



MIRECC Matters

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

Richard Goldberg, Ph.D.

On April 24th MIRECC leadership spent the day at VA Central Office presenting on the status of our Center as part of our renewal effort. At the end of the day we were told that we could expect a recommendation for a full 5 year renewal. The reverse site visit process provided a great opportunity to showcase the range of our integrated research, educational, and

clinical programming and demonstrate our ongoing commitment to supporting and enhancing the recovery and community functioning of Veterans with serious mental illness. Here I highlight some vital statistics across our core structure and share strategic priorities to continue our success and maximize our value added in supporting the VHA's commitment to improving the health and well-being of Veterans.

Research Core: Our research focuses on the development, evaluation and implementation of recovery-oriented evidence-based treatments and services across five areas: 1. Health and Wellness; 2. Family-Oriented Services; 3. Stigma; 4. Psychopharmacology and Neurobiological Bases of Serious Mental Illness; and 5. Treatment and Community Engagement. To support this work, 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. Since 2007 (the year of our last reverse site visit), we secured 41 externally funded VA research awards. Our current portfolio includes 26 externally funded grants and awards totaling over 13 million dollars. The Core also administers our Pilot Research Program which, since 2007, has funded over 40 pilot studies, many of which helped investigators secure additional VA Merit research funding. MIRECC investigators have been productive in disseminating their research findings: since our last reverse site visit, MIRECC investigators have authored or co-authored 437 papers in peer-reviewed journals and presented research findings in 379 sessions at scientific meetings.

Education Core: Since our last reverse site visit, we sponsored 9 full-day conferences and 10 half-day workshops on topics related to health,

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stigma, and recovery that reached over 1,355 Veterans, family members and staff across VISN 5. Our fellowship programs have continued to thrive. Dr. Melanie Bennett serves as the Fellowship Director for the VA Advanced Fellowship Program in Mental Illness Research and Treatment and I serve as the Hub Site Director for the six-site VA National Inter-professional Fellowship Program in Psychosocial Rehabilitation (PSR). For our MIRECC-based Advanced Fellowship, we have admitted 14 fellows since 2003. Five fellows are currently in the program. Of the nine graduates, seven have research or clinical/administrative careers within VA and 2—Drs. Amy Drapalski and Jennifer Aakre—remain with our MIRECC and are now funded research investigators who between them have been awarded VA Merit and Small Projects in Rehabilitation Research funding through the HSR&D and RR&D Services. One of our current fellows was awarded a VA RR&D Career Development Award focusing on optimizing delivery of Cognitive Behavioral Therapy for insomnia for Veterans with psychosis. The PSR fellowship has trained over 200 practitioners across multiple disciplines, the majority of whom remain in the VA system.

Clinical Core: The mission of this Core is to facilitate implementation of clinical research protocols; provide clinical and operational consultation services for VISN 5 providers and programs; deliver training and consultation in evidence-based, recovery-focused interventions for VA clinicians at local, regional, and national levels; conduct systematic needs assessments to identify service gaps and generate ideas for new clinical, research, and educational programs; and conduct demonstration projects and field trials of innovative clinical services. Clinical Core activities include the VA National Social Skills Training (SST) Program (which has trained over 800 staff across all VISNs); consultation to VA clinical providers in evidence-based practices including Motivational Interviewing, Critical Time Intervention, behavioral interventions for health behavior change (smoking cessation, drug abuse), family services, and stigma reduction strategies; consultation regarding use of psychopharmacologic treatments for VISN clinicians; consultation to and evaluation of a recovery center at the Perry Point VAMC that served over 700 Veterans during its first year of operation; and other similar activities. We have also offered over 36 small grants to seed innovative recovery-fostering clinical and educational interventions across the VISN. As noted in a recent issue of the MIRECC MATTERS we also trained 14 Peer Specialists in Wellness Recovery Action Planning (which included a 4-day face-to-face training and a 6-month consultation period).

During our reverse site visit, we identified plans to expand our work in three priority areas: information technology, trauma-informed care for Veterans with serious mental illness, and aging and serious mental illness. I look forward to providing updates in these areas in future issues of the MIRECC MATTERS. We are excited about using the next 5 years to build on our successes and contribute to VHA efforts to improve the treatments, services, and outcomes for Veterans with mental illnesses traversing their recovery journeys in pursuit of health and well-being.

MIRECC Provides SST Training to VISN 5 Peer Specialists

by Ralf Schneider, MA, CPRP

The VISN 5 MIRECC manages and oversees the VA Social Skills Training (SST) Program, funded by Mental Health Services at VA Central Office. The program provides training, technical support, and consultation in SST – an evidence-based practice (EBP) for those with serious mental illness - to VA practitioners and mental health program leaders working with seriously mentally ill Veterans and their families. Training involves a combination of 2-day, face-to-face workshops in which trainees learn the skills needed to lead an SST group at their home facilities, along with six months of follow-up clinical consultation in which trainees receive ongoing consultation and feedback from experienced SST "consultants" via phone calls and review of SST therapy sessions. To date the program has directly trained close to 800 VA mental health staff in the delivery of SST, including over 30 Peer Specialists.

On May 4th and 5th, the Training Program conducted an SST Workshop for nine Peer Specialists from across VISN 5. The workshop was a great success! In addition to the modeling and role play portions of the workshop led by our SST consultants, two presenters, Dr. Jason Peer (LRC at the VAMHCS) and James Buckley (Peer Specialist and SST facilitator from the Providence VA) contributed. Our presenters led discussions on how Peer Specialists can utilize their lived experience to inform and enhance their facilitation of SST groups. The participants and consultants were satisfied with the training experience. Peer Specialist participants will next complete the six months of consultation while conducting SST groups at their worksites. The settings in which the Peer Specialists will lead groups will include PPRCs, inpatient units, Dom settings, and HUD VASH.

SST is the only EBP within VA that includes training of Peer Specialists. Designing an SST training program specifically for Peer Specialists is important as a way to understand Peer Specialist training needs and to provide insight into training Peers Specialists in other EBPs. We are happy to have had this opportunity and we look forward to training more Peer Specialists in the future.

Resilience, Perceived Burden, and Suicide Risk in Veterans

by Danielle Jahn, Ph.D., Post Doctoral Fellow

Male Veterans are at high risk for suicide, but the specific cause of this elevated risk has not yet been identified. One possible cause is perceived burdensomeness, the belief that one is such a burden or liability to others that his/her death is worth more than his/her life. Due to service-related experiences and reintegration after deployment (among other reasons), Veterans may face role losses, social changes, and financial difficulties. These life changes may create perceptions of burdensomeness on others. Perceived burdensomeness appears to be a critically important risk factor for suicide in many groups of people, including Veterans. Yet, it is not clear why some Veterans experience perceived burdensomeness and suicide ideation in the face of significant life changes while others do not.

Resilience may be a key to resolving this question. Resilience may protect against the development of perceived burdensomeness even in the face of difficult life changes. There is some evidence for resilience as a protective factor against suicide risk among Veterans, but there has been no study of the intersecting roles of resilience and perceived burdensomeness in suicide risk among male Veterans.

As part of my work as a post-doctoral fellow here at the VISN 5 MIRECC, I received funding from VISN 5 through their mechanism for new investigator pilot projects, to conduct a study to examine this question. This study will recruit 50 male Veterans ages 18 to 64 with major depressive disorder (an important risk factor for suicide) to assess how resilience and perceived burdensomeness may interact to affect suicide ideation. Veterans will complete questionnaires and computer-based tasks to assess these variables, and a statistical model will be built to test the relations of interest.

The goal of the VISN 5 MIRECC is to put recovery into practice, and this study aligns well with that goal. SAMHSA's definition of recovery focuses on a strengths-based and person-driven approach. This study will give us a better understanding of the ways in which building resilience can be effective in reducing suicide risk and improving Veterans' overall quality of life.

Mindfulness-Based Stress Reduction (MBSR) Programming at the DC VAMC

by Jennifer Cho and Alicia Lucksted

Mindfulness is the awareness that emerges when paying attention on purpose, in the present moment, and non-judgmentally. Mindfulness-Based Stress Reduction (MBSR) provides instruction and practice in mindfulness including mindful breathing; seated and walking meditation; gentle yoga; and mindfulness in everyday life. MBSR also provides instruction and explorations of topics such as stress physiology; responding vs. reaction to stress; mindful eating and mindful communication. The MBSR program includes eight weekly classes, each 2 ½ hours- 3 ½ hours in length, plus a half- or full-day silent retreat. MBSR is highly respected in medical and mental health circles for helping people cope with diverse psychological conditions and life situations and has several decades of supporting effectiveness research behind it.

Jennifer Cho, LCSW, Coordinator for Serving Returning Veterans Mental Health (SeRV MH) and Senior Clinical Social Worker in the Trauma Services Program at DC VAMC, has received two rounds of funding from the MIRECC Recovery Seed Grant Program to bring MBSR to Veterans at the DC VAMC. Her first seed grant was awarded in 2012 and provided resources for Ms. Cho to receive formal training in MBSR so that she could provide an MBSR curriculum customized for Veterans with PTSD. Since completing this training, Ms. Cho has taught nine eight-week MBSR groups for Veterans with PTSD within the DC VAMC Trauma Services; the tenth group is planned for Fall 2015. Participants have reported improved ability to handle stress and PTSD symptoms after completing the course. Graduates of the group are invited to attend an ongoing weekly MBSR practice group. Ms. Cho shared the success of these groups by presenting a workshop on MBSR for Veterans recovering from PTSD at the American Psychiatric Association Annual Convention in May, 2014, at the DC VAMC Community Mental Health Summit in July, 2014, and as a Mental Health Grand Rounds presenter in November, 2014.

Mindfulness is the awareness that emerges when paying attention on purpose, in the present moment, and non-judgmentally.

Mindfulness-Based Stress Reduction (MBSR) Programming at the DC VAMC

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Ms. Cho's second seed grant provided resources for her to complete the required training and supervision to become a Certified Mindfulness Based Stress Reduction (MBSR) Teacher through the Center for Mindfulness, University of Massachusetts Medical School. This has improved her ability to provide MBSR, to train staff in mindfulness, and to serve as a consultant to staff interested in developing mindfulness programming in their respective areas. After she completed this training, Ms. Cho trained additional mental health service staff members in mindfulness techniques so that more Veterans can benefit. Interested staff members represented a range of disciplines, including Peer Specialists. In late 2014, Ms. Cho led an MBSR class for multi-disciplinary staff-both for their own well-being and to help them consider how to incorporate mindfulness into their work with DC VAMC Veterans. Over 20 staff from throughout the hospital participated, with the majority of participants from the mental health service line.

This training has led to the availability of additional MBSR services for Veterans at the DCVA. Participants in the MBSR staff training have gone on to develop and lead a class at the Substance Abuse and Recovery Program (SARP) at the DCVA called "Mindfulness and Recovery"; this class has been added to regular programming at SARP. Others have developed and implemented mindfulness-based programming in DC VAMC's Psychosocial Rehabilitation and Recovery Clinic (PRRC) and Pain Clinic, thereby extending the reach of mindfulness techniques to many other Veterans. In addition, there is now an ongoing mindfulness practice group for Mental Health Service staff members which is a great resource for staff new to mindfulness practices or for those who have been trained in MBSR to keep their skills fresh and up-to-date.

In the future, in addition to continuing to provide MBSR to Veterans with PTSD, Ms. Cho plans to lead a shorter lunch hour mindfulness course as an introduction for an even wider audience, to continue to support ongoing mindfulness practices at DC VAMC, to continue to train interested staff at DC VAMC and more widely in the VISN, and to expand mindfulness training to multidisciplinary mental health trainees. The MIRECC is proud to have supported this effort and applauds Ms. Cho's terrific work!

Meet a MIRECC Investigator!

The VISN 5 MIRECC is pleased to welcome Dr. Amanda Peeples as the Director of the Qualitative and Mixed Methods Unit

Dr. Amanda Peeples has recently joined the VISN 5 MIRECC as the Qualitative and Mixed Methods Unit Director. Dr. Peeples earned her Ph.D. in Gerontology at the University of Maryland, Baltimore County in 2013. She has conducted research on older adults in a range of settings including residential and assisted living facilities on topics related to dementia care, autonomy, and stigma. Dr. Peeples will be working with MIRECC investigators to include state of the art qualitative methods in their research projects, and she will be starting her own research program with a focus on the needs and experiences of older Veterans with serious mental illness.

Tell us about your area of research. My background is in gerontology, focusing on dementia and long-term care settings. I've been involved in studies examining stigma and social relations, issues of autonomy and choice, and everyday life in long-term and specialized dementia care settings. I specialize in qualitative methods and analysis, particularly participant observation and ethnographic interviewing.

What studies/programs of research are you currently working on? I'm currently working on developing the qualitative and mixed-methods research unit. My short term goals are to establish protocols for the collection, handling, and analysis of qualitative research data; to collect a qualitative and mixed methods virtual library; and to develop and implement training in qualitative and mixed methods data collection and analysis. My overarching goal is to provide guidance and assistance to MIRECC investigators and research staff in conducting qualitative and mixed methods data collection and analysis in support of the MIRECC's current and future research activities. I'm working with investigators and staff on several studies that include qualitative methods. In the longer-term, I plan to establish a research agenda with a focus on the needs and experiences of older Veterans with serious mental illness.

What are the implications of your program of research for Veterans? The implications of my program of research are twofold. First, in further establishing and supporting the use of rigorous qualitative and mixed-methods research within the MIRECC, the scope and quality of research will expand and improve. This will allow MIRECC researchers to more fully capture the experience of Veterans participating in intervention programs, potentially leading to improvements in the implementation of those interventions. Second, my planned future research on the growing population of older Veterans with serious mental illness has the potential to inform VA policy on issues such as dementia and end-of-life care for these Veterans.

Comings and Goings



We are happy to welcome three new staff members to the VISN 5 MIRECC!

Howard Turner has recently joined the MIRECC. Howard will be working as a peer interventionist on Richard Goldberg's study of the Living Well Class for Veterans with serious mental illness and comorbid medical disorders. **Angela Brant** and **Ann Marie Brokmeier** have recently joined the MIRECC as Research Assistants. Angela graduated from the University of Baltimore with her M.S. in Applied Psychology and a Certificate in Professional Counseling Studies. Her previous positions have included research assessment, coordination, and data collection for labs doing psychiatric and family-related research. Angela will be working on several MIRECC studies focused on internalized stigma in Veterans with post-traumatic stress disorder and treatment for Veterans with traumatic brain injury and their spouses to improve marital functioning. Ann Marie is a graduate of the University of Maryland University College and is working towards her masters degree in Applied Psychology at the University of Baltimore. She has experience working in trauma counseling with adults and children who were victims of domestic violence, as well as with military members, Veterans, and military families. Ann Marie will be working as an interventionist and assessor on two MIRECC studies of psychosocial interventions to improve health and community engagement for Veterans with SMI.

Welcome to you all!

We would also like to thank **Matt Wiley**, the VISN 5 MIRECC Coordinator, who recently left our Center for a new opportunity. After almost 8 years of leading the SST Training program and having various other roles with MIRECC (plus over 10 years with the VA), Matt accepted a position as an Analyst with the Department of Health and Human Services in Rockville, MD. Matt has been with the VISN 5 MIRECC since its inception. He has done a million things, both "official" and not, to ensure that the MIRECC and its programs have run smoothly and its mission has been served. His talent and effort were key to the success of many MIRECC endeavors. He will truly be missed!

Best of luck to 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). Dates, speakers, and topics for the fall are being scheduled and will be included in future issues of the MIRECC Matters.

For more information about the MIRECC Science Meeting Series, please contact Melanie Bennett (Melanie.Bennett@va.gov).

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

MONTHLY CONSULTATION SEMINAR Psychopharmacology Case Conference

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

Call 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

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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).

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.

Assistant Director: Robert Buchanan, MD

EDUCATION CORE

Associate Director: Melanie Bennett, Ph.D.

Coordinator: Ralf Schneider, MA, CPRP

CLINICAL CORE

Associate Director: Amy Drapalski, Ph.D.

Assistant Director: Jennifer Aakre, Ph.D.

MIRECC MATTERS EDITOR

Melanie Bennett, Ph.D.

MIRECC MATTERS ASSOCIATE EDITORS

Ralf Schneider, MA, CPRP

Jennifer Aakre, Ph.D.

Richard Goldberg, Ph.D.

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