



MIRECC Matters

VISN 5 MIRECC: Putting Recovery Into Practice

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Championing Recovery Oriented Clinical Training *Richard Goldberg, Ph.D.*

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 (SMI). We are committed to providing outstanding training opportunities for trainees, peer providers, and other professionals to help build a cadre of professionals dedicated to the study and treatment of Veterans with SMI across the treatment settings that serve them. Drs. Melanie Bennett (Associate Director, Education Core), Amy Drapalski (Associate Director, Clinical Core), Jen Aakre (Assistant Director, Clinical Core), and Ralf Schneider, M.A., CPRP (Coordinator, Clinical and Education Programs) oversee our vibrant and impactful training efforts. Recently, the VISN 5 MIRECC was recognized for these efforts and was awarded the Excellence in Training Award from APA's Serious Mental Illness/Severe Emotional Disturbance Section of Division 18 (Psychologists in Public Service). Below is a sample of programs that were recognized by this award.

First, our MIRECC is part of several psychology training programs. We host an externship program in which graduate students receive training in evidence-based behavioral interventions and deliver these interventions in community and VA outpatient, inpatient, and psychosocial rehabilitation settings. For example, externs are formally trained in Social Skills Training (SST) and colead SST groups, along with other behavioral intervention groups including smoking cessation, coping skills training, and Illness Management and Recovery. In addition, MIRECC investigators play integral leadership and supervisory roles within the VA Maryland Health Care System/University of Maryland Baltimore Psychology Internship Consortium, and contribute substantially to the clinical training and research mentoring of these in-

Letter from the Director

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terns. Finally, our Center houses two fellowship programs dedicated to training researchers, clinicians, and administrators for SMI-focused careers. We are one of 25 sites in the national VA Advanced Fellowship Program in Mental Illness Research and Treatment. Since 2003, we have trained 14 fellows who have established careers as experts in SMI research and clinical care. In addition, our MIRECC serves as the Hub Site for the VA National Inter-professional Fellowship Program in Psychosocial Rehabilitation which trains approximately 24 people per year. This program provides advanced training in psychosocial rehabilitation. We coordinate recruitment, provide monthly didactics on topics related to mental health recovery, train all fellows in SST, and work with fellows to present workshops and posters at the annual PRA Conference.

Second, our Center offers regular training programs for VA clinicians. We hold annual conferences to educate clinicians, Peer Specialists, Veterans with SMI, family members, and community service providers on topics related to working with individuals with SMI. We hold a twice monthly Science Meeting in which local and national experts present on topics related to SMI. We also provide regional and national webinars on mental health recovery and provide educational programming for VA Peer Specialists, including a continuing education webinar series (recent topics include *Maintaining Boundaries in Peer Specialist Work*, *Telling Your Recovery Story as a Peer Specialist*, and *Promoting Self-Care within VA Peer Specialists*), and dedicated SST trainings for Peer Specialists that teach strategies for incorporating the unique aspects of peer work as part of the delivery of SST.

Third, our Center is focused on training providers in evidence-based practices for Veterans with SMI. We provide national training in SST through our administration of the VA Evidence Based Practice roll-out of Social Skills Training (SST) and have trained over 600 VA staff across the country, including 53 Peer Specialists, 48 Master Trainers, and 216 fellows. We recently completed a demonstration project in which we partnered with the Copeland Center to develop a training program for VA Peer Specialists in Wellness Recovery Action Planning (WRAP). We piloted a streamlined training program that included both the use of multimedia tools to present content and the addition of a six-month consultation period to ensure skills learned in training were used with good fidelity when WRAP was delivered.

I am immensely proud our programming and look forward to continued training efforts to support and sustain a recovery oriented workforce committed to improving the lives of Veterans with serious mental illnesses.

A Smartphone Application to Track Cigarette Smoking: Feasibility and Acceptability in Individuals with Schizophrenia

by Melanie Bennett, Ph.D.

Smoking among individuals with schizophrenia is an urgent public health crisis. Individuals with schizophrenia are more likely to smoke and less likely to quit smoking than other smokers. Interventions for smoking cessation can help many individuals with schizophrenia reduce or quit smoking. However, strategies for promoting continued abstinence following initial cessation are lacking. One promising strategy to promote longer term quitting and support continued self-efficacy for staying quit is the use of applications (i.e., apps) that can be used on smartphones and handheld computers. Such applications are increasingly being used as part of health behavior change efforts, including smoking cessation, because they can be accessed and used during people's daily lives.

Applications that track the quantity and frequency of cigarettes smoked can help smokers continue to reduce smoking following treatment or maintain abstinence by keeping an individual focused on quitting and providing positive reinforcement for smoking less. Apps can also provide access to information and support during daily life and at times when individuals do not have access to quit smoking groups or other supports. To date, smoking cessation applications have not been included as part of smoking cessation interventions for persons with schizophrenia, likely due to questions of feasibility and acceptability.

Drs. Melanie Bennett and Seth Himelhoch received funding from the VISN 5 MIRECC to survey 40 smokers with schizophrenia regarding their use of mobile devices (mobile phones, smartphones) in general and for health related activities. They then conducted a training with a subset of 20 participants on how to use a mobile application focused on tracking cigarette smoking. They collected participants' impressions of the app and their opinions on its potential usefulness as a tool for helping someone quit smoking.

Applications that track the quantity and frequency of cigarettes smoked can help smokers continue to reduce their smoking following formal treatment.

Smartphone Application to Track Cigarette Smoking

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Participants learned to use a smoking cessation-related mobile application called iQuit, which allows users to track smoking habits and smoking cessation progress in real time. All participants completed a Mobile Phone Usage Survey, and 20 of these participants received an iPod Touch and training to use iQuit. Training encompassed both learning to use the iPod device and the iQuit application itself. General training included learning how to turn the iPod on, how to determine when the iPod battery needs charging, and navigating the iQuit icon on the home screen. Participants learned how to: (1) record the date and time they smoked a cigarette, (2) record the number of cigarettes smoked daily, (3) record the amount of money spent on cigarettes daily, (4) determine the amount of time an individual has not smoked cigarettes, and (5) review the amount of money saved by not smoking over time. Training procedures involved demonstrating the skill, talking through each step of the skill, guiding the participant through the skill, and having the participant complete the skill on his/her own.

Participants reported smoking an average of 18 cigarettes daily. Most participants (82.5%) reported at least one lifetime 24-hour quit attempt; on average, participants reported more than one 24-hour quit attempt in the last year. Half of the sample reported that they were seriously considering quitting in the next 6 months, and 37.5% reported having reduced their smoking in the last month. Most participants (70%) owned a mobile phone, few (4%) owned a smartphone or other mobile handheld device, and many (60%) lacked consistent access to the internet. Post-training, 90% of the sample could independently use the app; most rated it easy to learn (60%) and reported being likely to use it if they had access to it (75%). Tracking money saved by not smoking was rated as the most useful feature of the app.

These findings indicate that many persons with schizophrenia are fairly heavy smokers, have a history of attempting to quit, and are thinking about quitting. Study participants had limited access to smartphones or other mobile handheld devices. Participants easily learned to use mobile apps and reporting willingness to use apps in their future efforts to quit smoking if they had access. However, access is a major issue as most did not have smartphones, other devices, or access to the internet. Research is needed to address barriers to accessing technology to increase feasibility.

Meet the New MIRECC Fellow: An Interview with Dr. Catherine Reich

Dr. Catherine Reich joined us as a fellow this fall. Dr. Reich received her Ph.D. in Clinical Psychology from The University of Memphis and recently completed her clinical internship at the Washington DC VA Medical Center in Clinical Psychology. She has been active in research focused on processes in psychotherapy, co-occurring PTSD and substance abuse among military Veterans returning from Iraq and Afghanistan, and post-trauma reactions in the aftermath of intimate partner violence.

1) Tell us about your area of research.

While in graduate school I maintained two lines of research. The first focused on psychotherapy process and factors that contribute to therapists and clients establishing a good working relationship, things like verbal and nonverbal behaviors of therapists and client-therapist synchrony. I've also looked at the association of each of these factors with client outcomes. The second line of research examined cognitive, social, and emotional reactions following the experience of trauma. This work has included intimate partner violence survivors, military Veterans, and motor vehicle accident survivors.

2) What studies/programs of research are you currently working on? Broadly speaking I am interested in client-centered care. There is evidence that individuals have different responses to the same inter-

ventions. I am interested in exploring how clinicians contribute to this discrepancy—what are the features of effective clinicians that support good outcomes? I am developing a project that will examine differences among VA prescribers with regard to rates of Veteran engagement, service utilization, and medication adherence. A longer term goal of this work would be to examine factors that predict prescriber variability in these outcomes. This would allow for the development of interventions designed to improve client experiences with prescribers. In addition, I am committed to serving trauma-exposed populations and I plan to assist with studies examining trauma referrals and service utilization for individuals with serious mental illness.

3) What are the potential benefits of your program of research for Veterans?

The ultimate goal of my line of work is to improve the quality of care Veterans receive on the road to recovery by focusing on the delivery of that care. In other words, the purpose of this work is to help the behavioral realities of clinical practice better match the VA core values.

4) How can people get in touch with you if they have questions about your work? I can be reached in my office in the MIRECC suite in the VA Annex at 410-637-1856 or e-mail me at Catherine.Reich2@va.gov.

Recent and Upcoming Educational Activities at the MIRECC



**MIRECC Conference:
Implementing Trauma Informed Care for Veterans with SMI
Tuesday, May 10, 2016, 8:00-4:00pm
Baltimore VAMC Auditorium**

The purpose of this 1-day conference is to provide training to VA clinicians working with individuals with SMI and those who provide evidence-based PTSD services on important issues in PTSD/SMI comorbidity. These include: (1) prevalence of trauma and PTSD in SMI; (2) screening tools for identifying individuals with SMI who present with trauma exposure and associated symptoms; (3) differential diagnosis of PTSD within the context of SMI; (4) preparation to provide trauma-informed care for those with SMI, and knowledge about how to provide evidence-based trauma treatment when symptoms of SMI are present.

**EASEing Self-Stigma Workshop
Tuesday, October 13, 2015, 2:30-3:30pm
Baltimore VAMC Rm 2B136**

The VISN 5 MIRECC in partnership with the VAMHCS Local Recovery Coordinators offered a one-hour workshop for VA mental health providers on EASE-ing Self-Stigma among Veterans with mental illness. This training aims to expand providers' knowledge of mental illness stigma, how stigmatizing messages can be internalized, and the impact of the internalization of these messages on Veterans' recovery. The majority of the workshop focused on helping practitioners learn tools and strategies that can be used when working with Veterans with mental illness to reduce self-stigma and its negative effects and promote recovery.

**MIRECC Peer Educational Webinar Series:
Person Centered Care: Tips and Tools for Providing Culturally Informed Mental Health Care
Thursday, November 5, 2015, 3:00-4:30pm**

Offered to All VISN 5 Peer Specialists and Peer Supervisors. For invites stay tuned.

**MIRECC Mental Health Recovery Resource Table
Tuesday, November 17, 2015, 8:00am-12:00pm**

The MIRECC continues to host a regular Recovery Resource Table on the 2nd Floor of the Baltimore VA Medical Center. The table has VA mental health resources for Veterans and family members. Veterans can also learn of research innovations at the MIRECC, how our efforts can positively impact them, and opportunities for them to get involved. Stop by and see us!

**Contact Ralf Schneider with questions or for information on any of these activities:
410-637-1874, Ralf.Schneider@va.gov.**

Recent MIRECC Publications

[VISN 5 MIRECC staff are listed in **bold**]

Aakre, J.M., Klingaman, E., & Docherty, N.M. (2015). The relationship between stigma sentiments and self-identity of individuals with schizophrenia. *Psychiatric Rehabilitation Journal*. 2015 Jun;38(2):125-31. doi: 10.1037/prj0000119. Epub 2015 Mar 23.

Bennett, M.E. (2015). Editorial, Special Section: Dual Diagnosis in Older Adults. *Journal of Dual Diagnosis*, 11(1), 63-4. DOI: 10.1080/15504263.2014.992512.

Bennett, M.E., Brown, C.H., Li, L., Himelhoch, S., Bellack, A., Dixon, L. (in press). Smoking cessation in individuals with serious mental illness: Results of a randomized controlled trial of two psychosocial interventions. *Journal of Dual Diagnosis*.

Blanchard, J.J., Park, S.G., Catalano, L.T., Bennett, M.E. (2015) Social affiliation and negative symptoms in schizophrenia: Examining the role of behavioral skills and subjective responding. *Schizophr Res*. 2015 Jul 31. pii: S0920-9964(15)00384-9.

Brown, C.H., Medoff, D., Fang, L.J., Lucksted, A., Dickerson, F.B., **Goldberg, R.W., Kreyenbuhl, J., Himelhoch, S., Dixon, L.B.** (2015). Factors influencing implementation of smoking cessation treatment within community mental health centers. *Journal of Dual Diagnosis*.

Fanous, A.H. (2015). Can genomics help usher schizophrenia into the age of RDoC and DSM-6? *Schizophr Bull*. 2015 May;41(3):535-41. doi: 10.1093/schbul/sbv029.

Himelhoch, S.S., Miles-McLean, H., **Medoff, D.R., Kreyenbuhl, J.,** Rugle, L., Bailey-Kloch, M., **Potts, W.,** Welsh, C., Brownley, J. (2015) Evaluation of brief screens for gambling disorder in the substance use treatment setting. *Am J Addict*. 2015 Aug;24(5):4

Klingaman, E., Medoff, D., Park, S.G., Brown, C.H., Fang, L., Dixon, L.B., Hack, S., Tapscott, S., Walsh, M.B., & Kreyenbuhl, J.A. (2015). Consumer satisfaction with psychiatric services: the role of shared decision-making and the therapeutic relationship. *Psychiatric Rehabilitation Journal*, 38(3):242-8.

Klingaman, E.A., Palmer-Bacon, J., Bennett, M.E., Rowland, L.M. (2015) Sleep Disorders Among People With Schizophrenia: Emerging Research. *Curr Psychiatry Rep*. 2015 Oct;17(10):616. doi: 10.1007/s11920-015-0616-7.

Lucksted, A. and Drapalski, A.L. (2015). Self-stigma regarding mental illness: Definition, impact, and relationship to societal stigma. *Psychiatr Rehabil J*. 2015 Jun;38(2):99-102.

Park, S.G., Derman, M., **Dixon, L.B., Brown, C.H., Klingaman, E., Fang, L.J., Medoff, D., & Kreyenbuhl, J.A.** (2014). Factors associated with shared decision-making preferences among veterans with serious mental illness. *Psychiatr Serv*. 2014 Dec 1;65(12):14.

Slade, E.P., and Goldman, H.H. (2015). The dynamics of psychiatric bed use in general hospitals. *Adm Policy Ment Health*. 2015 Mar;42(2):139-46. doi: 10.1007/s10488-014-0554-4.

Comings and Goings

We are happy to welcome a new staff member to the VISN 5 MIRECC!

Eric Crosby has joined our Center as a Research Assistant. Eric has a Master of Social Work degree from University of Maryland, Baltimore. He comes to the MIRECC from the Sheppard Pratt Health System, where he was working as a Mental Health Worker with adults experiencing mental health concerns on a crisis stabilization unit. Eric also completed his social work internship at the Springfield Hospital Center working with adults with serious mental illnesses. Eric will be working on several studies at the MIRECC: *Intervening Effects of Perceived Burdensomeness and Resilience on Relations Between Established Risk Factors and Suicide Risk in Male Veterans* and *Perceived Burdensomeness and Help-Seeking in Older Veterans*. He will work as an assessor and recruiter. Eric will also be working as an assessor and recruiter with Dr. Beth Klingaman on her upcoming study *CBT-I for Psychosis: Guidelines, Preliminary Efficacy, and Functional Outcomes*. Welcome Eric!

One MIRECC staff member has left for new opportunities. Angela Brant left the MIRECC in August for a therapist position at Key Point Health Services, Inc. **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 twice per month and are held in the MIRECC conference room (7th Floor Baltimore Annex). Dates, speakers, and topics for the fall are listed below. Please contact Melanie Bennett (Melanie.Bennett@va.gov) for more information.

Peter M. Gutierrez, Ph.D., Denver VA Medical Center and Ricky Mountain MIRECC: Military Suicide Research Consortium Funded Suicide-specific Clinical Trials (11/10)

Samantha Hack, Ph.D., VISN 5 MIRECC Fellow; Person-Centered Mental Healthcare (11/24)

Emerson Wickwire, Ph.D., Department of Psychiatry and Director, Insomnia Program, University of Maryland School of Medicine, The ROI of a Go Night Sleep: Financial Economics of Insomnia Therapies (1/12/16)

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2015: 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 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.

To date, the program has trained over 600 VA mental health clinicians in the delivery of SST. We have also trained a total of 48 Master Trainers as experts in SST across the entire VHA.

For more information on Social Skills Training and the VA-SST Training program, we encourage you to visit our website:

http://www.mirecc.va.gov/visn5/training/social_skills.asp

Dr. Rebecca Pasillas, VA Social Skills Training Program Coordinator:

rebecca.pasillas@ttuhsc.edu

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.





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