

# MIRECC Matters

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## Letter from the Acting Director

*Lisa Dixon, M.D., M.P.H.*



At our last external advisory meeting, Dr. Sonja Batten, who was representing the Office of Mental Health Services, asked us what we were doing to improve the health of women veterans. I noted to myself that while virtually all of our projects and programs included women, we did not have any specific programs for women, and reminded myself to follow this up. Since the external advisory, I have tried to educate myself about the needs of women veterans with serious mental illness, and had the opportunity to present at a workshop at the most recent Veterans Health Administration Mental Health Conference in Baltimore on August 23. The title of my talk was, "Understanding and Meeting the Needs of Women with Serious Mental Illness (SMI)." Researching this talk underscored the importance of Dr. Batten's question; our MIRECC must make the health needs of women Veterans with SMI one of its highest priorities as we move forward.

Here are just a few reasons why we must focus develop a focus on women. The proportion of Veterans with psychoses who are women has been increasing steadily over the last decade. For example, reports from the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) indicate that the percentage of Veterans with psychosis who are women has risen from 7.1% in FY02 to 10.1% in FY09. This corresponds to an increase of about 9000 women Veterans with psychotic disorders. Of note, women constitute 12.3% of the veterans with psychosis in VISN 5; this is the second largest percentage across all VISNs. The SMITREC numbers include schizophrenia spectrum disorders, bipolar disorder, and other psychoses. Of those three groups, bipolar disorder has the largest proportion of women (15.3%). The trend suggests that the percentage of women in the core group that is the focus of our MIRECC will only continue to rise over the next decade.

It is logical to ask in what ways women Veterans with SMI differ from men with respect to clinical care and treatment needs. While this question requires more research, a focus on reproductive health underscores some of the critical treatment needs of women that we must address. In a recent article published on line in the American Journal of Psychiatry, Viguera and colleagues sought to identify the most common type of perinatal episodes among pregnant women with clinically treated DSM-IV bipolar I disorder, bipolar II disorder, or recurrent major depressive disorder (2011). Authors pooled clinical data on over 2,000 pregnancies of 1,162 women. This study found an astounding 23%

*Continued on page 2*

# Letter from the Acting Director

(continued from page 1)

had illness episodes during pregnancy and 52% during the postpartum period. Depression was the most frequent morbidity during and following pregnancy for all groups. Given that the vast majority of women veterans have child bearing potential, attention to the mental health risks of pregnancy is imperative.

The medication prescribing patterns of women Veterans may extend the health risks of pregnancy to the fetus. One of the workshop speakers, Dr. Eleanor Schwarz, examined all medication prescriptions written for women Veterans. Her team found that prescriptions for potentially teratogenic medications were filled by almost 50% of female Veterans who received medications from a VA pharmacy. Further, women who received a prescription for a potentially teratogenic medication often did not receive family planning services such as contraception, contraceptive counseling, or pregnancy testing.

For example, only 56% of women filling prescriptions for class D or X medications received documented family planning services. According to FDA categories, Class D medications show evidence of fetal risk, and Class X medications are contraindicated in pregnancy. These kinds of data deserve the immediate attention of our MIRECC staff.

Over the next few months, I hope to inspire and focus our MIRECC to examine the challenge of promoting the health and well-being of women Veterans with SMI. We will be reaching out to our partners in the VISN. We are also reaching out to national leaders in women's health across VA to contribute to national efforts.

#### References:

Schwarz, E.B., Longo, L.S., Zhao, X., Stone, R.A., Cunningham, F., & Good, C.B. (2010). Provision of potentially teratogenic medications to female veterans of child-bearing age. *Medical Care*, *48*(9), 834-842.

Viguera, A.C., Tondo, L., Koukopoulos, A.E., Reginaldi, D., Lepri, B., & Baldessarini, R.J. (2011). Episodes of mood disorders in 2,252 pregnancies and postpartum periods. *American Journal of Psychiatry*, in press.

“Our MIRECC must make the health needs of women Veterans with SMI one of its highest priorities as we move forward.”

**MIRECC Matters is also available online:**

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

**5<sup>th</sup> Annual VA Mental Health Conference**  
***Improving Veterans' Mental Health Care for the 21<sup>st</sup> Century***  
**Baltimore, MD; August 23-25, 2011**

The purpose of this year's conference was to provide information about the ongoing transformation and improvement in Veterans' mental health care in the 21<sup>st</sup> century. Participants learned about the Mental Health Initiative, research-informed practices, clinical innovations, educational efforts and adoption strategies within networks, local medical centers, clinics, and the community.

VISN 5 MIRECC staff and affiliates made important contributions to this year's conference. These include:

**Workshop Presentations:**

***Understanding and Meeting the Needs of Women with Serious Mental Illness.***

Lisa Dixon, M.D., M.P.H., Acting Director, VISN 5 MIRECC

***Outcomes of a Randomized Trial of the NAMI Family-to-Family Education Program.***

Lisa Dixon, M.D., M.P.H., Acting Director, VISN 5 MIRECC

**Poster Presentations:**

***Implementing a Mental Health Recovery Center Utilizing the Treatment Mall Concept.***

Sophia Autrey, M.P.H.; Jason Peer, Ph.D.; Christine Calmes, Ph.D.; Tamara Ervin, B.S.; Richard Goldberg, Ph.D.; & Mary Lambert, Ph.D.

***Internalized Stigma and Associated Features in People with Serious Mental Illness.***

Amy Drapalski, Ph.D.; Alicia Lucksted, Ph.D.; Paul Perrin, Ph.D.; Elizabeth Lertch, M.A.; Jennifer Aakre, Ph.D.; Bruce DeForge, Ph.D.; & Jennifer Boyd, Ph.D.

***A Patient-Centered Approach to Improve Screening for Side Effects of Second-Generation Antipsychotics.***

Julie Kreyenbuhl, Ph.D., Pharm.D.; Lisa Dixon, M.D., M.P.H.; Deborah Medoff, Ph.D.; & Armando Rotondi, Ph.D.

***The Effectiveness of Emotionally Focused Couples Therapy (EFT) with Veterans with PTSD***

Neil Weissman, Psy.D.; Sonja V. Batten, Ph.D.; Lisa Dixon, M.D., M.P.H.; Rebecca M. Pasillas, Ph.D.; Wendy Potts, M.S.; Melissa Decker, Psy.D.; & Clayton H. Brown, Ph.D.

## Meet a MIRECC Investigator



**AN INTERVIEW WITH REBECCA WALD, Ph.D.**

**Rebecca Wald, Ph.D.**, is an assistant professor in the Psychology Division of the Department of Psychiatry at the University of Maryland School of Medicine, and is a MIRECC Affiliate Investigator. She received her doctorate in clinical health psychology from the University of Iowa in 2003 and came to Maryland to work as a study coordinator and then research supervisor in the Institute of Human Virology. She was appointed to the faculty of the Department of Medicine in 2007, and transferred to the Department of Psychiatry in March of this year.

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

I'm interested in how people make decisions about treatments their doctors offer them. The traditional view is that doctors present the positive and negative aspects of a treatment, and patients weigh those positives and negatives against each other to decide whether the treatment is worthwhile. It's a very logical, mathematical view – which unfortunately doesn't match up very well with what patients do in the real world. I've come to believe that patient's preexisting beliefs, ideas, and attitudes about health and medicine play a strong role in what they hear from their doctors, and what choices they make about treatment.

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

For the past several years, I've been studying conspiracy theories about HIV/AIDS. Some examples of HIV conspiracy beliefs are the idea that HIV was created in a government lab, and the idea that a secret cure for HIV exists but is only made available to a few well-connected people. These beliefs are surprisingly common, particularly in the African-American community. I found that many African-Americans who have HIV continue to hold conspiracy beliefs, even after they are enrolled in specialty HIV care and receive clinical HIV education. I also found that people who believe in HIV conspiracy theories are less likely to accept anti-retroviral therapy for HIV, which is the only effective

treatment. With funding from the National Institute of Mental Health, I'm now developing a brief intervention which will help people with HIV weigh their treatment options and make decisions about their care.

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

I am now hoping to extend my research about treatment beliefs to investigate why some Veterans avoid or delay seeking mental health care through the VA. We already know from previous research in other labs that negative beliefs about mental health treatment can hold Veterans back from care (e.g., "Only weak people need professional help to deal with their problems"). I want to investigate whether there are beliefs about the VA itself which prevent Veterans from receiving care which could benefit them.

Ultimately, I hope to help people make treatment decisions in a way which is respectful of their beliefs and their autonomy, but which also helps them separate fears and rumors from facts.

**And I'd like to open up professional views of medical decision-making**, to make it more clear that Veterans take an active role in the process – even if that role is essentially negative, such as dropping out of treatment or skipping doses of medication. My hope is that doctors will look at a Veteran like that and, instead of thinking "This Veteran is not complying with what they are supposed to do," they'll start thinking, "This Veteran is not convinced that this treatment is the right thing to do." It opens up a very different conversation between the provider and the patient.

### **4) How did you get started in this area of research?**

I came to this area of research from many years of working on adherence to HIV medicines, in both research and clinical activity. I talked to hundreds of HIV-positive individuals about how they felt and thought about their medicines. Through those conversations, it became clear to me that often when people don't take their HIV medicines, it's not because they forget or because they don't understand how important it is to be adherent. Instead, it may be because they are skeptical about the value of treatment, or because they have different beliefs about how HIV works and how it should be managed. I became convinced that you need to start with the patient's views about HIV and work from there, rather than just conveying the doctor's views and expecting the patient to agree.

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

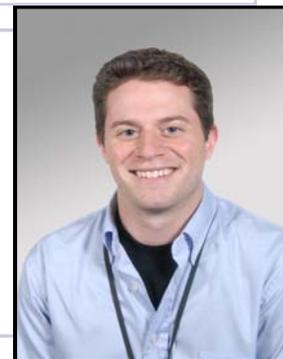
Please feel free to give me a call at 410-706-1836, or e-mail me at [rwald@psych.umaryland.edu](mailto:rwald@psych.umaryland.edu).

## Welcome to New Staff



**Melissa Johnson, Ph.D.**, completed her Ph.D. at the University of Minnesota and her internship at the VAMHCS/UMB Psychology Internship Consortium. Dr. Johnson began at the MIRECC as the new Post-Doctoral Fellow in September of 2011. **Dr. Johnson's post-baccalaureate and graduate studies** focused on cognitive neuroscience and schizophrenia using functional magnetic resonance imaging (fMRI). Her dissertation project used an economic decision-making task to study the neurobiological basis of persecutory delusions in a group of individuals with schizophrenia. **Under the mentorship of Drs. Melanie Bennett and Jim Gold, Dr. Johnson's work at the MIRECC will include** using an economic decision-making paradigm to assess receptiveness to a Motivational Interviewing protocol intended to facilitate smoking cessation in individuals with schizophrenia. More broadly, Dr. Johnson intends to apply her training in cognitive neuroscience to inform the development of interventions designed to improve social functioning in patients with schizophrenia.

**Arthur Sandt, M.A.**, joins the Baltimore VA as a Research Assistant after finishing his clinical internship at the VAMHCS/UMB Psychology Internship Consortium. Mr. Sandt is currently completing his Ph.D. from Temple University, where his research has investigated different mechanisms (e.g., psychophysiological, cognitive) underlying approach motivation and hedonic functioning. **Mr. Sandt's ongoing activities at the MIRECC include working with Amy Drapalski, Ph.D.**, on a study testing an intervention designed to reduce internalized stigma for people diagnosed with serious mental illness, and with Alan Bellack, Ph.D., on a project to develop a measure for assessing recovery from mental illness.



**Aditi Vijay, M.A., Ed.M.**, joins the MIRECC as the study coordinator for the Randomized Trial of a Smoking Cessation Program for Persons with SMI study and the Site Coordinator for the Washington DC VA. She is a doctoral candidate at the University of Nevada, Reno. Her research has focused on **trauma, PTSD, and sexual victimization**. **Ms. Vijay's dissertation will examine patterns of emotion regulation in trauma survivors**. Prior to joining the MIRECC, she worked as a responder at the Veterans Crisis Hotline and completed a clinical internship at the VAMHCS/UMB Psychology Internship Consortium in June 2010. She will be located at both the Washington DC VA and the Baltimore VA.

## Farewell and Good Luck

**Rebecca Pasillas, Ph.D.**, recently left the MIRECC for a staff psychologist position at the El Paso VA Medical Center. Dr. Pasillas arrived at the Baltimore VA as a psychology intern, and joined the VISN 5 MIRECC in 2009. She was a contributor to many programs and activities within the MIRECC Education Core, the Hub Site for the national VA Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery, and the VA Social Skills Training Program for Serious Mental Illness.

## Recent MIRECC Publications

- Brown, C.H., Bennett, M., Li, L., & Bellack, A.S.** (2011). Predictors of initiation and engagement in substance abuse treatment among individuals with co-occurring serious mental illness and substance use disorders. *Addictive Behaviors*, *36*(5), 439-447.
- Carter, C.S., Barch, D.M., Bullmore, E., Breiling, J., **Buchanan, R.W.**, Butler, P., Cohen, J.D., Geyer, M., Gollub, R., Green, M.F., Jaeger, J., Krystal, J.H., Moore, H., Nuechterlein, K., Robbins, T., Silverstein, S., Smith, E.E., Strauss, M., & Wykes, T. (2011). Cognitive neuroscience treatment research to improve cognition in schizophrenia II: Developing imaging biomarkers to enhance treatment development for schizophrenia and related disorders. *Biological Psychiatry*, *70*(1), 7-12.
- Couture, S.M., **Blanchard, J.J.**, & **Bennett, M.E.** (2011). Negative expectancy appraisals and defeatist performance beliefs and negative symptoms of schizophrenia. *Psychiatry Research*, *189*(1), 43-48.
- Day, H.R., Perencevich, E.N., Harris, A.D., **Himelhoch, S.S.**, **Brown, C.H.**, Gruber-Baldini, A.L., Dotter, E., & Morgan, D.J. (2011). Do contact precautions cause depression? A two-year study at a tertiary care medical centre. *Journal of Hospital Infection*, *79*(2), 103-107.
- Dickerson, F., **Bennett, M.**, **Dixon, L.**, Burke, E., Vaughan, C., Delahanty, J., & DiClemente, C. (2011). Smoking cessation in persons with serious mental illness: The experience of successful quitters. *Psychiatric Rehabilitation Journal*, *34*(4), 311-6.
- Dixon, L.B.**, **Lucksted, A.**, **Medoff, D.**, Burland, J., Stewart, B., Lehman, A., Fang, L., Sturm, V., **Brown, C.**, & **Murray-Swank, A.** (2011). Outcomes of a randomized study of a peer-taught Family-To-Family education program for mental illness. *Psychiatric Services*, *62*, 591-597.
- Drapalski, A.L.**, & **Dixon, L.B.** (2011). Programmes to support family members and carers. In G. Thornicroft, G. Szmukler, K. Mueser, & R. Drake (Eds.), *Oxford Textbook of Community Mental Health, 2<sup>nd</sup> Edition*. Oxford: Oxford University Press.
- Hong, L.E., Yang, X., Wonodi, I., Hodgkinson, C.A., Goldman, D., Stine, O.C., Stein, E.S., & **Thaker, G.K.** (2011). A CHRNA5 allele related to nicotine addiction and schizophrenia. *Genes, Brain, & Behavior*, *10*(5), 530-535.
- Kreyenbuhl, J.**, **Leith, J.**, **Medoff, D.R.**, **Fang, L.**, Dickerson, F.B., **Brown, C.**, **Goldberg, R.W.**, **Potts, W.**, & **Dixon, L.B.** (2011). A comparison of adherence to hypoglycemic medications between type 2 diabetes patients with and without serious mental illness. *Psychiatry Research*, *188*, 109-114.
- Kreyenbuhl, J.**, **Slade, E.P.**, **Medoff, D.R.**, **Brown, C.H.**, Ehrenreich, B., **Afful, J.**, & **Dixon, L.B.** (2011). Time to discontinuation of first- and second-generation antipsychotic medications in the treatment of schizophrenia. *Schizophrenia Research*, *131*(1-3), 127-132.
- Lucksted, A.**, **Drapalski, A.L.**, Calmes, C., Forbes, C., DeForge, B., & Boyd, J. (2011). Ending Self Stigma: Pilot evaluation of a new intervention to reduce internalized stigma among people with serious mental illnesses. *Psychiatric Rehabilitation Journal*, *35*(1), 51-54.
- Weiner, E., Buchholz, A., Coffay, A., Liu, F., McMahon, R.P., **Buchanan, R.W.**, & Kelly, D.L. (2011). Varenicline for smoking cessation in people with schizophrenia: A double blind randomized clinical trial. *Schizophrenia Research*, *129*(1), 94-95.
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- Xiang, Y.T., Wang, C.Y., Ungvari, G.S., **Kreyenbuhl, J.A.**, Chiu, H., Lai, K., Edwin Ho Ming Lee, B.O.Q.J., & **Dixon, L.B.** (2011). Weight changes and their associations with demographic and clinical characteristics in risperidone maintenance treatment in schizophrenia. *Pharmacopsychiatry*, *44*(4), 135-141.

## Presentations by VISN 5 MIRECC

VISN 5 MIRECC staff participated and presented at various settings in addition to the VA Mental Health Conference (see page 3 for details), including international and national conferences. Below is a list of conference presentations by VISN 5 MIRECC staff (in **bold**).

**Dixon, L.** (May, 2011). The Effectiveness of the NAMI Family to Family Education Program. Presented at the American Psychiatric Association Annual Meeting, Honolulu, HA.

**Dixon, L.** (July, 2011). Results of a Randomized Trial of the NAMI Family to Family Education Program. Plenary Speaker at the National Alliance on Mental Illness National Meeting, Chicago, IL.

**Dixon, L.** (August, 2011). Understanding and Meeting the Needs of Women with Serious Mental Illness, Presentation at the Veterans Health Administration Mental Health Conference - Improving Veterans Mental Health Care for the 21st Century, Baltimore, MD.

**Dixon, L.** (September, 2011). Expanding the Evidence for Family/Peer Self-help: Results of a Randomized Trial of the NAMI Family to Family Program, Plenary Speaker at the NAMI Colorado Annual Meeting, Aurora, CO.

**Kreyenbuhl J. A. .**, (May, 2011) Patient-Centered Health Technology Intervention to Improve Screening for the Metabolic Side Effects of Second-Generation Antipsychotic Medications. Paper presented at the 2011 Annual Meeting of the American Psychiatric Association, Honolulu, HA.

**Kreyenbuhl, J.** (September, 2011). Overview of Engagement in Mental Health Treatment and Evidence-Based Interventions for Enhancing Engagement in Individuals with Serious Mental Illness, Presentation at the National Institute of Mental Health-sponsored conference, Closing the Gaps: Reducing Disparities in Mental Health Treatment Through Engagement, Bethesda, MD.

**Lucksted, A.** (May, 2011). Internalized Stigma: Impact and Intervention. Keynote presentation at the VISN-3 Mental Health Conference "Facing Down the Stigma of Mental Illness; Standing up for Excellence in Healthcare," J.J. Peters VA Medical Center, Bronx, NY.

**Lucksted, A.** (May, 2011). Family-to-Family: An Evidence Based Program for Families of People with Mental Illness. Workshop at the 36<sup>th</sup> Annual Conference of the U.S. Psychiatric Rehabilitation Association, Boston, MA .

**Lucksted, A.** (May, 2011). Resisting Self Stigma. Presented at the 13th Biennial Conference of the Society for Community Research and Action (Division 27 of the American Psychological Association). Chicago, IL..

**Lucksted, A.** (June, 2011). Family-to-Family: An Evidence Based Program for Families of People with Mental Illness. Workshop at the 36<sup>th</sup> Annual Conference of the U.S. Psychiatric Rehabilitation Association, Boston, MA.

**Slade, E.P., Dixon, L.,** McCarthy, J., Valenstein, M. (July, 2011). Cost Consequences of Assertive Community Treatment Services in an Era of Declining Inpatient Use. Paper presented at the International Health Economics Association Annual Meeting. Toronto, Canada.

**Slade, E.P.,** Wissow, L., Abrams, M., Davis, M., **Dixon, L.** (July, 2011). Effects of Medicaid lapses on young adults' use of outpatient services after inpatient stays. Presentation at the 21st NIMH Conference on Mental Health Services Research. Washington, DC.

## Upcoming Events

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### 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, MD, MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, PhD, MIRECC investigator and Associate 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 2011: 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, PhD  
MIRECC Recovery Coordinator  
410-706-3244  
[Alicia.Lucksted@va.gov](mailto:Alicia.Lucksted@va.gov)

### EXTENDING VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS TO FELLOWS AFFILIATED WITH THE VA NATIONAL INTERPROFESSIONAL FELLOWSHIP PROGRAM IN PSYCHOSOCIAL REHABILITATION AND RECOVERY ORIENTED SERVICES

October 27-28, 2011  
Baltimore, MD

The VISN 5 MIRECC has been training staff from across the VHA on the delivery of Social Skills Training for Veterans with schizophrenia and other serious mental illnesses. To date, this national initiative led by the Office of Mental Health Services, has trained 247 clinicians; 24 clinicians have also gone on to complete a Masters Training program. The October training extended the program to include fellows affiliated with the VA National Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services. Clinicians working with seriously mentally ill veterans who wish to participate in future trainings should direct questions and application requests to:

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



**MIRECC ACTING DIRECTOR**

Lisa Dixon, MD, MPH

**ACTING ASSOCIATE DIRECTOR, RESEARCH CORE**

Robert Buchanan, MD

**ASSOCIATE DIRECTOR, EDUCATION CORE**

Richard Goldberg, PhD

**ACTING ASSOCIATE DIRECTOR, CLINICAL CORE**

Seth Himelhoch, MD, MPH

**MIRECC ADMINISTRATIVE CORE MANAGER**

Amy L. Drapalski, PhD

**MIRECC COORDINATOR**

Matthew T. Wiley, MPH

**MIRECC MATTERS EDITOR**

Cindy Clark, RN, C, CD

**MIRECC MATTERS ASSOCIATE EDITORS**

Jennifer M. Aakre, PhD

Lisa Dixon, MD, MPH

Amy L. Drapalski, PhD

Richard Goldberg, PhD

Mary Lupi

**CONTRIBUTORS**

Jennifer M. Aakre, PhD

Amy L. Drapalski, PhD

Richard Goldberg, PhD

Alicia Lucksted, PhD

**PHOTO CREDITS**

Medical Media, VA Maryland Health Care System

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