



MIRECC Matters

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INSIDE THIS ISSUE:

Director's Column	1-2
Recovery Film Festival	3-4
Measuring Mobility in Older Adults with SMI	5
Meet our MIRECC's Newest Staff Member	6
Publication Spotlight	7
Upcoming Conferences and Events	8
Get Involved with the MIRECC	9
Credits	10



Supporting VISN 5 and VACO Initiatives and Operations

Richard Goldberg, Ph.D.

The VISN 5 MIRECC is committed to supporting regional and national VA efforts to improve care for Veterans. In this Director's Column, I would like to highlight some of our MIRECC's contributions in

these areas.

First, in keeping with our mission to support and enhance the VHA recovery transformation, MIRECC staff and affiliates have made several important contributions to the national Inpatient Mental Health Recovery Webinar Series, coordinated by Dr. Timothy Smith and Dr. Peggy Henderson in the Psychosocial Rehabilitation & Recovery Services Section of VACO Mental Health. This June, for example, Drs. Amy Drapalski and Jason Peer delivered a webinar that focused on understanding stigma and self-stigma and their potential impact on an individual's recovery. The webinar also detailed principles and practices that can be used to minimize self-stigma and promote recovery. Last month, Shirley Manice, CPSS, ALWF, a VA Maryland Health Care System Peer Specialist working on an inpatient unit, drew on her MIRECC funded training to deliver a webinar that introduced national VA staff to the use of Wellness Recovery Action Planning (WRAP) on inpatient mental health units. Earlier this year, we provided expert consultation to Sarah Robertson, PsyD. to inform a webinar presen-

Continued on page 2

Supporting VISN 5 and VACO Initiatives and Operations

(continued from page 1)

tation focused on facilitating social skills training groups on inpatient units.

Second, MIRECC staff and trainees have been working with Michelle Karel, Ph.D., the Psychogeriatrics Coordinator for Mental Health Services, VA Central Office, in responding to a set of recommendations generated by *the Inpatient Care for Veterans with Complex Cognitive, Mental Health and Medical Needs Task Force* to help address the needs of these complex Veterans. Between September 2015 and December 2015, MIRECC staff worked with Dr. Karel on developing a set of frequency tabulations that describe transitions between VA Community Living Centers (CLCs) and VA inpatient settings (mental health, rehabilitation, and medicine). The resulting report provided information about inpatient and CLC transitions among VA VISN5 patients with and without a serious mental illness and/or dementia diagnosis. This report will assist in guiding next steps in characterizing and responding to such care transitions across the VHA. More recently, Latrice Vinson, Ph.D., MPH, a joint VISN 5 MIRECC and Health and Aging Policy Fellow, has been working with VACO Geriatrics and Extended Care and Mental Health leadership to develop a national survey to learn more about existing and desired settings and services to address the complex care needs of older Veterans.

I am very proud of the efforts and activities our MIRECC staff and investigators take on to support regional and national programs and initiatives.



A Creative Approach to Recovery-Oriented Programming: Recovery Film Festival

Dr. Stephanie Seibert , Psychology Postdoctoral fellow, Washington D.C. VA

When was the last time a movie made you laugh or cry? Movies have long been seen as a creative, inspirational form of media, eliciting emotional responses. In recent years, they have been used as a media form of therapy. There is a growing body of research on cinema-therapy: the use of “movies as a support for the individual’s personal and interpersonal development” (Dumtrache, 2014).

During recent focus groups, Veterans on the Inpatient Acute Psychiatric Unit at the Washington D.C. VA Medical Center reported “too much idle time” and a lack of treatment programming on weekends and evenings. The Mental Services Handbook (VHA Handbook 1160.06) recommends a minimum of four hours of daily recovery-oriented programming on the unit. To meet this recommendation and respond to Veteran input, Melanie Paci, Psy.D., the Local Recovery Coordinator, developed the Recovery Film Festival. The project aims to add recovery programming by using cinema-therapy to generate discussion among Veterans about mental health challenges. With funding from a VISN 5 MIRECC Seed Grant, Dr. Paci purchased several recovery-oriented films and shows them on Saturday afternoons. Veterans admitted to the unit view a film depicting a person’s recovery from mental illness (e.g., *Atwone Fisher* and *My Name is Bill W.*). Selected films are culturally and ethnically diverse to ensure that Veterans find them relevant and relatable. Several staff members, including recreation therapists and nursing staff, have taken turns facilitating reflection sessions after the film is aired to process Veterans’ experiences. Discussion questions created by Dr. Paci and Dr. Seibert (a psychology post-doctoral fellow) help Veterans process and internalize insights about mental illness

Watching films about individuals in recovery can increase awareness that many people face mental health challenges and can also provide information on ways to cope with stigma and how to solve problems effectively.

Recovery Film Festival

continued from page 3

and recovery, as well as help them identify recovery principles and practices depicted in the movie.

After participating in the Recovery Film Festival, Veterans are given the opportunity to rate the perceived helpfulness of the programming on a -3 (greatly harmful) to +3 (greatly helpful) scale. Veterans are also asked to provide open-ended written feedback on their experience. Preliminary findings have been overwhelmingly positive. The average rating across 69 Veteran participants is 2.12 (SD=1.34), indicating that Veterans have found the Recovery Film Festival to be somewhat to greatly helpful. Further, Veterans have provided positive feedback:

"The films are great; definitely a positive way to spend a Saturday afternoon."

"The film tackles issues about why you should take your meds and talking to someone can really help, group or one on one. Excellent film."

"This should be a weekly function; It's let people in my condition let others know that we're not alone; The movie showed that no [matter] how bad, there is help."

"Made me feel like opening up and releasing my bottled up pain."

"Gave some hope for my future, never to quit, a ways to face your problem."

The Recovery Film Festival provides a creative, recovery-oriented approach to care for Veterans admitted to the inpatient psychiatric unit. Preliminary results indicate a positive response from Veterans. Further, the programming can be implemented with minimal workload pressure on the staff assigned to work on the weekends, which is often a shift that is under resourced.

A special thanks to MIRECC for their support and to the dedicated staff on the 3DE Acute Inpatient Psychiatry Unit who have implemented this weekend programming: Mr. Leatherbury, Mr. Washington, Ms. Brady, Ms. Hill, and Ms. Benjamin.

Mobility Function in Older Veterans with Psychotic Disorders

Dr. Anjana Muralidharan

Adults with psychotic disorders such as schizophrenia, schizoaffective disorder, and mood disorders with psychotic features are at increased risk of nursing home admission at an earlier age. Along with risk factors such as medical illness, cognitive impairment, and low levels of social support, mobility deficits are a major factor in nursing home placement. Mobility deficits in older adults - poor balance, slow or unsteady gait, or weakness in the arms and legs - put individuals at high risk for functional decline and disability. Many individuals with psychotic disorders have deficits in gait, mobility, and muscle strength and high rates of neuromuscular disorders, even as young or middle-aged adults. These difficulties get worse with age. Few studies have examined deficits in mobility function in older individuals with psychotic disorders.

The best way to measure mobility in older adults is by using performance-based assessments such as the Modified Physical Performance Test, or MPPT. The MPPT requires participants to complete a number of timed tasks, including tests of balance, standing up from a chair, lifting a heavy book, putting on a jacket, picking up a pen from the floor, turning in a circle, and walking a distance of fifty feet. Participants are given an overall summary score which represents their mobility function. To date, this measure has not been used with older adults with psychotic disorders.

I have recently started a pilot study funded by the VISN 5 MIRECC to examine the utility of the MPPT to measure mobility function in older Veterans with psychotic disorders. I recruited 30 Veterans with a psychotic disorder, age 50 and older, and asked them to complete the MPPT along with questionnaires about their health and physical activity. We will use the data to examine whether the MPPT is a valid measure of mobility function in this group. If so, researchers would be able to incorporate the MPPT into studies of mobility function as a risk factor for functional decline in older adults with psychotic disorders. Such studies ultimately can inform interventions to improve mobility in this population.

**Meet the Newest Addition to our MIRECC!
The VISN 5 MIRECC is pleased to welcome
Valerie Price, Certified Peer Specialist, to our MIRECC!**

We are pleased to welcome Ms. Valerie Price as a full time member of our MIRECC! Ms. Price has a Bachelor's Degree in Human Services from the University of Baltimore and is a certified peer specialist, recovery coach, and NAMI peer Mentor. She served in the US Navy as a Petty Officer Second Class, working as aviation support equipment mechanic and was honorably discharged in 1984.

Ms. Price joined the MIRECC in 2013 in the role of peer interventionist on a Dr. Goldberg's study titled "Living Well: Hybrid Effectiveness-Implementation Trial of a Wellness Self-management Program". At that time, Ms. Price co-lead study intervention groups at the Washington DC, Perry Point and Baltimore sites, working with Veteran participants to learn about healthy lifestyle changes and ways to manage co-occurring mental and physical health challenges. Recently, she expanded her interventionist role to Dr. Bennett's study titled "Improving Negative Symptoms and Community Engagement in Veterans with Schizophrenia", leading individual and group sessions focused on helping Veterans with schizophrenia learn skills and strategies for being more active, trying new things, and getting more engaged in community activities.

Ms. Price is now taking on an expanded role within the MIRECC to include involvement with our Clinical and Education Cores. She brings unique skills and the contributions of a Veteran Peer Specialists to our programs and trainings that focus on putting mental health recovery into practice. In this expanded role, Ms. Price will be participating in Whole Health coaching in the Primary Care Clinic and will participate in developing clinical and education programming.

Ms. Price can be contacted at 410-637-1427 or Valerie.Price@va.gov. Please contact her with any questions about her role at the MIRECC or to hear more about any of the projects with which she is involved.

PUBLICATION SPOTLIGHT

[MIRECC Investigators in bold]

Jahn, D. R., DeVylder, J. E., **Drapalski, A. L., Medoff, D.,** & Dixon, L. B. (in press). Personal recovery as a protective factor against suicide ideation in individuals with schizophrenia. *Journal of Nervous and Mental Disease.*

Suicide rates are elevated in individuals with schizophrenia, yet evidence is mixed regarding the roles of positive and negative symptoms as risk factors for suicide in this population, suggesting that there may be other influential variables. One such variable may be personal recovery. Therefore, the purpose of this study was to test the hypothesis that personal recovery would moderate the relationship between symptoms of schizophrenia and suicide ideation. This hypothesis was tested in a sample of 169 individuals diagnosed with schizophrenia or schizoaffective disorder using a Poisson regression model. Results suggested that there was no significant interaction between recovery and symptoms of schizophrenia. However, recovery was a significant predictor of suicide ideation after controlling for psychiatric symptoms. These findings indicate that recovery is associated with lower suicide ideation and thus may protect against it. Thus, recovery should be assessed, and potentially intervened upon, to reduce suicide risk in individuals with schizophrenia.

Hack, S. M., Medoff, D., Brown, C. H., Fang, L., Dixon, L. B., **Klingaman, E., Park, S. G., & Kreyenbuhl, J. A.** (in press). Predictors of patient communication in psychiatric medication encounters among Veterans with serious mental illnesses. *Psychiatric Rehabilitation Journal.*

Person-centered psychiatric services rely on consumers actively sharing personal information, opinions, and preferences with their providers. This research examined predictors of consumer communication during appointments for psychiatric medication prescriptions. The Roter Interaction Analysis System was used to code recorded Veterans Affairs psychiatric appointments with 175 consumers and 21 psychiatric medication prescribers and categorize communication by purpose: biomedical, psychosocial, facilitation, or rapport-building. Regression analyses found that greater provider communication, symptomology, orientation to psychiatric recovery, and functioning on the Repeatable Battery for the Assessment of Neuropsychological Status Attention and Language indices, as well as consumer diagnostic label, were positive predictors of consumer communication, though the types of communication impacted varied. Provider communication is the easiest variable to intervene on to create changes in consumer communication. Future research should also consider how cognitive and symptom factors may impact specific types of consumer communication in order to identify subgroups for targeted interventions.

Upcoming Conferences and Events

MIRECC Science Meetings

The MIRECC organizes a series of meetings at which invited speakers and local researchers and clinician leaders present on their work. Science Meetings occur on the 2nd and 4th Tuesday of the month (12-1) in the MIRECC conference room (7th Floor Baltimore Annex). Science Meetings will resume in the fall. If you have ideas for speakers, contact Melanie Bennett (Melanie.Bennett@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 mental health services that may be useful for Peer Specialists in a variety of treatment settings. The next webinar will be held some time in August. We will send out information on the date and presenter ASAP.

Contact Ralf Schneider at Ralf.Schneider@va.gov for more information.

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. We will provide more information on upcoming trainings in future issues of the MIRECC Matters.

For more information on the VA-SST Training program, visit our website: http://www.mirecc.va.gov/visn5/training/social_skills.asp.

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 bring questions about a difficult or challenging psychopharmacology case. 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.

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 go to our website (www.mirecc.va.gov/visn5) or contact Alicia Lucksted, Ph.D. at 410-706-3244 or 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.



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