



MIRECC Matters

VOLUME 17, ISSUE 1

FEBRUARY, 2016

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Network Realignment: Putting Recovery Into Practice Across an Expanding VISN

Richard Goldberg, Ph.D.

As most of you are probably already aware, the VA is realigning VA Integrated Service Network (VISN) footprints to more closely align with state boundaries. As part of this realignment, VISN 5 will gain three additional sites: Beckley, Clarksburg, and Huntington, West Virginia. The new VISN 5 will now comprise four Medical Centers in West Virginia, two in Maryland, and one in Washington, DC, along with over two dozen outpatient clinics. With this realignment, the Veteran population in the VISN 5 catchment area increases by 21% and unique users of VA services increases by 41%. The number of staff will also increase by 39%

The expansion of our home VISN affords our MIRECC an opportunity to reach out to new stakeholders and re-connect with existing partners as we work to improve recovery-oriented treatments and services targeting seriously mentally Veterans and their families. Toward that end, I recently sent a welcome package and summary of MIRECC programming to VISN and facility leadership 5 with the hopes of sparking new collaborations.

I am excited about the prospect of expanding the reach of our recovery-oriented programming and am confident that this will enable us to reach more Veterans and make even greater contributions to the training and education of VA staff. Listed here are a few of the resources and programs we are thrilled to offer to the expanded number of stakeholders across the VISN.

VISN 5 Recovery-Oriented Small Grant Program: This small grant mechanism was established to fund recovery-oriented

Mission Forward: An Update on the Work of the VISN 5 MIRECC

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clinical and educational innovations within VISN 5 in response to the VA's Action Agenda to transform VA mental health services to a recovery model. This program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects; new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models; or specific recovery-oriented services/programs. Application Deadlines are the 1st of March, June, September, & December. Award amounts range from \$300-\$5000. For more information, contact: Alicia Lucksted (Alicia.Lucksted@va.gov).

Educational Webinar Series for VA Peer Specialists: The VISN 5 MIRECC hosts 3-4 educational webinars per year for VA Peer Specialists. These webinars cover topics related to services, interventions, and supports that may be useful for Peer Specialists working in a variety of treatment settings. The next webinar is Thursday, March 10, 2016 (3:00-4:30pm). Danielle Jahn, Ph.D. & Jonathan Hollands, CPS will be presenting a talk titled "Peer Role in Veteran Suicide Prevention Through Safety Training." Anyone across the entire VA is free to attend. To sign-up for this webinar or to suggest a topic, contact Ralf Schneider (Ralf.Schneider@va.gov) .

Full-Day VISN 5 Conference, 2016. Implementing Trauma Informed Care for Veterans with Serious Mental Illness. Scheduled for May 10, 2016, Baltimore VAMC Auditorium. To receive registration information, contact Melanie Bennett (Melanie.Bennett@va.gov).

Recovery Sharepoint. The VISN 5 MIRECC is making recovery-oriented resources for clinicians, trainees and peer specialists available to mental health providers throughout the VISN through access to our sponsored Sharepoint site. We welcome you to check out these resources and contribute additional resources. Contact Melanie Bennett (Melanie.Bennett@va.gov) for more information.

I look forward to forging new relationships and sowing the seeds of recovery more broadly across our expanding VISN. Cheers!

Trauma-Informed Care for Veterans with Serious Mental Illness

By Dr. Jennifer Aakre

There is a growing evidence base supporting the use of cognitive behavioral treatments for posttraumatic stress disorder (PTSD) with individuals who have coexisting serious mental illness (SMI). Interventions designed for individuals with PTSD and SMI have shown promise in reducing PTSD symptoms, and early evidence suggests that evidence-based cognitive-behavioral interventions (e.g., Prolonged Exposure Therapy) are well tolerated and effective in treating PTSD in this group. Despite this evidence, research in non-VA, public-sector mental health systems suggests that clinicians are reluctant to treat PTSD symptoms or even discuss trauma history with individuals with SMI. Reasons for this reluctance include clinicians' fears that directly addressing trauma would result in significant exacerbation of psychiatric symptoms, and inadequate training in evidence-based PTSD interventions. A large study of clinician found that barriers such as SMI symptoms, cognitive impairment, and an unwillingness to discuss trauma were common. A recent study involving clinicians who work in early psychosis intervention programs found similar barriers, including providers' perceived increased mental health risks for clients with psychosis, providers' workload pressures, and poor client engagement.

These barriers are also found in VA. VISN 5 MIRECC Investigator Dr. Jennifer Aakre conducted an online survey of current practices and potential barriers to the provision of evidence-based psychotherapies for PTSD for Veterans with coexisting SMI. Respondents were 474 VA Cognitive Processing Therapy (CPT) Providers, 39 Psychosocial Rehabilitation and Recovery Center Coordinators, and 40 Evidence-Based Practice (EBP) Coordinators. Overall, 57% of CPT provider respondents ($n=270$) used CPT, an EBP for PTSD, with one or more Veterans with coexisting SMI. The majority of respondents from all three participant groups (69%-77%) indicated that such Veterans have access to PTSD evidence-based psychotherapies at their site, but also endorsed barriers to the provision of these treatments (58%-72%) including a lack of referrals for, clinician fears of providing such treatment for Veterans with SMI, and concerns about establishing sufficient clinical stability. These findings illustrate the great need for clinicians to gain a better understanding of how to assess trauma experience and PTSD in Veterans with SMI, how to determine the appropriate type and level of care for each, and how to refer Veterans with SMI to this care.

Over the last decade there has been a push to address these issues in clinical practice by providing individuals with SMI with trauma informed care. As defined by SAMHSA's National Center for Trauma-Informed Care, (<http://www.samhsa.gov/nctic>), a program with a trauma-informed approach "*Realizes* the widespread impact of trauma and understands potential paths for recovery; *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and *Seeks* to actively resist *re-traumatization*."

Trauma-Informed Care for Veterans with Serious Mental Illness

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SAMHSA identifies six key principles of a trauma-informed approach: Safety, Trustworthiness and Transparency, Peer support, Collaboration and mutuality, Empowerment, voice and choice, and Cultural, Historical, and Gender Issues. As SAMHSA states: "From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration." Based on this conceptualization, important components of trauma-informed care for individuals with SMI care include the following:

- ◆ Providing education to clinicians about the prevalence and effects of trauma in SMI
- ◆ Screening all individuals with SMI receiving mental health services for trauma experience and associated symptoms
- ◆ Ensuring that interactions with mental health care providers emphasize safety, choice, and lack of coercion
- ◆ Developing for every individual with SMI a clear crisis/safety plan
- ◆ For individuals with SMI who have a positive screen, conducting a comprehensive assessment for the presence of a diagnosis of PTSD
- ◆ For those with a diagnosis of PTSD, providing evidence-based PTSD treatment or referring to a program that can provide this service
- ◆ For clinicians who provide evidence-based PTSD treatment, providing education about symptoms of SMI and procedures for securing consultation around the impact of these symptoms on the expression and treatment of PTSD.
- ◆ For individuals with comorbid PTSD and SMI, collaboration among treatment providers to ensure smooth and coordinated care for both conditions simultaneously.

VA mental health clinicians must have a good understanding of how to assess trauma experience and PTSD in Veterans with SMI, how to determine the appropriate type and level of care, and how to refer these Veterans to appropriate services.

The VISN 5 MIRECC is planning a 1-day conference for May 10, 2016 at the Baltimore VAMC. Conference presenters will provide information on the prevalence of trauma and PTSD in SMI, screening tools for identifying individuals with SMI who present with trauma exposure and associated symptoms, differential diagnosis of PTSD within the context of SMI, and how to provide or refer to the appropriate treatment for trauma-related symptoms. Information will come out soon on procedures for signing up to attend this important conference.

Meet the Newest MIRECC Fellow!

The VISN 5 MIRECC is pleased to welcome Dr. Latrice Vinson as the newest Advanced Fellow

Latrice D. Vinson, Ph.D., M.P.H. joined the VISN 5 MIRECC in October 2015. Latrice received a doctorate in Clinical Psychology from The University of Alabama with a concentration in geropsychology and a Master of Public Health in Healthcare Organization from The University of Alabama at Birmingham. She completed her clinical internship at the North Florida/South Georgia Veterans Health System, and she recently finished a 1-year clinical fellowship at the Washington DC VA Medical Center. Latrice comes to us as a 2015-2016 Health and Aging Policy Fellow, where she is collaborating with the MIRECC and the VACO Office of Geriatrics and Extended Care (GEC) Services on projects related to aging policy.

Tell us about your area of research. I am a clinical psychologist by training with interests in geropsychology and health policy. My dissertation focused on work force diversity management in nursing homes. I have worked on projects related to the promotion of cultural transformation and person-centered care practices in long term care settings, as well as minority aging and health disparities. More recently, I have developed an interest in improving services for older adults who have complex neurocognitive disorders, serious mental illness, and comorbid medical conditions. With limited capacity for integrated, patient-centered care across medical and mental health settings, these individuals, who frequently have behavioral disturbances, are often shifted between care settings. These repeated transitions can lead to adverse health outcomes.

What projects are you currently working on? The GEC office collaborated with the Office of Mental Health to develop the Inpatient Care for Veterans with Complex Cognitive, Mental Health and Medical Needs Task Force. The Task Force created a set of recommendations to help address the needs of these complex Veterans. Through my placement with GEC, I am assisting with the implementation of the recommendations set forth by the Task Force. My project will focus on identifying strong practices in the field and determining how to implement them within VA. I am also networking with leaders at the Centers for Medicare & Medicaid Services (CMS) to identify community models and measures for these complex patients across post-acute care settings.

What are the implications of your work for Veterans? My work with the Complex Patient Task Force will help improve the care of Veterans in this patient population by ensuring Veterans receive integrated medical and mental health care "in place." This will also assist VA leaders in understanding how to develop policies to support practice change that will improve the quality of care for Veterans. Furthermore, my work identifying measures and metrics for complex patients has broader implications for the Improving Medicare Post-Acute Care Transformations (IMPACT) Act of 2014, which, among other things, will require the development and reporting of quality measures for cognitive function.

How can people get in touch with you? I am co-located in the MIRECC suite in the VA Annex and the GEC office at VACO (810 Vermont Ave, NW). I can be reached at 202-632-9592 or by email at Latrice.Vinson@va.gov.

PUBLICATION SPOTLIGHT

[MIRECC Investigators in bold]

Klingaman, E. A., Palmer-Bacon, J., **Bennett, M. E.**, & Rowland, L. M. (2015). Sleep disorders among people with schizophrenia: Emerging Research. *Current Psychiatry Reports*, 17(10), 616.

In this paper, we review and integrate emerging literature, published between 2012 and 2014, regarding approaches to diagnosis and treatment of major sleep disorders for people with schizophrenia spectrum disorders, including insomnia, obstructive sleep apnea (OSA), circadian rhythm dysfunction, and restless legs syndrome (RLS). We advocate for (1) the need to evaluate the utility of nonpharmacological approaches in people with schizophrenia spectrum disorders; (2) documentation of guidelines to assist providers in clinically tailoring such interventions when their clients experience positive, negative, and/or cognitive symptoms; (3) research on the best ways providers can capitalize on clients' self-identified needs and motivation to engage in sleep treatments through shared decision making; and (4) the importance of investigating whether and how mental health and sleep treatment services should be better connected to facilitate access for people with schizophrenia spectrum disorders. Assessment and tailored treatment of sleep disorders within mental health treatment settings has the potential to reduce sleep problems and improve functioning, quality of life, and recovery of this population.

Jahn, D. R., **Bennett, M. E.**, **Park, S. G.**, Gur, R. E., Horan, W., Kring, A., & Blanchard, J. J. (2016). The interactive effects of negative symptoms and social role functioning on suicide ideation in individuals with schizophrenia. *Schizophrenia Research*. Advance online publication.

The aim of this study was to examine the moderating effects of self-reported desire for social closeness and interviewer-rated negative symptoms on the relationship between social role functioning and suicide ideation. Our sample consisted of 162 individuals who had been diagnosed with schizophrenia-spectrum disorders; all participants completed self-report questionnaires and clinician-administered interviews, and moderation hypotheses were tested with a non-parametric procedure. Motivation and pleasure-related negative symptoms moderated the relationship between social role functioning and suicide ideation; self-reported desire for social closeness and negative symptoms related to expression did not have such a moderating effect. Specifically, better social role functioning was associated with less suicide ideation only in individuals who had low motivation and pleasure-related negative symptoms. These findings suggest that assessing for negative symptoms and social role functioning may inform suicide risk assessments in individuals with schizophrenia.

Comings and Goings



We are happy to welcome two new staff members!

Aubree Corporandy has joined our Center as a Research Assistant. Aubree has a bachelor's degree in psychology from the University of Maryland, Baltimore County. She comes to the MIRECC from working as an independent evaluator on a study from the VA Cooperative Studies Program: VA Augmentation and Switching Treatments for Improving Depression Outcomes (VAST-D). Aubree will be working on several studies at the MIRECC focused on mental health stigma Veterans with SMI and understanding some of the specialized needs of women Veterans with SMI.

Lorriane Kuykendall is also joining the MIRECC as a research assistant and will be based primarily at the Washington, DC VA Medical Center. Lorriane has her M.A. in Forensic and Legal Psychology from Marymount University. Prior to joining the MIRECC, she worked as a Research Group Coordinator and a Project Lead in the Sexual Abuse, Violence & Exploitation Research Group at Marymount University. Lorriane recently finished an internship with the Police Executive Research Forum, in Washington, DC, and has held previous roles as a Research Assistant on a number of different projects as an undergraduate at Eastern Michigan University. Lorriane will be working on several MIRECC studies, both as a recruiter and an assessor.

Welcome to you both!

We would also like to thank Dr. Jen Aakre who recently left our Center for a new opportunity as a Psychologist at the Minneapolis VA. Jen trained with us here in VISN 5 as a postdoctoral fellow and stayed on as a MIRECC Investigator. Her work in the area of trauma assessment and treatment among Veterans with serious mental illness was of critical importance and brought to light the great need for trauma-informed care as part of mental health services for these Veterans. Her work identified barriers and facilitators to improving trauma care for Veterans with serious mental illness and will have a long-lasting impact on the many people she worked with. On a personal note, Jen is a kind and generous person who brought great feelings and positive energy to our Center every day. We will all miss talking to her and hearing her great laugh!

Best of luck to you, Jen! We'll miss you!

Upcoming Conferences and Events

MIRECC SCIENCE MEETINGS

The MIRECC organizes a series of meetings at which invited speakers and local researchers present research findings, discuss other projects they are working on to get input from peers, or discuss other research-related issues. These meetings occur on the 2nd and 4th Tuesday of the month (12-1) and are held in the MIRECC conference room (7th Floor Baltimore Annex).

- February 9 - JoAnn Kirchner, MD and Jeff Smith: External Facilitation as an Implementation Strategy and Related Research/Evaluation Efforts
- April 26 - Roberto Lewis-Fernandez, MD: Culture and DSM 5
- May 24 - John W. Kasckow, MD, PhD: Monitoring Veterans at Risk for Suicide through Telehealth

For more information, contact Melanie Bennett (Melanie.Bennett@va.gov).

VA Social Skills Training for Serious Mental Illness

Since 2008, the VA Social Skills Training (VA-SST) program has been training VA clinicians nationwide in the delivery of SST for Veterans with serious mental illness. Over the years, the VA-SST program has trained over 800 VA staff across the country, including 53 Peer Specialists, 48 Master Trainers, and 216 fellows. Trainings for 2016 have not been scheduled. We will provide more information on upcoming trainings in future issues of the MIRECC Matters.

For more information on Social Skills Training and the VA-SST Training program, please visit our website: http://www.mirecc.va.gov/visn5/training/social_skills.asp or email Elizabeth Gilbert, Ph.D. (Elizabeth.Gilbert@va.gov).

MONTHLY CONSULTATION SEMINAR Psychopharmacology Case Conference

First Thursday of every month, 1:00 - 2:00 PM, 1-800-767-1750, code 79846

All VISN Clinicians are invited to attend this conference and to bring questions about a difficult or challenging psychopharmacology case. Note that the topic of the conference has been expanded from a focus only on metabolic side effects of antipsychotic medications to include all areas of psychopharmacology. The MIRECC Case Conference facilitators are Robert Buchanan, M.D., MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, Ph.D., MIRECC investigator and Associate Professor in the UMB Department of Psychiatry; and Neil Sandson, M.D., inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

Upcoming Conferences and Events, continued

MIRECC Educational Webinar Series for VA Peer Specialists

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

Thursday, March 10th, 2016

3:00-4:30pm

Peer Role in Veteran Suicide Prevention Through Safety Training
Danielle Jahn, Ph.D. & Jonathan Hollands, CPS

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

2016 MIRECC Conference

Implementing Trauma Informed Care for Veterans with Serious Mental Illness

May 10, 2016; 8 am—4 pm

Baltimore VAMC Auditorium

The VISN 5 MIRECC is planning a 1-day conference aimed at educating clinicians about trauma-informed care for Veterans with serious mental illness. Conference presenters will provide information on the prevalence of trauma and PTSD in SMI, screening tools for identifying individuals with SMI who present with trauma exposure and associated symptoms, differential diagnosis of PTSD within the context of SMI, and how to provide or refer to the appropriate treatment for trauma-related symptoms. Information will come out soon on procedures for signing up to attend this important conference. To get on the mailing list to receive registration information, contact Ralf Schneider

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

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

Get Involved with the VISN 5 MIRECC

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines: 1st of March, June, September, & December

Small Grant Amount: \$300-\$5000

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations within VISN 5 in response to the VA's Action Agenda to transform VA mental health services to a recovery model. This program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects; new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models; or specific recovery-oriented services/programs. For more information or to receive an application, please contact:

Alicia Lucksted, Ph.D., MIRECC Recovery Coordinator
www.mirecc.va.gov/visn5, 410-706-3244, Alicia.Lucksted@va.gov



The VISN 5 MIRECC Seeks Veterans Interested in Mental Health Issues to Join Our Veterans Advisory Panel



Advisors are volunteer Veterans who meet once a month to hear about current VISN-5 MIRECC research, educational, and clinical projects and to contribute their perspectives, opinions and suggestions as Veterans.

All interested Veterans are encouraged to join!

Be part of the discussion.

Help shape MIRECC work in the VA.

Meet other Veterans with common interests.

Good on your resume, too.

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

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



MIRECC DIRECTOR

Richard Goldberg, Ph.D.

MIRECC ADMINISTRATIVE OFFICER

Steve Day, MS, MHA

RESEARCH CORE

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

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MIRECC MATTERS EDITOR

Melanie Bennett, Ph.D.

MIRECC MATTERS ASSOCIATE EDITORS

Ralf Schneider, MA, CPRP

Jennifer Aakre, Ph.D.

Richard Goldberg, Ph.D.

PHOTO CREDITS

Medical Media, VA Maryland Health Care System

University of Maryland School of Medicine

MIRECC MATTERS

An electronic publication of the

VA Capitol Health Care Network (VISN 5)

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

www.mirecc.va.gov/visn5

MIRECC Matters is also available online:

www.mirecc.va.gov/visn5/newsletter.asp