



MIRECC Matters

VISN5 MIRECC: Putting Recovery Into Practice

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Letter from the Director

Richard Goldberg, Ph.D.

I have been thinking a lot about the "C" in MIRECC - the important clinical component of what we do. As part of our commitment to "Putting Recovery Into Practice," I thought I would use this column to highlight some of the clinical initiatives and programs that we are involved with locally and nationally.

In 2004, the MIRECC was instrumental in establishing the VAMHCS Clozapine Treatment Team (CTT) as recommended in VA clozapine prescribing guidelines. Drs. Robert Buchanan and Julie Kreyenbuhl are members of the team. The CTT has twice yearly meetings to review the care of all Veterans prescribed clozapine in the VAMHCS. In addition, the CTT provides consultation and expertise on clozapine-related clinical or administrative questions that arise throughout the year. Dr. Neil Sandson has recently updated the VAMHCS Clozapine Education Program that must be viewed by all potential clozapine prescribers in VA. The MIRECC made the education program available in videotape format for ease of distribution to eligible prescribers. In addition, the MIRECC hosts a monthly Psychopharmacology Case Conference which provides a forum for VAMHCS clinicians to discuss clinical challenges with their peers and to receive consultation from MIRECC clinicians and researchers with psychopharmacology expertise. The conference includes case presentations in all areas of psychopharmacology in order to reach the widest clinical audience. In addition to having cases scheduled in advance for presentation, clinicians from within mental health and beyond are invited to ask questions at the conference and make impromptu case presentations. The panel of MIRECC conference facilitators include Drs. Robert Buchanan, Julie Kreyenbuhl, and Neil Sandson.

In past editions of the MIRECC Matters I have written about our Social Skills Training Program, funded by Mental Health Services at VA Central Office to provide training, technical support, and *Continued on page 2*

Letter from the Director

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consultation in Social Skills Training – an evidence-based practice for those with serious mental illness - to VA practitioners and mental health program leaders working with seriously mentally ill Veterans and their families. Training involves a combination of 2-day, face-to-face workshops in which trainees learn the skills needed to lead an SST group at their home facilities, along with 6-months of follow-up clinical consultation in which trainees receive ongoing consultation and feedback from experienced SST "consultants" via phone calls and review of audiotaped SST groups. To date, the program has directly trained close to 700 mental health clinicians in the delivery of SST, including 33 Peer Support Specialists. Additionally, the program has trained 43 Master Trainers who can provide training and consultation to staff at local facilities within their VISN. Locally, we augment our formal SST training program with less formal avenues for training and implementation such as presentations, co-leading SST groups, or providing supervision to a clinician who wants to learn SST and run a group if a program or clinic is interested. For example, we were recently approached by the inpatient unit at the Baltimore VAMC about starting an SST group. They identified a staff member and provided her with time to complete our SST training and consultation program; our MIRECC has provided ongoing supervision and a co-leader. This SST group started earlier in the summer and is going strong!

We have similar training/consultation efforts going in other areas. Dr. Melanie Bennett, in collaboration with VA psychologists Drs. Neil Weissman, Christine Calmes, and Jade Wolfman-Charles, participates in providing trainings for VAMHCS mental health providers and trainees in Motivational Interviewing and is part of a monthly case consultation meeting where providers can talk about the challenges of applying MI in everyday practice. I personally have provided consultation to local providers and program coordinators overseeing the implementation of a new service designed to adapt and extend use of a Critical Time Intervention (CTI) within the MHICM program that included participation in training of new staff in the principles and methods of CTI, providing tracking and intervention tools, and assisting with monitoring and evaluating the new program.

We have other great clinical programs getting started and look forward to sharing details of them as they develop. Please feel to contact any of us here within the VISN 5 MIRECC for more information about any of these exciting clinical initiatives!

Understanding Racial Disparities in VA Mental Health Care ***by Samantha Hack***

Analyses of mental health services and outcomes show that African Americans experience disparities in mental health care availability, accessibility, utilization, and outcomes in the United States. In response, the VA has made it a priority to insure mental health care equality for all Veterans. These efforts have been successful at reducing many disparities, but African American Veterans with serious mental illness are still less likely to receive guideline-recommended treatment and follow-up care. The VA has called for further research aimed at developing programs and services that will reduce racial disparities in mental health care. Some researchers have hypothesized that patient and provider beliefs and behaviors influence mental health care interactions and reactions in care and lead to disparities, but our knowledge about which beliefs are key and how to act on them to create change is still limited. Veteran concerns (such as mistrust of health care systems, past experiences of racism, and mental health literacy) and provider factors (such as levels of cultural competence and patient centered care skills and training) may all contribute to racial disparities.

The VISN 5 MIRECC has funded a pilot study for Dr. Samantha Hack to identify Veteran and provider variables that are related to racial disparities in mental health care outcomes and satisfaction. In addition to increasing our understanding of factors that create disparities in care, the study will also collect information on rates of patient-centered care behaviors in VA mental health care. Patient-centered care is defined as care that is respectful of and responsive to individual patient preferences, needs, and values and the aim is for providers and patients to approach mental health care as partners in treatment. The study will survey White and African American Veterans with serious mental illness about issues that may impact Veterans' attitudes toward, participation in, and satisfaction with mental health care. In addition, mental health care providers and staff at the VAMHCS will participate in interviews to understand how providers address race in mental health treatment and what additional provider training and support is wanted and needed. The information from this research will be used to understand both Veteran and provider attitudes and behaviors in mental health care and to develop suggestions for providing patient-centered mental health care for African American Veterans with serious mental illness.

Green Acres Garden

Jill Rowland, Martinsburg VAMC

The VISN 5 MIRECC Small Grants Program for Recovery-Fostering Clinical and Educational Innovations awarded funding to the Psychosocial Rehabilitation and Recovery Center (PRRC) at the Martinsburg VA Medical Center (VAMC). The purpose of the Small Grants program is to catalyze, through one-year grants, VA clinical innovations and educational projects that foster the development of recovery-oriented mental health services in VISN 5. This funding was awarded to improve and expand the outdoor vegetable, fruit and flower garden located by the greenhouse on the grounds of the hospital. It was also used to construct raised beds to create a "Walking Garden" to facilitate accessibility for those with physical challenges. The PRRC conducts a weekly Horticulture Therapy Group at the garden so members can start seeds, plant seedlings, nurture the growing plants and harvest the "fruit" of their labor. Recovery is fostered through the communal work and the common goal of completion, increased self-worth and self-efficacy.

Members have planted beds of squash, flowers, herbs, watermelons, gourds and peas. They watch with interest and tend to the plants they have started and seem proud as they form and develop into mature vegetables. Fresh fruits, vegetables and



herbs are nutritious and helpful addition to the meals of the attendees. PRRC members have expressed a positive change in mood, reduction in stress and depression and a sense of control of their environment from working in the garden. By using elements from nature - planting, water, fresh air, listening and watching birds, and being outside - they raise their spirits and enjoy physical exercise. During the fall and winter, members use dried flowers, dried gourds and winter foliage to make seasonal crafts.



The Martinsburg VAMC PRRC garden grant has offered the members an increased opportunity to work together while experiencing the joys of gardening. Going forward, the garden at "Green Acres" is sustained by having members collect seeds from vegetables, flowers, and herbs to sow in the spring. Members also take "cuttings" from the plants to root and establish for spring planting. Flowers and gourds are dried for winter crafts and holiday wreaths. Members are encouraged to take vegetables home for canning and freezing which provides nutritious

supplements to their meals throughout the year. At "Green Acres" we will continue to utilize raised beds to facilitate accessibility for those with physical limitations. This year a walkway was constructed making the entrance to "Green Acres" available to those using walkers and wheelchairs.

WRAP Facilitator Training: A Veteran Interview

By Ralf Schneider

Wellness Recovery Action Planning (WRAP) is an evidence-based group intervention developed by the Copeland Center for Wellness and Recovery for use by peers providers to facilitate recovery for people with mental health concerns. The VISN5 MIRECC has adapted WRAP training to the VA setting, with a 4-day in-person training followed by six months of consultation. Mr. Carlton Chisom, a Veteran and Peer Support Specialist at the Salisbury, North Carolina VA, was one of 14 participants in a MIRECC-sponsored WRAP training in March, 2014 at the Baltimore VAMC. Mr. Chisom is currently receiving consultation as a newly trained WRAP facilitator and agreed to be interviewed about his experience as a WRAP group facilitator.

Since the training, Mr. Chisom has gone on to create and facilitate two WRAP groups at his work site at the SARP Program in Salisbury. He has also co-facilitated a group with a colleague for the OEF-OIF Program at the Winston-Salem CBOC, and he has plans to co-facilitate another WRAP group in the community with the People Helping People agency of North Carolina.

Mr. Chisom reported that he has received a lot of positive feedback about his WRAP groups from fellow Veterans and fellow VA staff: "Not a day goes by when a Veteran doesn't ask about it". The response has been so positive that groups were shifted to days with high Veteran availability. Mr. Chisom has received reports from staff members that the Veterans who are involved in WRAP groups are better able to incorporate substance use and mental health recovery concepts during treatment, as they are familiar with developing a recovery plan as a result of WRAP.

Mr. Chisom noted that sharing his recovery story is an important component of WRAP facilitation: "When you share a coping story, you see the light go on for the Veterans". He identified group facilitation is key to the success of WRAP and credited his WRAP training and consultation with helping him learn to gain: "confidence that you are on the right track, that you can do it". During consultation

"When you share a coping story, you see the light go on for the Veterans."

WRAP Facilitator Training

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he has received helpful and constructive feedback. He learned that he can follow WRAP session guidelines but also use his own teaching style and strengths.

Mr. Chisom talked about the importance of keeping WRAP groups interesting and engaging. "I try to incorporate their personal journeys. Part of WRAP is about self-esteem. I work that into each session." Mr. Chisom explained how he uses a "talking stick" as a method to include all of the Veterans in the group in discussion. The technique involves passing a stick around the group and when a Veteran is passed the stick, he/she shares something. According to Mr. Chisom, this strategy empowers less vocal participants to take their turn to talk about how recovery applies to them.

Another aspect of WRAP that Mr. Chisom believes is helpful is the use of recovery tools within the planning. He noted that treatment programs can provide a whirlwind of activity for Veterans, and that they leave treatment with a lot of recovery "tools", but without having had any opportunity to apply these tools in their real lives. Developing a WRAP helps them identify when different tools will be helpful and how and when to apply them. Mr. Chisom's experience is that, for Veterans, a WRAP plan is a tool that they practice applying while still in treatment, and it "helps them take their recovery seriously" and think about how to implement what they learn in treatment.

When asked about next steps for himself and for WRAP, Mr. Chisom recommended that as many Peer Support staff members as possible be trained in WRAP facilitation and complete the six months of personal consultation: "All 900 of us should be" trained. He reported his belief that every Peer Support Provider can benefit, whether that provider is someone with a lot of experience or someone who is new to being a Peer Support Specialist: "We all have different skills sets. I've seen them (his colleagues) get better and have definitely learned about facilitation too." Mr. Chisom shared a personal experience in this regard: he learned that he can step back during the group and delegate speaking time and responsibility to the group members. He noted: "I give them ownership in the group. When I do, it goes smooth." The MIRECC congratulates Mr. Chisom and the other WRAP facilitators on the success of their efforts.

Recent MIRECC Publications

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

- Aakre, J. M., Himelhoch, S. S., & Slade, E. P.** (2014). Mental health service utilization by Iraq and Afghanistan Veterans following entry into PTSD specialty treatment. *Psychiatric Services, 65*, 1066-69.
- Albrecht, J., Gruber-Baldini, A., Hirshon, J.M., **Brown, C. H., Goldberg, R. W.**, Rosenberg, J., Comer, A., & Furuno, J. (2014). Depressive symptoms and hospital readmission in older adults. *Journal of the American Geriatric Society, 63*(2), 495-99.
- Alphs, L., **Schooler, N. R.**, & Lauriello, J. (2014). How study designs influence comparative effectiveness outcomes: The case of oral versus long-acting injectable antipsychotic treatments for schizophrenia. *Schizophrenia Research, 156*(2-3), 228-32.
- Chiappelli, J., Kochunov, P., DeRiso, K., Thangavelu, K., Sampath, H., Muellerklein, F., Nugent, K.L., **Postolache, T. T., Carpenter, W. T.**, & Hong, E. (2014). Testing trait depression as a potential clinical domain in schizophrenia. *Schizophrenia Research, 159*(1), 243-48.
- Hill, C. E., Gelso, C. J., Chui, H., Spangler, P., Hummel, A., Huang, T., Jackson, J., Jones, R., Palma, B., Bhatia, A., Gupta, S., Ain, S., **Klingaman, E.**, Lim, R., Liu, J., Hui, K., Jezzi, M., & Miles, J. R. (2014). To be or not to be immediate with clients: The use and effects of immediacy in psychodynamic/interpersonal psychotherapy. *Psychotherapy Research, 24*(3), 299-315.
- Koola, M.M., **Buchanan, R. W.**, Pillai, A., Aitchison, K.J., Weinberger, D.R., Aaronson, S.T., & Dickerson, F.B. (2014). Potential role of the combination of galantamine and memantine to improve cognition in schizophrenia. *Schizophrenia Research, 157*(1-3), 84-9.
- Long, J.A., Wang, A., Medvedeva, E.L., Eisen, S.V., Gordon, A., **Kreyenbuhl, J. A.**, & Marcus, S.C. (2014). Glucose control and medication adherence among Veterans with diabetes and serious mental illness: Does collocation of primary care and mental health care matter. *Diabetes Care, 37*, 1-7.
- Marx, C.E., Lee, J., Subramaniam, M., Rapisarda, A., Bautista, D.C., Chan, E, Kilts, J.D., **Buchanan, R.W.**, et al. (2014). Proof-of-concept randomized controlled trial of pregnenolone in schizophrenia. *Psychopharmacology, 231*, 3647-62.
- Resnick, B., Nahm, E.S., Zhu, S., **Brown, C. H.**, et al. (2014). The impact of osteoporosis, falls, fear of falling and efficacy expectations on exercise among community dwelling older adults. *Orthopaedic Nursing, 35* (5), 277-286..
- Stiller, J.W., Yu, S., Brenner, L., Langenberg, P., Scrofani, P., Pannella, P., Hsu, E., Roberts, D.W., Monsell, R...M...T..., Binks, S.W., Guzman, A., & **Postolache, T. T.** (2014). Sparring And Neurological Function In Professional Boxers. *Frontiers in Public Health, 2*, 69. doi:10.3389
- Wang, H.L., Xiang, Y.T., Li, Q.Y., Wang, X.P., Liu, Z.C., Hao, S.S., Liu, X., Liu, L.L., Wang, G.H., Wang, D.G., Zhang, P.A., Bao, A.Y., Chiu, H.F., Ungvari, G.S., Lai, K.Y., & **Buchanan, R. W.** (2014). The effect of artemether on psychotic symptoms and cognitive impairment in first-episode, antipsychotic drug-naive persons with schizophrenia seropositive to *Toxoplasma gondii*. *Journal of Psychiatric Research, 53*, 119-124.

Recent MIRECC Presentations

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

Bennett, M. E., McCarthy, J., Tsuji, T., & Crisaffuli, M. (2014, June). *Using Structured Behavioral Interventions to Enhance Mental Health Recovery in Psychosocial Rehabilitation*. Workshop presented at the Annual Conference of the Psychiatric Rehabilitation Association, Baltimore, MD.

Drapalski, A. L. (2014, August). *Reducing Self Stigma in People with Serious Mental Illness: Program and Research Update*. American Psychological Association Annual Conference, Washington DC.

Drapalski, A. L., Lucksted, A. A., Vorce, K., & Clark, C. (2014, June). *Ending self-stigma: An intervention to reduce self-stigma and enhance recovery*. Workshop conducted at the Psychiatric Rehabilitation Association Annual Conference, Baltimore, MD.

Drapalski, A. L., Kreyenbuhl, J. A., Freeman, M., Cohen, L., Levine, B. M., **Harrison-Restelli, C.,** Feibus, K., Hickman, R., McCutcheon, S., & Zephyrin, L. (2014, July). *Assessing the reproductive mental health training needs and interests of VA mental health providers*. Presentation at the VA Women's Health Services Research Conference on Enhancing Partnerships for Research and Care for Women Veterans, Arlington, VA.

Goldberg, R. W. (2014, June). *Living Well: A Professional-Peer Co-Facilitated Program to Improve Self-Management of Medical Illnesses for Individuals with Serious Mental Illness*. Workshop Presentation at the Psychiatric Rehabilitation Association 2014 Annual National Conference, Baltimore, MD.

Hack, S., Brown, C. H., Fang, L., Dixon, L. B., Klingaman, E., Park, S. G., Adams, C., & **Kreyenbuhl, J. A.** (2014, June). *Racial differences in preferences for shared decision-making and patient-clinician communication among Veterans with serious mental illness*. Poster presented at the University of Maryland Department of Psychiatry Research Day, Baltimore, MD.

Klingaman, E., Goldberg, R. W., Verchinina, L., **Kreyenbuhl, J. A.,** Damschroder, L., Kim, H. M., Hoerster, K. D., Janney, C., Owen, R., & Lai, Z. (2014, July). *Weight loss for women with Serious Mental Illness after participating in a national VA weight management program*. Poster presented at the 2014 VA HSR&D Women's Health Conference, Arlington, VA.

Kreyenbuhl, J. A., Slade, E. P., Medoff, D., Li, L., Schwartz, E., Charlotte, M., Kilbourne, A., & Dixon, L. B. (2014, July). *Gender differences in prescription of antipsychotics and mood stabilizers with weight gain potential among Veterans with serious mental illness*. Poster presented at the National VA HSR&D Conference on Enhancing Partnerships for Research and Care of Women Veterans, Arlington, VA.

Lucksted, A. A., & Zimmerman, J. (2014, June). *Recognizing and Reducing Internalized Stigma*. Invited workshop at the Department of Veterans Affairs Peer Support: Bridging the Gap in 2014 Defining Skills for the Future Conference, Orlando, FL.

McCarthy, J.M., **Klingaman, E., Malik, A., & Bennett, M. E.** (2014, June). *Sleep quality and readiness to change health behaviors in schizophrenia*. Poster presented at the University of Maryland Department of Psychiatry Research Day, Baltimore, MD.

Muralidharan, A. (2014, August). *Implementation, Sustainability, and Fidelity Among Early Adopters of the Free, Manualized, Ending Self-Stigma Intervention*. Presented at the annual meeting of the American Psychological Association, Washington, DC.

Schooler, N. R. (2014, September). *Long-acting injectable antipsychotics for schizophrenia: evaluating information from clinical trials and naturalistic studies*. Department of Psychiatry Grand Rounds: Penn State Hershey School of Medicine, Hershey, PA.

Slade, E. P. (2014, May). *Economic Evaluation Methods for Health Services and Prevention Research*. University of Maryland, School of Social Work, Special Seminar.

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 on the 2nd and 4th Tuesday of the month (12-1) 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.

10/28/14 — Dr. Eric Slade: MIRECC Health Care Utilization Administrative Database and the Corporate Database Warehouse

12/9/14 — Dr. Paul Sacco: Epidemiological Research on Drinking and Alcohol Use Disorders

1/27/15 — Dr. Barbara Schwartz: Exercise and Cognitive Functioning in Schizophrenia

2/24/15—Dr. Michael Kauth: VA LGBT Research, Education, and Clinical Initiatives

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines: 1st of March, June, September, & December

Small Grant Amount: \$300-\$5000

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations 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 close to 700 VA mental health clinicians in the delivery of SST. We have also trained over 40 Master Trainers as experts in SST, covering 19 out of the 21 VISNs across the country.

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

Matthew Wiley, MPH, VA Social Skills Training Program Coordinator:

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.



**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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