



MIRECC Matters

VOLUME 11, ISSUE 2

APRIL 2010

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Letter from the Director

Alan S. Bellack, PhD, ABPP

With great foresight, we scheduled our annual Advisory Board meeting to coincide with the "Blizzard of 2010." After being stranded for three days in Hattiesburg, Mississippi, I made it home the day between the two storms – just in time to contact all our out of town visitors and cancel. I was relieved both to finally get home and to be able to contact everyone before they initiated travel. Thanks to a good deal of work from our staff and the flexibility of our

Advisors, we were able to reschedule the meeting for March 10. Almost everyone scheduled for the initial date was able to participate. The Advisory Board included Paula Schnurr, PhD, Sonja Batten, PhD, David Oslin, MD, Marcia Valenstein, MD, MS, and Frederic Blow, PhD; Matthew Friedman, MD, PhD, and John Fairbank, PhD, participated by phone.

The day was organized to facilitate extensive discussion and feedback from the Advisors, as well as a broad range of presentations by MIRECC research investigators and staff. Overall, the meeting was informative and will prove to be very helpful to us over the coming year. The Advisors were unanimous in their compliments about the breadth and value of our educational programs, and they were uniformly enthusiastic about the direction and quality of our science program. A significant part of the day was devoted to a discussion of future directions, especially including the wisdom of our developing a sub-focus on post traumatic stress disorder (PTSD) and traumatic brain injury. Given the importance of these topics to VA and the increasing population of returning Veterans in VISN 5, we wanted guidance about if and how we might shift some of our resources and activities to meet this challenge. The Advisors all agreed that it would not be practical for us to begin a new program for returning Operation Enduring Freedom/Operation Iraqi Freedom Veterans. However, they also strongly agreed that it would be very valuable to VA and the field if we could translate our expertise on dealing with chronic illness to Veterans with more extended histories of PTSD and trauma. They identified a number of areas in which there would be a logical extension or translation of our current work, including interventions for comorbid substance abuse, interventions involving families, the use of antipsychotics, polypharmacy, and the entire domain of *recovery*.

In sum, the day was validating in that the Advisors were very complimentary about our current work. It was also very energizing in that they identified some exciting areas for innovative and important new work that would be a logical extension of current efforts and expertise. We want to extend our appreciation to the Advisory Board for taking the time to visit with us and for providing such thoughtful feedback and guidance.

Error Observation In Schizophrenia

Monica Mann-Wrobel, PhD, and Sarah Morris, PhD

Despite the pervasive and impairing nature of social difficulties in schizophrenia, the causes of these problems are not fully understood. Previous research indicates that problems with cognitive functioning contribute to the social deficits of schizophrenia. However, little is known about the neural mechanisms that underlie cognitive processes directly linked to social dysfunction in schizophrenia. Recent research has identified and described the presence of "mirror neurons" in animals and humans, which is a system of neurons that fire both during action and observation of the same action performed by another. This discovery may have particular relevance for social cognition and social learning. An ongoing investigation, which was funded by a Ruth L. Kirschstein National Research Service Award for Individual Pre-doctoral Fellows from the National Institute of Mental Health, is seeking to examine mirror properties of the error-related negativity (ERN), a specific brain wave that occurs after committing errors on a task, among individuals with and without schizophrenia in order to demonstrate the social and clinical relevance of this particular type of brain activity.

This research is an integrative examination of a proposed relationship between a biological marker of impaired error processing and complex, "real world" functioning.

To date, forty-four participants completed the study. They performed a computerized choice task and observed a confederate perform the same task. Data were also collected on a variety of traditional neuropsychological tasks, measures of community social functioning, and

a "theory of mind" task that required participants to take another person's perspective in order to better understand how the observed ERN is related to cognition and social behavior. Consistent with prior research, participants without schizophrenia produced a robust ERN following errors on the choice task and ERN activity among participants with schizophrenia was attenuated. However, during error observation, ERN activity was negligible and there were no group differences. Additional data are currently being collected in order to further quantify observation-related

brain activity and strengthen statistical power. This research is an integrative examination of a proposed relationship between a biological marker of impaired error processing and complex, "real world" functioning in a clinical population with pronounced social deficits. This work has relevance for understanding social impairment in schizophrenia at the physiological, cognitive, and behavioral levels.

The Maryland Assessment of Recovery in Serious Mental Illness

Alan Bellack, PhD, ABPP

Mental health care in the United States and Western Europe is undergoing a seismic shift in values. The paternalistic, medical model of care that has dominated practice for more than 75 years is being challenged by an activist group of consumer-survivors, with the support of public officials, and an increasing number of professionals. The centerpiece of this shift is the recovery model, which assumes that all consumers have the capacity to improve and develop a life distinct from their illness. The consumer model of recovery involves a non-linear process in which the consumer gradually adapts to and moves beyond the illness. It emphasizes hope, empowerment, and control of **one's life. This model stands in contrast to scientific and clinical models, which view recovery as an outcome primarily involving reduced symptoms and improved functional capacity.**

The public health significance of the consumer perspective is underscored by the President's New Freedom Commission on Mental Health (2003), which enunciated two guiding principles for mental health services in the US: *First, services and treatments must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers...Second, care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just managing symptoms.* In response to the Commission report, the VA has mandated a shift to a recovery model and committed a large amount of resources to implementing it throughout the system.

Despite this political and programmatic change, there is little scientific literature on the nature of recovery or the factors that contribute to it. Systems change is being driven by social mandate and consensual agreement rather than empirical support. It is essential that the consumer model of recovery be subjected to empirical study if it is to have a meaningful and lasting impact on systems and patterns of care. It is also critical to evaluate the recovery-oriented systems of care that have been developed. Two factors that have limited empirical study of the construct and treatment programs are: a) the absence of a scientifically grounded conceptual model of recovery, and b) the lack of a reliable and valid assessment instrument to measure recovery status.

MIRECC investigators have responded to this situation by developing a new instrument to assess recovery in people with serious mental illness: *the Maryland Assessment of Recovery in Serious Mental Illness* (MARS). The MARS is a 67 item self-report scale that takes about 15 minutes to complete. It covers a broad range of recovery dimensions, including: feelings of hope and empowerment, a sense of responsibility for one's life, and perceptions of self-respect. Pilot work indicates the MARS is well-received by consumers and is practical for use in both research and clinical settings.

MIRECC investigators have recently received a three year MERIT review grant from the Rehabilitation Research and Development service to collect more detailed information on the MARS and on recovery in veterans. The purpose of this project is to develop and evaluate a psychometrically sound assessment scale using Bandura's *social cognitive theory* as a way of understanding the recovery construct. It is hypothesized that recovery is linked to what Bandura refers to as *human agency, the ability to influence one's life and environment.* Human agency is affected by life experiences and attitudes about oneself. People who have positive life experiences develop a sense of *self-efficacy* and feel empowered and hopeful. Those who have negative life experiences and experience negative stigma from others, develop low self-efficacy and are less likely to recover.

The study will involve 200 veterans with serious mental illness who are outpatients at VAMHCS and the Washington DC VAMC. They will be recruited to complete the MARS and a battery of clinical measures twice over a one year period. Participants will also provide information about their sense of self-efficacy, their attitudes about their illness, their relationships with others, their community functioning (e.g., work and substance abuse), and the treatment they receive. The data will provide important information about the course of recovery over time and the relationship of recovery to life events and community experiences, such as employment and participation in treatment.

The Maryland Assessment of Recovery in Serious Mental Illness covers a broad range of recovery dimensions, including: feelings of hope and empowerment, a sense of responsibility for one's life, and perceptions of self-respect.

New MIRECC Director of Research Quality Management



Julia Evelly, MS, has taken on the role of MIRECC Director of Research Quality Management. Ms. Evelly is the Institutional Review Board (IRB) consultant and liaison for MIRECC Research Investigators, as well as the Director of the MIRECC Unit Specific Quality Management Program. She will work closely with Principal Investigators in Baltimore and Washington, DC, to implement human studies protocols and to assist with the preparation of IRB applications and reports. Additionally, Julia will oversee subject recruitment, conduct audits of protocols, train and supervise staff and Research Assistants at various MIRECC sites, and ensure compliance with VAMHCS policies regarding human subjects' research. Julia joined the MIRECC as a Research Assistant in 2005 and worked on various MIRECC treatment studies. She also served as study coordinator at our Washington, DC, VA Medical Center site.

New MIRECC Post Doctoral Fellow



Jennifer Aakre, MA, is completing her Ph.D. from Kent State University and is currently an intern in the VAMHCS/UMB Psychology Internship Consortium. Ms. Aakre joins the MIRECC as the new MIRECC Post-Doctoral Fellow after six years of research as a graduate student at Kent State University, with a team whose work focuses on social cognition and stress reactivity in psychotic spectrum disorders. Her research thus far has investigated the relationships among attributional style, symptomatology, and social functioning in people with schizophrenia. Her research activities at the MIRECC currently include work with Amy Drapalski, PhD, and Alicia Lucksted, PhD, on the testing of an intervention designed to reduce internalized stigma for people diagnosed with serious mental illness, and with Julie Kreyenbuhl, PharmD, PhD, on a study of medication adherence. Ms. Aakre will begin her fellowship year in July 2010 and focus her efforts on interventions research.

Upcoming Events

MONTHLY SGA CONSULTATION SEMINAR

First Thursday of every month: May 6, 2010, & June 3, 2010

1:00 - 2:00 PM

MIRECC conference room, BVA (6A-168)

or PPVA VTel conference room, Bldg 364 (C-110)

or call 800-767-1750, code 79846

Psychopharmacology Case Conference: All VISN Clinicians are invited to bring questions about a difficult or challenging psychopharmacology case, or to just attend to listen. 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. Case Conference leaders are Robert Buchanan, MD, MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, PhD, MIRECC investigator and Assistant Professor in the UMB Department of Psychiatry; Neil Sandson, MD, inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2010: 1st of 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, PhD

MIRECC Recovery Coordinator

Alicia.Lucksted@va.gov

410-706-3244

VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS

August 10-11, 2010

Baltimore, MD

The VISN 5 MIRECC is training staff on the delivery of Social Skills Training (SST) for Veterans with schizophrenia and other serious mental illness (schizoaffective, bipolar, and treatment refractory depression). This is a national initiative being led by the Office of Mental Health Services. Individuals in all VISNs are invited to participate. For this training initiative, only clinicians working with Veterans with SMI (as defined above) are asked to apply. Please direct all questions and application requests, including upcoming workshop dates, to:

Matthew Wiley, MPH

VA Social Skills Training Program Coordinator

Matthew.Wiley@va.gov

4TH ANNUAL VHA MENTAL HEALTH CONFERENCE

Implementing a Public Health Model for Meeting the Mental Health Needs of Veterans

July 27-29, 2010

Baltimore, MD

This meeting will allow for two and a half days of information sharing among mental health professionals and administrators on the current state of implementation of the Uniform Mental Health Services Handbook, new clinical initiatives, research-informed practices, as well as best practices identified by clinicians in the field. Conference registration is now open at:

<https://vawww.trace.lrn.va.gov/registration/Default.asp?CourseID=4377>



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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