

# MIRECC Matters

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## Letter from the Director

*Richard Goldberg, Ph.D.*

The implementation of Peer Support Services in VA Mental Health Services is growing fast. The VISN 5 MIRECC is working on several fronts to be involved in training and educating Peer Support Specialists and integrating Peers into service delivery. First, we are planning a conference to be held in June, 2014 that will focus on the integration of Peer Support Specialists in mental health services for Veterans with serious mental illness (SMI). We have invited presenters from within and outside of VA with extensive experience working to train peers with SMI to provide mental health services in interesting and unique ways that utilize their strengths as individuals who have pursued their own mental health recovery goals. Be on the look out for more information on this conference in the 2014 editions of the MIRECC Matters. Second, we have several research projects that are utilizing Veterans with SMI as part of the clinical intervention team. One of these is an HSR&D funded IIR Merit called Living Well that is implementing and evaluating a peer co-facilitated wellness intervention to improve medical self-management for individuals with SMI. Peers are part of the intervention teams in this study, which in addition to examining the effectiveness of Living Well will also include a process evaluation to gather contextual information regarding adoption, implementation, and sustainability that will be used for future implementation studies. Third, our education core is working with those who supervise Peer Support Specialists to design and offer a program of continuing education focused on topics that can enhance the knowledge base and clinical skills of Veterans working as Peer Support Specialists throughout the VISN. This program will involve a presentation followed by discussion about how the topic relates to Veterans in their work as Peer Support Specialists and will serve as a way for Specialists to get additional training while networking with one another and providing support to others in the Peer role. Our hope is that the VISN 5 MIRECC will become a leader in working with and providing learning opportunities for Peer Support Specialists in our VISN.

**MIRECC Matters is also available online:**

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

## Reducing Internalized Stigma among Veterans with PTSD

By Jennifer Aakre, Ph.D.

Stigma and fear of stigma are widespread among Veterans with PTSD, and both have damaging effects on Veterans' well-being and participation in mental health treatment. Internalized stigma is a harmful consequence of societal stigma, and has been associated with decreased hope, self-esteem, personal motivation, morale, and self-regard among individuals with a range of mental health disorders. Internalized stigma has negative impacts on the recovery and well-being of Veterans with PTSD, but no evidence-based interventions are available to assist Veterans with PTSD in combatting the impact of internalized stigma. Drs. Jennifer Aakre, Amy Drapalski, Alicia Lucksted, and Clay Brown of the VISN 5 MIRECC, along with Dr. Erin Romero of the Baltimore VA PTSD Clinical Team, have received pilot funding from the VA Rehabilitation Research and Development Service to develop and pilot-test an intervention to provide Veterans with PTSD the skills to cope effectively with stigma and to lessen the internalization of stigmatizing beliefs and stereotypes.

In this project, the MIRECC research team will modify Ending Self Stigma (ESS), an intervention composed of evidence-based strategies for combating internalized stigma for mental illness, to serve the needs of Veterans with PTSD. We will interview Veterans with PTSD to learn more about their experience with societal and internalized stigma associated with PTSD, and the information Veterans provide will form the basis of our adaption of ESS. After modifications are made, we will conduct a small trial for 64 Veterans with PTSD diagnoses. We will measure whether participants have reduced internalized stigma when compared to a control group receiving an informational brochure on internalized stigma. We will also assess whether those who participated in ESS for PTSD experience increases in self-efficacy, sense of belonging, recovery orientation, and participation in mental health treatment.

The information we gain through this study will be used to further refine the intervention, towards the goal of conducting a larger study of ESS for PTSD within VA. We anticipate that Veterans participating in ESS for PTSD may experience increased empowerment regarding a variety of life goals. Given the severe effects of societal and internalized stigma and the lack of interventions to help Veterans with PTSD overcome stigmas associated with PTSD symptoms, experiences, diagnoses or treatment, this project has the potential for lasting impact.

## Veterans Talk SST

by Cindy Clark, R.N., C., C.D.

For the last 10 years, the VISN 5 MIRECC has been training clinicians in Social Skills Training (SST). SST is an evidenced-based practice that assists individuals with serious mental illness in learning, practicing, and applying skills for communicating and interacting with other people in their own lives. Practice is done with role playing situations that are identified as being personally relevant to each participant. Since 2008, the VA-SST program has been providing training and clinical consultation to VA clinicians nationwide in the delivery of SST for veterans with serious mental illness. The program to date has trained over 600 VA mental health clinicians to lead SST groups for Veterans throughout the VA.

I have been a facilitator of SST groups and a master trainer and consultant for the training program for the past 10 years. As a way of looking at the impact of SST, I interviewed several Veterans who participated in SST groups and discuss with them, in an informal manner, their experiences. A summary of these discussions is presented here. I interviewed two Veterans who attend the Psychosocial Rehabilitation and Recovery Center (PRRC) at the Baltimore VAMC and one Veteran who is a Peer Support Technician at the PRRC at the Perry Point VAMC.

I first interviewed Mike, who has been a participant in the Baltimore PRRC a few times and attended SST groups each of those times. As we discussed specifically what he thought was helpful about SST, Mike started by mentioning his initial reluctance to role play. With time, Mike said, he was able to try it and began to feel more comfortable. Mike said that at one point behavioral communication skills like eye contact and leaning-in to show interest were difficult: "I usually sat with my arms folded and head down." He reports that certain assertiveness

***"Patience and learning social skills were the two important keys to recovery for me."  
- Thomas***

## Veterans Talk SST

*(continued from page 4)*

skills have been very beneficial, especially "asking for help" which he has used when dealing with social services. Mike said that he is better at starting conversations but that "it can be hard to keep them going." Mike is now a volunteer with NAMI. He has been trained to present "In Our Own Voice" which is a workshop presented in the community. He is also involved in several volunteer activities and he does "peer to peer" mentoring.

Thomas is a Peer Support Technician at the Perry Point PRRC. He has been a participant in SST groups and now co-leads the group with Dr. Mary Lambert. When we began talking, Thomas said "patience and learning social skills were the two important keys to recovery for me." Thomas described SST as "relearning stuff I once knew." I was "stuck" and "social skills helped 'close the gap'". In regard to specific skills, Thomas mentioned learning to listen patiently and then respond as being especially helpful. He also said that the skill "Asking for Information" has been helpful in his recovery process. As we ended our conversation, Thomas said "I was a diamond in the rough and SST helped smooth me out."

The last veteran who spoke with me was Dan, a member of the SST group in Baltimore several times from 2005 to 2013. Dan reported that use of the skills "took a while to set in." On reflection, he described using the skills practiced in SST as various situations arose in his life. When asked what skills were especially valuable, Dan mentioned assertiveness, conflict management, and learning to work with his providers in a successful manner. He also discussed the importance of being aware of body language, voice, and facial expression. Dan ended by saying that he thought SST was so important to recovery that "it should be offered more than twice a week and for at least 90 minutes."

It has been especially valuable to hear what Veterans have to say about their experiences participating in and co-leading SST groups. As an SST group leader and trainer, it is great to hear about the impact SST has had on Veterans' lives.

## Meet the New MIRECC Fellows

**The VISN 5 MIRECC is pleased to welcome two new post-doctoral fellows:  
Dr. Samantha Hack and Dr. Anjana Muralidharan.**

Dr. Hack received her Ph.D. in Social Work from the University of Illinois at Urbana-Champaign. Her research interests focus on rural community mental health services for underserved populations and strategies for connecting people to mental health care. She uses mixed method approaches to study causes of racial/ethnic/cultural disparities in mental health services. She has been involved in research with the US Army National Guard, analyzing surveys from National Guardsmen to assess psychological effects of policies and operational objectives.

**Tell us about your research interests.** My research interests include understanding the impact of rural location on the treatment needs and illness experiences of Veterans with serious mental illness. While the 2000 Census found that many Veterans are most likely to live in rural counties, those same counties are often at risk of having limited access to mental health care providers and services. I am interested in creating interventions that address rural barriers to care and utilize existing environmental strengths by better collaborating with Veterans' families and communities to improve Veterans' mental health outcomes. I'm also interested the use of arts-based interventions as a therapeutic outlet and as a method of collecting and documenting Veterans' personal experience.

**What are the potential benefits of this research for Veterans?** Having a serious mental illness can be a stigmatizing and isolating experience, even when mental health treatment is available. Veterans should be able to return to their families or live in their communities of choice without worrying that it will have a detrimental impact on their recovery. I hope that my research will increase our understanding of the needs of rural Veterans and their social support systems and yield better, targeted services and interventions.

Dr. Muralidharan received her Ph.D. in Clinical Psychology from Emory University and recently completed her clinical internship at the VA Boston Healthcare System. Her research interests focus on development, testing, and dissemination of interventions for strengthening social supports and treating PTSD in Veterans with serious mental illness (SMI). She has examined relationships between family environment and emotion regulation in bipolar disorder, and was involved in a study of moderators of risk and resilience in PTSD in a national sample of OEF/OIF Veterans.

**Tell us about your research interests.** I am interested in helping individuals with SMI increase their connectedness to family, peers, community, and mental health services. We know that social support and a sense of belonging are very important for mental health. Unfortunately, because some of the symptoms of SMI put significant strain on relationships, and because of pervasive societal stigma, these individuals can often be very isolated. I am interested in the development and implementation of therapeutic and educational interventions that would help individuals form strong and supportive relationships and decrease stigma at individual, family, community, and systems levels.

**What are the potential benefits of this research for Veterans?** Many veterans struggle with serious mental health issues, including severe anxiety, depression, PTSD, and psychotic symptoms. I hope that my research will inform therapeutic interventions, like family therapy, that can help to support these veterans' families and strengthen family relationships. I also hope that my research will inform educational interventions that can decrease the stigma these veterans face from families, peers, in the workplace, in medical settings, and in other community organizations.

## ***Upcoming Educational Activities at the MIRECC***



### **WORKSHOP FOR CAREGIVERS OF OLDER VETERANS WITH SERIOUS MENTAL ILLNESS**

The VISN 5 MIRECC is hosting a workshop for family members and caregivers of older Veterans with serious mental illness. Older Veterans with serious mental illness who are interested in learning about issues that might be relevant to them as they age are also welcome to attend. This workshop is titled *Caregivers of Aging Veterans with Serious Mental Illness* is scheduled for February 11, 2014 at the VA in Baltimore. VA mental health providers who work with older Veterans with serious mental illness will give short presentations, and participants will gather in smaller groups to discuss their needs and challenges and areas in which they would be interested in gathering more information. Veterans and their loved ones are encouraged to attend!

### **CONFERENCE ON PEER SUPPORT SERVICES**

The MIRECC will be holding its annual conference on June 10, 2014! The title of the conference is *The Role of VA Peer Support Specialist Services in Enhancing Recovery for Veterans with Serious Mental Illness*, and it will be held at the Baltimore VA. VA and community presenters will discuss clinical work and research related to Peer Support Specialists within VA including the VA national initiative to hire and train more Peer Support Specialists, and how Peer Support Specialists have been involved in mental health programs in different VA medical centers. Stay tuned for more information on this conference!

### **MIRECC MENTAL HEALTH RECOVERY RESOURCE TABLE**

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

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

## Recent MIRECC Publications

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

- Allen, D.N., Strauss, G.P., Barchard, K.A., Vertinski, M., **Carpenter, W. T.**, & **Buchanan, R. W.** (2013). Differences in developmental changes in academic and social premorbid adjustment between males and females with schizophrenia. *Schizophrenia Research*, 146(1-3), 32-137.
- Deutsch, S.I., **Schooler, N. R.**, **Brown, C. H.**, & **Rosse, R. B.** (2013). Targeting alpha-7 nicotinic neurotransmission in schizophrenia: a novel agonist strategy. *Schizophrenia Research*, 148, 138-144.
- Erhardt, S., Lim, C.K., Linderholm, K.R., Janelidze, S., Lindqvist, D., Samuelsson, M., Lundberg, K., **Postolache, T. T.**, et al. (2013). Connecting inflammation with glutamate agonism in suicidality. *Neuropsychopharmacology*, 38(5), 743.
- Fischer, B. A.**, McMahon, R.P., Meyer, W.A., Slack, D.J., Appelbaum, P.S., & **Carpenter, W. T.** (2013). Participants with schizophrenia retain the information necessary for informed consent during clinical trials. *Journal of Clinical Psychiatry*, 74(6), 622-7.
- Franx, G., **Dixon, L. B.**, Wensing, M., & Pincus, H. (2013). Implementation strategies for collaborative primary care-mental health models. *Current Opinions in Psychiatry*, 26 (5), 502-510.
- Goldberg, R. W.**, Reeves, G., Tapscott, S., **Medoff, D.**, Dickerson, F., Goldberg, A.P., Ryan, A.S., Fang, L.J., & **Dixon, L. B.** (2013). "MOVE!": Outcomes of a weight loss program modified for veterans with serious mental illness. *Psychiatric Services*, 64, 737-744.
- Hahn, B., Gold, J.M., & **Buchanan, R. W.** (2013). The potential of nicotinic enhancement of cognitive remediation training in schizophrenia. *Neuropharmacology*, 64, 185-190.
- Humensky, J.L., **Dixon, L. B.**, & Essock, S.M. (2013). A tool for estimating costs of first episode psychosis treatment teams. *Psychiatric Services*, 64 (9), 832-834.
- Kanwar, J., Okusaga, O., Giegling, I., Konte, B., Vaswani, D., Sleemi, A., Vaswani, R., Hartmann, A.M., Friedl, M., Hong, L.E., Reeves, G., Stephens, S., **Dixon, L.**, Rujescu, D., & **Postolache, T. T.** (2013). In patients with schizophrenia, non-fatal suicidal self-directed violence is positively associated with present but not past smoking. *Schizophrenia Research*, 149, 194-195.
- Keller, W.R., **Fischer, B. A.**, McMahon, R.P., Meyer, W., & **Buchanan, R. W.** (2013). Open-label salsalate for the treatment of pre-diabetes in people with schizophrenia. *Schizophrenia Research*, 147(2-3), 408-409.
- Keller, W.R., Kum, L.M., Wehring, H.J., Koola, M.M., **Buchanan, R. W.**, & Kelly, D.L. (2013). A review of anti-inflammatory agents for symptoms of schizophrenia. *Journal of Psychopharmacology*, 27, 337-342.
- Krishna, N., Chiappelli, J., **Fischer, B. A.**, & Knight, S. (2013). Tacrolimus-induced paranoid delusions and fugue-like state. *General Hospital Psychiatry*, 35(3).
- Llerena, K., Park, S.G., McCarthy, J.M., Couture, S.M., **Bennett, M. E.**, & Blanchard, J.J. (2013). The Motivation and Pleasure Scale -Self-Report (MAP-SR): reliability and validity of a self-report measure of negative symptoms. *Comprehensive Psychiatry*, 54 (5), 568-574.
- Marcus, S.M., **Medoff, D.**, Fang, L.J., Weaver, J., Duan, N., & **Dixon, L. B.** (2013). Generalizability in the family-to-family education program randomized wait-list control trial. *Psychiatric Services*, 64, 754-763.
- Okusaga, O., Yolken, R.H., Langenberg, P., Sleemi, A., Kelly, D.L., Vaswani, D., Giegling, I., Hartmann, A.M., Konte, B., Friedl, M., Mohyuddin, F., Groer, M.W., Rujescu, D., & **Postolache, T. T.** (2013). Elevated gliadin antibody levels in individuals with schizophrenia. *The World Journal of Biological Psychiatry*, 14(7), 509-515.
- Postolache, T. T.** & Cook, T.B. (2013). Is latent infection with *Toxoplasma gondii* a risk factor for suicidal behavior. *Expert Review of Anti-Infective Therapy*, 11, 339-342.
- Qin, P., Waltoft, B.L., Mortensen, P.B., & **Postolache, T. T.** (2013). Suicide risk in relation to air pollen counts: a study based on data from Danish registers. *BMJ Open*, 3(5), e002462.
- Sapra, M., Weiden, P.J., **Schooler, N. R.**, Sunakawa-McMillan, A., Uzenoff, S., & Burkholder, P. (2013). Reasons for adherence and non-adherence: a pilot study comparing first and multi-episode schizophrenia patients. *Clinical Schizophrenia and Related Psychoses*.
- Vidal, C., Reese, C., **Fischer, B. A.**, Chiappelli, J., & **Himelhoch, S. S.** (2013). Meta-analysis of efficacy of mirtazapine as an adjunctive treatment for negative symptoms in schizophrenia. *Clinical Schizophrenia & Related Psychoses*, 14, 1-24.
- Warren, K.R., **Buchanan, R. W.**, Feldman, S., Conley, R.R., Linthicum, J., et al. (2013). Effects of the cannabinoid-1-receptor antagonist/inverse agonist rimonabant on satiety signaling in overweight people with schizophrenia: A randomized, double-blind, pilot study. *Journal of Clinical Psychopharmacology*, 33(1), 118-120.
- Xiang, Y.T., **Buchanan, R. W.**, Ungvari, G.S., Chiu, H.F., Lai, K.Y., et al. (2013). Use of clozapine in older Asian patients with schizophrenia between 2001 and 2009. *PLoS One*, 8(6), e66154.

# Recent MIRECC Presentations

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

Ashraf, A., Okusaga, O., Fuchs, D., Hinman, S., Pinjari, O., Sleemi, A., Reeves, G., Hartmann, A.M., Konte, B., Friedl, M., Rujescu, D., Giegling, I., & **Postolache, T. T.** (2013, May). *Elevated kynurenine levels in schizophrenia patients*. Poster presented at the Society of Biological Psychiatry Annual Meeting, San Francisco, CA.

**Buchanan, R. W.** (2013, May). *Cognitive impairments in schizophrenia*. The American Psychiatric Association 166th Annual Meeting, San Francisco, California.

**Buchanan, R. W.** (2013, May). *\*7-Nicotinic agents for the treatment of cognitive impairments and negative symptoms*. American Psychiatric Association 166th Annual Meeting, San Francisco, California.

**Fischer, B. A.**, et al. (2013, May). *The risk of diabetes in deficit schizophrenia*. Poster presented at the Fourteenth International Congress on Schizophrenia Research, Orlando, FL.

Gorelick, D., **Fischer, B. A.**, McMahon, R., Kelly, D., Meyer, W., Wehring, H., Feldman, S., & **Carpenter, W. T.** (2013, June). *Risk-taking and gambling behavior in schizophrenia and controls with and without cannabis dependence*. Oral presentation at the Eleventh World Congress of Biological Psychiatry, Kyoto, Japan.

Gorelick, D.A., **Fischer, B. A.**, McMahon, R.P., Kelly, D.L., Meyer, W.A., Wehring, H.J., Feldman, S.M., & **Carpenter, W. T.** (2013, May). *Pathological gambling in people with schizophrenia and cannabis abuse*. Poster presentation at the annual meeting of the American Psychiatric Association, San Francisco, CA.

Jin, L., Zhang, Y., Träskman-Bendz, L., Janelidze, S., Saleh, A., Constantine, N., Okusaga, O., Bay-Richter, C., Brundin, L., & **Postolache, T. T.** (2013, May). *Toxoplasma gondii Infection in Patients with Nonfatal Suicidal Self-Directed Violence; SUAS items analyses*. Poster presented at the annual meeting of the American Psychiatric Association, San Francisco, CA.

**Klingaman, E., Medoff, D., Brown, C. H., Fang, L., & Kreyenbuhl, J. A.** (2013, June). *Among Veterans with serious mental illness, what predicts satisfaction with psychiatry visits? The role of shared decision making*. Poster presentation at the University of Maryland Department of Psychiatry Research Day, Baltimore, MD.

**Kreyenbuhl, J. A., Dixon, L. B., Brown, C. H., Medoff, D., & Fang, L.** (2013, June). *A patient-centered approach to improve screening for side effects of second-generation antipsychotics*. Paper presented at the Academy Health Annual Research Meeting, Baltimore, Maryland.

**Kreyenbuhl, J. A., Slade, E. P., Medoff, D., Li, L., Kilbourne, A., & Dixon, L. B.** (2013, June). *Gender differences in prescription of antipsychotics and mood stabilizers with weight gain potential among Veterans with serious mental illness*. Poster presentation at the Academy Health Annual Research Meeting, Baltimore, Maryland.

Marciano, R., Gillman, S., Jeurling, S., Polley, S., Stock, V., Schloesser, R., Kushalani, S., Welsh, C., Gandhi, D., Arana, G., Sandson, N. B., & **Fischer, B. A.** (2013, May). *Cannabis and drug-drug interactions*. Poster presented at the annual meeting of the American Psychiatric Association, San Francisco, CA.

Muravitskaja, O., Okusaga, O., Fuchs, D., Ashraf, A., Hinman, S., Giegling, I., Hartmann, A.M., Konte, B., Friedl, M., Rujescu, D., & **Postolache, T. T.** (2013, May). *Altered levels of phenylalanine and tyrosine in schizophrenia: A GTPCH1 metabolic pathway abnormality*. Poster presented at the American Psychiatric Association Annual Meeting, San Francisco, CA.

Okusaga, O., Fuchs, D., Reeves, G., Giegling, I., Hartmann, A.M., Konte, B., Friedl, M., Groer, M., Kelly, D.L., Eaton, W., Yolken, R., Rujescu, D., & **Postolache, T. T.** (2013, May). *Increased kynurenine levels in schizophrenia patients with elevated anti-gliadin IgG antibodies*. Society of Biological Psychiatry Annual Meeting, San Francisco, CA.

**Postolache, T. T.** (2013, May). *Scientific and clinical reports, Suicidality and Impulsivity, Toxoplasma Gondii and Suicidal Behavior*. American Psychiatric Association Annual Meeting, San Francisco, CA.

**Postolache, T. T.** (2013, May). *Depression and suicide: potential mediation by immune and infectious factors*. American Psychiatric Association Annual Meeting, San Francisco, CA.

**Postolache, T. T.** (2013, June). *The natural environment and suicidal self-directed violence (SSDV)*. IASR World Congress on Suicide, Montreal, Canada.

**Postolache, T. T.** (2013, June). *Environment and suicidal self-directed violence a focus on youth, Symposium, International Association of Suicide researchers*. IASR World Congress on Suicide, Montreal, Canada.

**Schooler, N. R.** (2013, May). *Long-acting injectable antipsychotics: for schizophrenia: recent data and continuing question*. Theodore Van Putten Memorial Lecture Westwood Veterans Affairs Medical Center, Los Angeles, CA.

Warren, K.R., Boucher, L., Linthicum, J., **Buchanan, R. W.**, et al. (2013, April). *Impact of weight and central adiposity on quality of life in overweight people with schizophrenia*. International Congress on Schizophrenia Research, Orlando, FL.

# Comings and Goings

A new investigator has joined the MIRECC. Teodor Postolache, MD is a Professor of Psychiatry at the University of Maryland School of Medicine and an expert in the study of the interaction between the environment, mood, and behavior. His research has examined treatment for seasonal affective disorder and seasonal factors related to increased suicide rates at certain times of the year. Dr. Postolache will be collaborating with investigators at the MIRECC to examine these topic areas in Veterans with mental health disorders. Welcome Dr. Postolache!

Two MIRECC staff members have recently taken on new roles. Mary Brigid Walsh and Katrina Vorce, both of whom worked as Research Assistants on different projects within the MIRECC, are now working as Study Coordinators for large intervention projects. Mary Brigid is now the Study Coordinator for a project titled *A Hybrid Effectiveness-Implementation Trial of a Wellness Self-Management Program*. Katrina is now the Study Coordinator for a project titled *Reducing Internalized Stigma in People with serious Mental Illness*. Both studies are running at multiple VA Medical Centers within VISN 5. Congratulations on your new roles!

Several MIRECC staff members have moved on to new opportunities. Aditi Vijay was the study coordinator for a large trial of a smoking cessation intervention for Veterans with SMI. Aditi has completed her Ph.D. in clinical psychology and is now a Clinical Assistant Professor at the University of Maryland at College Park, where she is teaching in the Masters of Clinical Psychological Science Program. Bernadette Guthrie worked as an interventionist on a range of MIRECC projects related to testing health and wellness interventions. In this role she helped many Veterans with serious mental illness try new health behaviors such as losing weight and quitting smoking. She has left the MIRECC to develop her own counseling practice.

**Best of luck to all of you!**

## Upcoming Conferences and Events

### MIRECC SCIENCE MEETINGS

The MIRECC organizes a series of meetings at which invited speakers and local researchers present research findings, discuss other projects they are working on to get input from peers, or discuss other research-related issues. These meetings occur twice per month and are held in the MIRECC conference room (7th Floor Baltimore Annex). Dates, speakers, and topics for the spring are listed below. Please contact Melanie Bennett (Melanie.Bennett@va.gov) for more information.

Clayton Brown, Ph.D., Associate Professor Department of Epidemiology & Public Health, UM SOM and VA VISN 5 MIRECC - Analysis of Longitudinal Data (10/22/2013)

Ikwunga Wonodi M.B.B.S., Associate Professor, Department of Psychiatry, UM SOM—Individual Differences and Antipsychotic Medication (11/12/13)

Teodor Postolache M.D., Professor, Department of Psychiatry, UM SOM—Vitamin D and the Immune Function: Implications for Mood Disorders, Schizophrenia and Suicidal Self Directed Violence (12/10/13)

### RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2013-2014: 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](http://www.mirecc.va.gov/visn5), 410-706-3244, [Alicia.Lucksted@va.gov](mailto: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

(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.

**To date, the program has trained over 600 VA mental health clinicians in the delivery of SST. We have also trained a total of 35 Master Trainers as experts in SST, covering 18 out of the 21 VISNs.**

*Several workshops are scheduled for 2014!*

Visit our website to learn more:

[http://www.mirecc.va.gov/visn5/training/social\\_skills.asp](http://www.mirecc.va.gov/visn5/training/social_skills.asp)

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:**

**Ralf Schneider, at 410-637-1874 or [Ralf.Schneider@va.gov](mailto: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.





**MIRECC DIRECTOR**

Richard Goldberg, Ph.D.

**ASSOCIATE DIRECTOR, RESEARCH CORE**

Julie Kreyenbuhl, Pharm.D., Ph.D.

**ASSOCIATE DIRECTOR, EDUCATION CORE**

Melanie Bennett, Ph.D.

**ASSOCIATE DIRECTOR, CLINICAL CORE**

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