expertise and technical support in human subjects protections and quality assurance, collection and analysis of administrative data, qualitative and mixed methods research and evaluation, data management and biostatistics. Leveraging this infrastructure to support our 14 investigators, over the last three years, we secured \$3,128,593 in new externally funded VA and NIH research awards. Our current total portfolio includes 14 externally funded VA and NIH grants and awards totaling over \$8,048,012. Over the last three years our investigators have authored or co-authored 195 papers in peer-reviewed journals and presented research finding in 110 sessions at scientific meetings.



Dr. Richard Goldberg  
VISN 5 MIRECC Director

**NATIONAL HIGHLIGHT:** We are drawing on this infrastructure to oversee the evaluation of a national pilot linked to an Executive Action by which President Obama mandated the placement of Peer Specialists in 25 VA primary care settings. We have partnered with VACO leadership and a team of VA Quality Enhancement Research Initiative (QUERI) funded investigators from the VISN 4 MIRECC to do this work. This evaluation will provide critical data to guide administrators and VA policy makers on future deployment of Peer Specialists in primary care settings.

## VISN 5 MIRECC Infrastructure, continued

### **LOCAL/REGIONAL HIGHLIGHT:**

Drawing on a successful HSR&D funded trial of a medical health and wellness self-management intervention, we have provided local consultation to support the implementation of the curriculum in Psychiatric Rehabilitation and Recovery Centers (PRRCs) across the VA Maryland Health Care System. In addition, we helped support the implementation of a self-stigma reduction intervention, previously evaluated as part of a HSR&D funded trial, at several facilities across the VISN.

**EDUCATION CORE:** Our Education Core contributes to local and national VA training programs that reach young professionals across multiple disciplines. We develop and host conferences and workshops targeting VA clinical, research, and administrative staff as well as Veterans and their families.

**NATIONAL HIGHLIGHT:** Since 2007, our MIRECC has been the coordinating site for the VA National Inter-professional Fellowship Program in Psychosocial Rehabilitation, currently offered in 6 sites across the country. We provide cross-site education and training, assist with national recruitment, and serve as the official liaison between sites and the Office of Mental Health and Suicide Prevention and the Office of Academic Affiliations. Since 2007, we have enrolled

over 250 fellows in Psychiatry, Psychology, Social Work, Nursing, Vocational Rehabilitation, Occupational Therapy, and Chaplaincy. Most Fellows go on to positions in the VA, where many continue to serve in clinical and leadership positions.

### **LOCAL/REGIONAL HIGHLIGHT:**

Our Advanced Fellowship Program in Mental Health Illness Research and Treatment continues to thrive. Recently, three Fellows have received Rehabilitation Research and Development (RR&D) Career Development Awards and are conducting mission-focused research addressing VA treatment priorities. Over the last three years, we have sponsored several conferences and workshops that reached over 150 attendees. We host three webinars per year for Peer Specialists working across VISN 5. Webinars cover topics related to services, interventions, and supports that are useful for Peer Specialists working in a variety of treatment settings.

**CLINICAL CORE:** The Clinical Core provides training and consultation in evidence-based, recovery-focused interventions; conducts systematic needs assessments to identify service gaps; and conducts demonstration projects and field trials of innovative clinical services.

### **NATIONAL HIGHLIGHT:** Since

2008, we have run the national training program in Social Skills Training (SST), an evidence-based practice for Veterans with serious mental illness. This program has successfully trained 948 mental health clinicians and 79 Peer Specialists. We estimate that, during the 6-month training period alone, SST facilitators reached at least 6000 Veterans. Once trained, SST facilitators are equipped to run groups throughout their VA careers. We have also trained over 60 Regional Master Trainers, 40 of whom continue to play a key role in providing local training and consultation.

**LOCAL/REGIONAL HIGHLIGHT:** Last year we partnered with the Copeland Center to develop a training program in Wellness Recovery Action Planning (WRAP) for 8 Peer Specialists in VISN 5. We also host a monthly Psychopharmacology Case Conference for local prescribers to discuss clinical challenges receive consultation from MIRECC investigators with psychopharmacology expertise.

We are proud to be one of 10 MIRECCs that - under the leadership, coordination, and strategic guidance of the Office of Mental Health Services and Suicide Prevention - collectively helps support and advance the national mission of the VA. The infrastructure of the MIRECCs and the other VA National Mental Health Centers of Excellence contributes to the VA's success in meeting a range of mental health needs for our nation's Veterans. The infrastructure across our cores has helped us inform and respond to national and local initiatives and priorities and maximized our value and impact.

## Chronic Pain and Serious Mental Illness

*Letitia Travaglini, Ph.D. and Lorrienne Kuykendall, MA*

Chronic pain (CP) is a significant public health concern in the US, costing over \$635 billion in health care and loss of productivity costs. Veterans in the VA Healthcare System report higher rates of CP than the general US population (50-60% versus 30%, respectively). Individuals with CP often experience decreased physical activity, increased disability, poor sleep, and increased mental and emotional distress.

CP can be especially prevalent among those with serious mental illnesses (SMI), including schizophrenia and bipolar disorder (BD). In a recent VA study<sup>2</sup>, it was found that Veterans with schizophrenia had 1.2 times the likelihood of having a CP diagnosis relative to the general Veteran population. Veterans with BD have 2 times the likelihood of having a pain condition relative to the general VA population, and rates among adults in general are 2-4 times higher among individuals with BD. Individuals with co-occurring BD and CP also report increased pain interference and sensitivity, increased suicidal ideation, and worse disability and quality of life relative to

the general and other mental health populations. Individuals with SMI are often undertreated for pain conditions due to stigma, misconceptions about symptoms, and limited provider skill and comfort in treating comorbidities. Within the VA system, psychological and behavioral pain interventions have been tested with promising results, including Cognitive Behavioral Therapy for CP and mindfulness-based approaches. However, most studies exclude individuals with active psychosis, mania, or substance use disorders. Additionally, common pain medications can pose significant risks to individuals with BD, including addiction potential (opioids), inducing mania (antidepressants), and medication side effects (lithium toxicity with NSAIDs). This highlights the need to better assess and non-pharmacologically treat individuals with co-occurring CP and SMI.

We currently are interviewing Veterans with CP and BP about their CP experiences, as well as interviewing VA medical and mental health care providers about their knowledge of CP in BP. Our aim is to understand what is needed, from both perspectives, to inform care and

allow better options for treatment and recovery.

We have finished the Veteran interviews, and are now studying the responses to identify common themes. Although our analysis is ongoing, we are starting to see some commonalities. There has been a connection made between the cyclical nature of pain and mood symptoms, primarily depression and irritability. Veterans also use a variety of non-medication techniques to prevent or reduce pain symptoms, like meditation, exercise, and stretching, as well as adapting their environment or routine to ameliorate pain concerns. Examination of completed provider interviews is showing themes regarding the need for integrated/multi-disciplinary care. We hope to use data gathered from this project to inform future research examining the effectiveness of non-pharmacological pain management strategies for Veterans with BD and other SMI.

Please contact Dr. Travaglini with any questions:  
[Letitia.Travaglini@va.gov](mailto:Letitia.Travaglini@va.gov).

## ***Understanding Women Veterans' Experiences with Weight Gain from Commonly Prescribed Psychiatric Medications***

*Julie Kreyenbuhl, Pharm.D., Ph.D., Alicia Lucksted, Ph.D., Katie Despeaux, M.S., Vonda Sykes, B.S.*

Many people with serious mental illnesses (SMI) struggle with being overweight. Many factors can contribute to weight gain, including use of some common mental health medications. Research suggests that women with SMI are more likely to experience weight gain from these medications than men, yet little is known about their experiences with medication-induced weight gain. Dr. Julie Kreyenbuhl, research director at the VISN 5 MIRECC, obtained funding from the VA Health Services Research and Development Service to interview women Veterans about their experiences and views of weight gain associated with mental health medications, with the goal of identifying strategies for improving prevention and management. Throughout 2017, she and her staff completed interviews with 30 women Veterans and 18 prescribers (psychiatrists and nurse practitioners) within the VA Maryland Healthcare System. Several themes are described here.

(1) Veterans and prescribers expressed ***distress about medication-induced weight gain***. Several Veterans were surprised by rapid weight gain after starting a particular medication; others expressed worry about weight-related

health risks, a concern shared by prescribers.

(2) Veterans and prescribers described struggling to balance ***trade-offs between the therapeutic benefits of medications and weight gain***.

Several Veterans expressed a willingness to accept weight gain in exchange for beneficial medication effects. Prescribers expressed concern about the potential health effects of weight gain but also prioritized symptom reduction.

(3) Veterans and prescribers noted that ***existing interventions for addressing weight gain are limited***. Many Veterans recounted frustration after spending time and energy on exercise and weight loss programs that produced modest results. Because many medications are sedating, they can contribute to weight gain *and* reduced capacity to engage in physical activity. In addition, exercise and weight management programs are usually employed only *in response to weight gain*, even though it is harder to lose weight than to prevent weight gain.

The interviews generated several recommendations. (1) Prescribers should have well-informed, patient-centered, individualized, and mutually respectful discussions up front about side effects *and the many uncertainties associated with them*. It is important to talk about Veterans' willingness to accept side effects like weight gain and to support Veterans' decisions. (2) Discussions should highlight ***prevention strategies*** that are accessible, do-able, and sustainable. (3) Veterans should be provided with skills for talking with prescribers about side effects and the desire to change medications when side effects become intolerable. (4) Veterans stressed the need for emotional support regarding side effects and weight loss. This could take the form of Veterans supporting each other, engaging in therapy, or providing education to family members to support Veteran efforts. (5) women Veterans with SMI may also benefit from long-term support (e.g., through a personal health coach) to help with anticipating and preventing weight gain before it becomes difficult to address.

## **Learn about Current Research Studies at the VISN 5 MIRECC**

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

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

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

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

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

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

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



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

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

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

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

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

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

## Publication Spotlight

**Ryan, Arthur T.,** Jean Addington, Carrie E. Bearden, Kristin S Cadenhead, Barbara A Cornblatt, Daniel H. Mathalon, Thomas H McGlashan, et al. 2018. Latent Class Cluster Analysis of Symptom Ratings Identifies Distinct Subgroups within the Clinical High Risk for Psychosis Syndrome. *Schizophrenia Research*. Available online 24 December 2017.

The clinical-high-risk for psychosis (CHR-P) syndrome is heterogeneous in terms of clinical presentation and outcomes. Identifying more homogenous subtypes of the syndrome may help clarify its etiology and improve the prediction of psychotic illness. This study applied la-

tent class cluster analysis (LCCA) to symptom ratings from the North American Prodrome Longitudinal Studies 1 and 2 (NAPLS 1 and 2). These analyses produced evidence for three to five subgroups within the CHR-P syndrome. Differences in negative and disorganized symptoms distinguished among the

subgroups. Subgroup membership was found to predict conversion to psychosis. The authors contrast the methods employed within this study with previous attempts to identify more homogenous subgroups of CHR-P individuals and discuss how these results could be tested in future samples of CHR-P individuals.

Thomas, E.C., **Despeaux, K.A., Drapalski, A.L., & Bennett, M.E.** Person-Oriented Recovery of Individuals With Serious Mental Illnesses: A Review and Meta-Analysis of Longitudinal Findings. *Psychiatric Services in Advance* (doi: 10.1176/appi.ps.201700058)

This review and meta-analysis synthesized findings pertaining to the study of person-oriented recovery constructs over time and concomitants of change. Systematic searches up to February 2017 were conducted and were supplemented by hand-searching of reference lists and by contacting study authors. Twenty-three independent studies that included a sample of individuals with serious mental illnesses and that quantitatively measured person-oriented recov-

ery, empowerment, or hope over at least two time points were included in the review. Aggregate effect sizes for person-oriented recovery outcomes were calculated, and individual, intervention, and methodological characteristics served as moderators in meta-regression analyses. The meta-analysis (N=1,739 participants) demonstrated that consumers experience greater (and sustained) improvement in person-oriented recovery outcomes when they are involved in recovery-oriented mental health treatment versus usual care or

other types of treatment. Only type of intervention provider was a significant moderator; a study of an intervention that was delivered by both mental health professionals and peer providers demonstrated the greatest differences between treatment and control groups. Recovery-focused interventions, especially those that involve collaborations between mental health professionals and peer providers, may serve to foster increased recovery, hope, and empowerment among individuals with serious mental illnesses.

## VISN 5 MIRECC Recent and Upcoming Educational Activities

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

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

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

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

(2) The MIRECC runs a bi-monthly Science Meeting (2nd and 4th Tuesday of the month, 12-1, at the MIRECC, VANTS 800-767-1750, 71129).

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

Upcoming research presentations are:

- April 10, 2018: Tobacco Craving and Interventions for Tobacco Dependence
- April 24, 2018: Chronic Pain & Bipolar Disorder: Results of a Pilot Study
- May 22, 2018: Mediation Analysis Methods for Pre-Post Follow-up Studies

(3) The MIRECC will host a Journal Club on June 12, 2018. Dur-

ing Journal Club, we discuss an article selected and presented by a MIRECC investigator on a topic of interest. We will send out the article and a reminder as this date gets closer.

(4) On Tuesday, June 12, at the Perry Point VAMC, and Friday, June 29th, at the Baltimore VAMC, the MIRECC will be sponsoring an all day Workshop for VA mental health clinicians entitled: Co-occurring Health Concerns in Veterans with Mental Health Disorders: Brief Assessment, Discussion, and Referral. Sessions will focus on smoking cessation, sleep improvement, and exercise with older Veterans.

**For more information, contact  
Melanie Bennett at  
[Melanie.Bennett@va.gov](mailto:Melanie.Bennett@va.gov).**



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

The mission of the VISN 5 MIRECC is to *put recovery into practice*. Our Clinical Core partners with clinical programs and staff at the VAMHCS, VISN, and national levels to support *recovery-oriented* and *evidence-based* clinical services for Veterans with mental illness. 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
- 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 Among Veterans in Recovery

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

and to learn practical strategies we can use to help the Veterans we work with be resilient in the face of common stigmatization of mental health problems. EASE strategies employ four principles, from which it gets its name: Education, Awareness, Shifting perspective, and Empowerment.

**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 [EA-SETeam@va.gov](mailto:EA-SETeam@va.gov).**

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

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

develop independent programs of research on topics related to psychosocial treatment development and implementation of recovery-oriented services and engage in supervised clinical training, delivering clinical services in settings that serve Veterans with serious mental illness. Detailed information can be found on the national MIRECC website at [http://](http://www.mirecc.va.gov/mirecc-fellowship.asp)

[www.mirecc.va.gov/mirecc-fellowship.asp](http://www.mirecc.va.gov/mirecc-fellowship.asp) and at the VISN 5 website at <http://www.mirecc.va.gov/visn5/>.

**Potential applicants are encouraged to contact Dr. Melanie Bennett at [Melanie.Bennett@va.gov](mailto:Melanie.Bennett@va.gov) to discuss details of the opportunities available for fellows.**

## Recovery-Oriented Small Grants Program

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

panding recovery-oriented clinical or self-help projects; new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models; or specific recovery-oriented services/programs. Past grants have been used by clinicians and peer specialists to attend trainings, bring in speakers, start new programs, and support crea-

tive activities that promote mental health recovery.

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

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

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

## Join our Veterans Advisory Panel

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

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

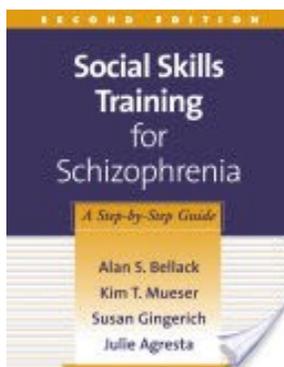
projects and to contribute their perspectives, opinions and suggestions as Veterans. All interested Veterans are encouraged to join!

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

- Good on your resume, too.

The MIRECC Veterans Advisory Panel is not connected to a research study. It is an ongoing group of volunteer advisors who help the MIRECC further improve its work.

## VA Social Skills Training



Since 2008, the VA Social Skills Training (VA-SST) program has been training VA clinicians nationwide in the delivery of SST for Veterans with serious mental illness. Over the years, the VA-SST program has trained over 948 VA staff across the coun-

try, including 79 Peer Specialists, and more than 48 Master Trainers, and 216 fellows.

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

**ings, please visit our website:** [http://www.mirecc.va.gov/visn5/training/social\\_skills.asp](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).

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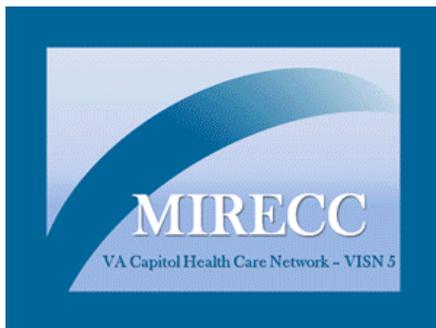
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**Putting Recovery Into Practice**



**MIRECC Matters is also  
available online:**

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

