

# MIRECC Matters

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## INSIDE THIS ISSUE:

Letter from the Acting Director	1-2
Internalized Stigma with Dysfunctional Attitudes, Depression, and Quality of Life in Schizophrenia	3
Supporting the Mental Health of Women Veterans	4
Meet a MIRECC Investigator: Melanie Bennett, Ph.D.	5
Recent Publications by VISN 5	6-7
Farewell and Good Luck	7
Upcoming Conferences and Events	8-9
MIRECC Matters Information	10



## Letter from the Acting Director

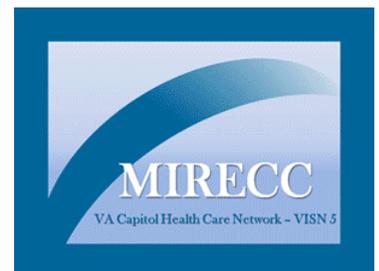
*Richard Goldberg, Ph.D.*

### **Looking Back and Moving Forward**

The last year has been marked by several transitions. In the Spring of 2011, Dr. Alan Bellack, who served as the VISN 5 MIRECC Director from its inception in 1999, retired from this position. To our benefit, he remains connected to our VA activities and will continue to serve as principal investigator on his RR&D merit-funded evaluation of the Maryland Assessment of Recovery Scale. Last month, Dr. Lisa Dixon, who for more than a decade served as the Director of our Research Core, and since Dr. Bellack's transition, as Acting Director of the MIRECC, moved to New York where she is now the Director for the Center of Practice Innovations at the New York State Psychiatric Institute and Professor of Psychiatry at Columbia University. Drs. Bellack and Dixon both deserve high praise for their many contributions to the VISN 5 MIRECC. Under their leadership, the MIRECC has grown substantially over the past decade, from a center with almost no external funding to one that receives over 6 million dollars in funding awarded to a range of MIRECC investigators from a variety of sources (VA, NIH, other foundation grants). Both also provided me with years of excellent mentorship and friendship.

During this time of transition, I am honored to have been appointed Acting MIRECC Director, and look forward to steering the MIRECC on to continued success. I have been affiliated with the MIRECC since its inception, serving at different times as Associate Director of the Education and Clinical Cores. I am also a funded VA investigator with a portfolio of HSR&D, RR&D and NIMH grants. During this period of transition, I am committed to maintaining our momentum, strengthening our collaborations with clinical operations across the VISN, and working closely with leadership at VACO to ensure that our expertise contributes to national VA priorities and needs.

During this transition, I am delighted to welcome Melanie Bennett, Ph.D. to the MIRECC. Dr. Bennett has agreed to become Acting Associate Director of the Education Core. She will also take over the role of MIRECC Training Director. Dr. Bennett is an Associate Professor of Psychiatry at the University of Maryland, School of Medicine. Her work has centered on the assessment and



*Continued on page 2*

# Letter from the Acting Director

*(continued from page 1)*

treatment of substance use disorders and the development of strategies for identifying and implementing health behavior changes in people with schizophrenia and other forms of serious mental illness. She is also involved in research focused on ways to assess and treat negative symptoms in schizophrenia. She is currently PI on a CSR&D funded study to test behavioral and supportive interventions for smoking cessation in Veterans with serious mental illness. Her experience fits with VISN 5 MIRECC and the VA mission and priorities for Veterans.

Looking forward, we remain committed to maximizing the recovery and community functioning of Veterans with schizophrenia and other related disorders. During an internal strategic planning meeting held a few months back, we identified four emerging priorities to help extend and enhance our mission. For each priority we established a workgroup to help advance research, educational and clinical activities that will ultimately promote the health and well-being of Veterans with schizophrenia and related disorders.

The first work group is focusing on the needs of women Veterans with serious mental illness. This group organized a conference entitled "Supporting the Mental Health of Women Veterans," which was held on April 24<sup>th</sup>, 2012 (see related article). Rebecca Wald, Ph.D., a MIRECC investigator, was recently awarded a MIRECC pilot to examine beliefs about treatment and related system barriers among female Veterans receiving mental health services in the VA.

A second group is focusing on the needs of older Veterans with serious mental illness. Efforts to characterize the treatment and service needs of this population are already underway. The group also plans to work with local and national VA stakeholders committed to improving the quality of care for this vulnerable population.

A third group is focusing on Veterans who are seeking their initial treatment for a psychotic disorder. This group plans to characterize the nature of the initial treatment for schizophrenia among Veterans who are under the age of 30. The group is also moving forward with a MIRECC funded qualitative research pilot to examine the experiences of Veterans with first episode psychosis, especially with respect to the nature of their interactions with the VA healthcare system. The pilot will also focus on the experience of care providers who are treating Veterans with first episode psychosis.

Finally, to extend our strong and longstanding focus on rehabilitation and recovery, a fourth group is focusing on peer-delivered services and supports. This group is currently organizing an on-site consultation that will bring national VA peer-support experts to VISN 5 to help expand and support local peer-delivered services. We are also completing a series of MIRECC pilots to evaluate local peer co-facilitated Wellness Recovery Action Planning (WRAP) groups.

**MIRECC Matters is also available online:**

[www.mirecc.va.gov/visn5/newsletter.asp](http://www.mirecc.va.gov/visn5/newsletter.asp)

## The Relationship of Internalized Stigma with Dysfunctional Attitudes, Depression, and Quality of Life in Schizophrenia

*Stephanie G. Park, M.S. & Melanie E. Bennett, Ph.D.*

Individuals with mental illness are often stigmatized by others and experience difficulties with social isolation, obtaining employment and housing, and lower quality of life. One type of stigma is internalized or self-stigma, which refers to how individuals with mental illness apply negative stereotypes to themselves, expect to be rejected by others, and feel alienated from society. People who experience high levels of internalized stigma may feel embarrassed or ashamed about having a mental illness and may believe that they cannot lead fulfilling, rewarding lives due to having a mental illness. Internalized stigma is a serious issue for people with mental illness because it is associated with lower self-esteem, hopelessness, depression, and reduced motivation to work towards recovery goals. Because internalized stigma keeps individuals from seeking mental health treatment and working on their recovery, a better understanding of this process will help researchers develop interventions that target internalized stigma.

MIRECC investigator Dr. Melanie Bennett and Stephanie Park, M.S., a graduate student in clinical psychology at the University of Maryland, College Park are working on a MIRECC pilot study to determine the relationships between internalized stigma and dysfunctional attitudes, depression, and quality of life in individuals with schizophrenia. People who have dysfunctional attitudes may have overly negative thoughts about their task performance or ability to succeed. Some examples of these types of thoughts are: "It doesn't usually seem worth the effort to try new things" or "If you cannot do something well, there is little point in doing it at all." Individuals who have dysfunctional attitudes are more likely to isolate themselves, which then limits opportunities for them to "disprove" their negative thoughts.

In this study, we interviewed 49 individuals from the Baltimore VA and community psychiatry clinics with schizophrenia about their experience with depression and their thoughts about their quality of life. Participants then completed measures of internalized stigma and dysfunctional attitudes. We found that internalized stigma was fairly common in the sample. Over 30% of respondents endorsed items reflecting the belief that mental illness negatively impacted a person's life, and almost half reported having experienced discrimination and having their social interactions impacted due to worries about their mental illness. Importantly, the majority of respondents also endorsed the beliefs that people with mental illness were "tough," made important contributions to society, and could lead fulfilling lives. Internalized stigma was associated with depression, quality of life, and dysfunctional attitudes. That is, individuals who reported higher levels of internalized stigma also reported more dysfunctional attitudes. Thus, negative thoughts about one's inability to perform tasks or succeed may be contributing to self-stigma, and vice versa, leading to greater isolation and social avoidance. Further, results showed that the relationship between internalized stigma and dysfunctional attitudes was not due to depression alone. These findings indicate that dysfunctional attitudes play a role in internalized stigma of mental illness. Importantly, these findings may help clinicians reduce internalized stigma in individuals with mental illness by targeting negative thoughts about performance and ability to succeed.

***"Negative thoughts about one's inability to perform tasks or succeed may be contributing to self-stigma, and vice versa, leading to greater isolation and social avoidance."***

# Supporting the Mental Health of Women Veterans

Amy Drapalski, Ph.D.

On April 24<sup>th</sup>, the “Supporting the Mental Health of Women Veterans” Conference was held at the Baltimore VAMC. Sponsored by the VISN5 Mental Illness Research, Education, and Clinical Center (MIRECC) and supported by the Office of Mental Health Services (OMHS), the goal of this conference was to provide VA staff, Veterans, and community agencies with information on the mental health service needs of women Veterans. Over 70 VA mental health providers and Veterans from across the VISN attended the day-long conference, which included presentations from a number of national experts in the field of women’s health as well as opportunities to discuss ways to improve access to and the quality of care of services for women Veterans.

Several of the morning presentations focused on specific mental health needs or concerns often experienced among women Veterans. First, Dr. Amy Drapalski, a researcher at the VISN5 MIRECC, provided an overview of VHA Women’s Health programs and OMHS women’s health priorities. Dr. Marcia Valenstein, Director of the Depression Health Services Research Evaluation and Management (DREAM) Program and Associate Director for Research Programs for SMITREC, presented information on the mental health service needs and utilization in women Veterans with depression. Dr. Catherine Harrison-Restelli, staff psychiatrist for the Primary Care-Mental Health Integration Program within the VAMHCS, discussed special considerations regarding the mental health of women Veterans of recent conflicts. In her presentation, Dr. Amy Street, a clinical psychologist with



the Women’s Health Sciences Division of the National Center for PTSD and Director of the Education and Training Division of the Office of Mental Health Services’ National Military Sexual Trauma Support Team discussed the impact of combat and military sexual-related trauma on the mental health of women Veterans.

The afternoon presentations focused on two areas of women’s health that are often less likely to be considered or discussed but are of growing concern among women Veterans—reproductive health care and parenting. Dr. Bimla Schwarz, Associate Professor of Medicine within the Division of General Internal Medicine and Obstetrics, Gynecology and Reproductive Sciences at the University of Pittsburgh School of Medicine and Senior Medical Expert in Reproductive Health Services Research for the VA, spoke about the reproductive health care concerns and psychotropic medication prescribing considerations for women Veterans. Finally, Dr. Joanne Nicholson, clinical and research psychologist and Professor of Psychiatry at the Dartmouth Psychiatric Research Center, discussed parenting among women with mental illness and ways to support women Veterans in their parenting role.

The conference concluded with an interactive group discussion which provided additional opportunities for attendees to discuss the needs of women Veterans and to generate ideas about how the VA can best address those needs and create better services for our women Veterans.

For more information on the Women’s Health & SMI Conference, we encourage you to visit our website:

<http://www.mirecc.va.gov/visn5/>

# Meet a MIRECC Investigator

## AN INTERVIEW WITH MELANIE BENNETT, PH.D.

**Melanie Bennett, Ph.D.** is an Associate Professor in the Psychology Division of the Department of Psychiatry at the University of Maryland, School of Medicine. She received her Ph.D. in clinical psychology from Rutgers University in 1995 and came to the University of Maryland in 1999. Her primary research focus is the assessment and treatment of substance use disorders and the development of strategies for motivating health behavior change in people with schizophrenia and other serious mental illness. She is also involved in research focused on ways to assess and treat negative symptoms in schizophrenia. She has been affiliated with the MIRECC as a Research Investigator and substance abuse expert since 2006, and is now taking on the roles of Acting Associate Director of the Education Core at the MIRECC and MIRECC Training Director.

### 1) Tell us about your area of research.

My research is focused on helping individuals with schizophrenia and other forms of serious mental illness improve their health and reduce or stop unhealthy behaviors such as drug use, drinking, and smoking cigarettes. There are many reasons why it is especially challenging for people with SMI to make changes in their substance use and smoking, and often substance abuse treatment is not integrated with mental health care. My interest is in developing strategies that will help these individuals reduce or stop substance use and identifying ways to integrate substance abuse treatment with mental health care. In addition, I also study ways to assess and treat negative symptoms in people with schizophrenia. Negative symptoms include challenges in engaging in and enjoying social activities and having the motivation to participate in activities with others and in the community. I hope to develop, implement, and test strategies that will improve the ability of individuals with schizophrenia to participate in their communities and live fulfilling lives.

### 2) What studies/programs of research are you currently working on?

I am working with colleagues at the MIRECC to develop an intervention for smoking cessation that is tailored to the needs of people with serious mental illness. Currently I am leading a study at the VA that is examining whether this intervention can help Veterans with serious mental illness quit smoking and learn ways to live life as a nonsmoker. Another project looks at ways to make health behavior change strategies more in line with the way that individuals with schizophrenia think about and plan for the future. The goal here is to be better able to talk to people with schizophrenia about the things that motivate them to make changes in their health behaviors. A third project is examining the relationships among negative symptoms, dysfunctional beliefs, and cognitive functioning in schizophrenia.

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

Smoking has a destructive impact on the lives of Veterans with serious mental illness. My research is aimed at testing an intervention for smoking cessation that provides quit smoking skills along with tools for long-term living as a non-smoker. Importantly, this program is integrated within mental health care. It is my hope that in the future, Veterans with serious mental illness who smoke will be able to easily access this intervention at the VA and that it will be help them reach their health goals. Similarly, developing an intervention that targets negative symptoms and improves community functioning addresses many important goals and can be an important step towards improving quality of life among Veterans with SMI.

### 4) How can people get in touch with you if they have questions about your work?

Please feel free to give me a call at 410-637-1859 or e-mail me at [Melanie.Bennett@va.gov](mailto:Melanie.Bennett@va.gov).



## Recent MIRECC Publications

VISN 5 MIRECC staff are listed in **bold**:

Bigdeli, T.B., Maher, B.S., Zhao, Z., Thiselton, D.L., Sun, J., Webb, B.T., Amdur, R.L., Wormley, B., O'Neill, F.A., Walsh, D., Riley, B.P., Kendler, K.S., & **Fanous, A.H.** (2011). Comprehensive gene-based association study of a chromosome 20 linked region implicates novel risk loci for depressive symptoms in psychotic illness. *PLoS One*, 6 (20), e21440.

Boggs, D.L., Kelly, D.L., McMahon, R.P., Gold, J.M., Gorelick, D.A., Linthicum, J., Conley, R.R., Liu, F., Waltz, J., Huestis, M.A., & **Buchanan, R.W.** (2012). Rimonobant for neurocognition in schizophrenia: A 16-week double blind randomized placebo controlled trial. *Schizophrenia Research*, 134(2-3), 207-210.

**Buchanan, R.W.**, Panaqides, J., Zhao, J., Phiri, P., den Hollander, W., Ha, X., Kouassi, A., Alphs, L., **Schooler, N.**, Szeqedi, A., & Cazorla, P. (2012). Asenapine versus olanzapine in people with persistent negative symptoms of schizophrenia. *Journal of Clinical Psychopharmacology*, 32(1), 36-45.

Day, H.R., Perencevich, E.N., Harris, A.D., Gruber-Baldini, A.L., **Himelhoch, S.**, **Brown, C.H.**, Dotter, E., & Morgan, D.J. (2011). The association between contact precautions and delirium at a tertiary care center. *Infection Control and Hospital Epidemiology*, 33, 34-9.

**Drapalski, A.L.**, **Medoff, D.**, Unick, G.J., Velligan, D., **Dixon, L.**, & **Bellack, A.S.** (2012). Assessing recovery in people with serious mental illness: Development of a new scale. *Psychiatric Services*, 63(1), 48-53.

**Fischer, B.A.**, Keller, W.R., Arango, C., Pearlson, G.D., McMahon, R.P., Meyer, W.A., Francis, A., Kirkpatrick, B., Carpenter, W.T., & Buchanan, R.W. (2012). Cortical structural abnormalities in deficit vs nondeficit schizophrenia. *Schizophrenia Research*, 136(1-3), 51-54.

**Himelhoch, S.**, **Slade, E.**, **Kreyenbuhl, J.**, **Medoff, D.**, **Brown, C.**, & **Dixon, L.** (2012). Antidepressant prescribing patterns among VA patients with schizophrenia. *Schizophrenia Research*, 136(1-3), 32-35.

Hong, L.E., Summerfelt, A., Mitchell, B.D., O'Donnell, P., & **Thaker, G.K.** (2012). A shared low frequency oscillatory rhythm abnormality in resting and sensory gating in schizophrenia. *Clinical Neurophysiology*, 123(2), 285-292.

Javitt, D.C., **Buchanan, R.W.**, Keefe, R.S., Kern, R., McMahon, R.P., Green, M.F., Lieberman, J., Goff, D.C., Csernansky, J.G., McEvoy, J.P., Jarskog, F., Seidman, L.J., Gold, J.M., Kimhy, D., Nolan, K.S., Barch, D.S., Ball, M.P., Robinson, J., & Marder, S.R. (2012). Effects of the neuroprotective peptide davunetide (AL-108) on cognition and functional capacity in schizophrenia. *Schizophrenia Research*, 136(1-3), 25-31.

Jia, P., Wang, L., **Fanous, A.H.**, Chen, X., Kendler, K.S., the International Schizophrenia Consortium, Zhao, Z. (2012). A bias-reducing pathway enrichment analysis of genome-wide association data confirmed association of the MHC region with schizophrenia. *Journal of Medical Genetics*, 49(2), 96-103.

**Lucksted, A.**, McFarlane, W., Downing, D., & **Dixon, L.** (2012). Recent developments in family psychoeducation as an evidence-based practice. *Journal of Marital and Family Therapy*, 38(1), 101-121.

McCleery, A., Divilbiss, M., St-Hilaire, A., **Aakre, J.**, Seghers, J., Schumann, E.B., & Docherty, N.M. (2012). Predicting social functioning in schizotypy: An investigation of the relative contributions of theory of mind and mood. *Journal of Nervous and Mental Disease*, 200, 147-152.

Park, S.G., Llerena, K., McCarthy, J.M., Couture, S.M., **Bennett, M.E.**, & Blanchard, J.J. (2012). Screening for negative symptoms: Preliminary results from the self-report version of the Clinical Assessment Interview for Negative Symptoms. *Schizophrenia Research*, 135(1-3), 139-143.

## Recent MIRECC Publications

(continued from page 6)

Strauss, G.P., Allen, D.N., Miski, P., **Buchanan, R.W.**, Kirkpatrick, B., & **Carpenter, W.T. Jr.** (2012). Differential patterns of premorbid social and academic deterioration in deficit and nondeficit schizophrenia. *Schizophrenia Research*, 135(1-3), 134-138.

**Thaker, G.** (2012). Boundaries of the psychosis phenotype. *Schizophrenia Bulletin*, 38(2), 205-206.

Weissman, E., Jackson, C., **Schooler, N.**, Goetz, R., & Essock, S. (2012). Monitoring metabolic side effects when initiating treatment with second-generation antipsychotic medication. *Clinical Schizophrenia and Related Psychosis*, 5(4), 201-207.

Welsh, C., **Goldberg, R.**, Tapscott, S., **Medoff, D.**, Rosenburg, S., & **Dixon, L.** (2012). "Shotgunning" in a population of patients with severe mental illness and comorbid substance use disorders. *American Journal of Addictions*, 21(2), 120-125.

Xiang, Y.T., Dickerson, F., **Kreyenbuhl, J.**, Ungvari, G.S., Wang, C.Y., Si, T.M., Lee, E.H., He, Y.L., Chiu, H.F., Lai, K.Y., Shinfuku, N., Yang, S.Y., Chong, M.Y., Kua, E.H., Fujii, S., Sim, K., Yong, M.K., Trivedi, J.K., Chung, E.K., Udomratn, P., Chee, K.Y., Sartorius, N., & Tan, C.H. (2012). Prescribing patterns of low doses of antipsychotic medications in older Asian patients with schizophrenia, 2001-2009. *International Psychogeriatrics*, 3, 1-7.

## Farewell and Good Luck

**Gunvant Thaker, M.D.** retired from the VISN 5 MIRECC this past February. He was a pioneer in the development and evaluation of electrophysiological biomarkers and the use of these validated measures to examine the genetics of schizophrenia and related disorders. Dr. Thaker conducted studies with other VISN 5 MIRECC investigators to examine eye-tracking and evoked potential abnormalities, including error-related negativity in people with schizophrenia. The studies were designed to elucidate the mechanisms underlying the cognitive impairments frequently observed in Veterans with schizophrenia. Dr. Thaker also helped to introduce genetic studies to the Baltimore VAMC. He was the initial site Primary Investigator for the Cooperative Studies Program (CSP) #572: Genetics of Functional Disability in Schizophrenia and Bipolar Illness. Dr. Thaker has been a wonderful colleague and collaborator. We will all miss the many contributions he made to the VISN 5 MIRECC and to the lives of the Veterans we serve each day.

# Upcoming Conferences and Events

MAY 2012

Sun	Mo	Tue	We	Thu	Fri	Sat
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JUNE 2012

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JULY 2012

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## HIV and Mental Illness: The Basics and Beyond

June 11, 2012: 8am-3:30pm

Southern Management Corporation Center  
on the campus of the University of Maryland- Baltimore  
Hosted by the VISN 5 MIRECC



Nationwide, more than 23,000 Veterans in VHA care have HIV or AIDS. Because these Veterans have complex psychosocial needs, and because people with severe mental illness and/or substance abuse problems are at higher risk of HIV, it is critical for mental health providers to have a good understanding of HIV.

The VISN 5 MIRECC has organized a one-day conference entitled "HIV and Mental Health: The Basics and Beyond." The conference will take place on June 11, 2012, from 8:00am-3:30pm, at the Southern Management Corporation Center on the campus of the University of Maryland, Baltimore. This conference will bring in speakers with national reputations to address an audience of psychologists, psychiatrists, nurses, social workers, counselors, and Veterans. Topics will include HIV prevention and risk reduction, HIV issues for persons with severe mental illness, adherence and psychosocial problems for people with HIV, neurocognitive aspects of HIV disease, substance use issues, and spirituality and HIV.

## RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2012: 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  
410-706-3244  
[Alicia.Lucksted@va.gov](mailto:Alicia.Lucksted@va.gov)

or

Sarah Dihmes, M.A.  
Administrative Coordinator  
410-637-1874  
[Sarah.Dihmes@va.gov](mailto:Sarah.Dihmes@va.gov)

## MONTHLY CONSULTATION SEMINAR

First Thursday of every month

1:00 - 2:00 PM

Call 1-800-767-1750, code 79846

Psychopharmacology Case Conference: **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 from page 8)

## 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. In March 2012, the VISN 5 MIRECC in Baltimore and the VISN 22 MIRECC in Los Angeles hosted the 17<sup>th</sup> and 18<sup>th</sup> overall workshops for the VA-SST program. **To date, the program has trained nearly 500 VA mental health clinicians in the delivery of SST.**

**We have also trained a total of 25 Master Trainers as experts in SST, covering 16 out of the 21 VISNs.**

*A special thanks to Carly Hankins from the Chesapeake Health Education Program (CHEP, Inc.) for her assistance in organizing the March workshops.*

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

Matthew Wiley, MPH

VA Social Skills Training Program Coordinator: [Matthew.Wiley@va.gov](mailto:Matthew.Wiley@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:**

**Alicia Lucksted, at 410-706-3244 or [Alicia.Lucksted@va.gov](mailto:Alicia.Lucksted@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.





**ACTING MIRECC DIRECTOR**

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Robert Buchanan, M.D.

**ACTING ASSOCIATE DIRECTOR, EDUCATION CORE**

Melanie Bennett, Ph.D.

**ACTING ASSOCIATE DIRECTOR, CLINICAL CORE**

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