



# MIRECC Matters

## VISN5 MIRECC: Putting Recovery Into Practice

VOLUME 16, ISSUE 1

FEBRUARY, 2015

### INSIDE THIS ISSUE:

Director's Column	1-2
Leadership Changes	3
Insomnia in Veterans with Serious Mental Illness	4
Mindfulness Therapies at the Baltimore PCT	5
Meet the new MIRECC Fellows	6
Upcoming Educational Activities	7
Comings and Goings	8
Upcoming Trainings and Events	9-10
Credits	11

## Mission Alignment with the VHA Blueprint for Excellence

*Richard Goldberg, Ph.D.*



The recently released VHA Blueprint for Excellence ([http://www.va.gov/HEALTH/docs/VHA\\_Blueprint\\_for\\_Excellence.pdf](http://www.va.gov/HEALTH/docs/VHA_Blueprint_for_Excellence.pdf)) rededicates and compels the VHA to improve performance, promote a positive culture of service, advance healthcare innovation, and increase operational effectiveness and accountability. The mission of the VISN 5 MIRECC and the integrated and coordinated efforts across our research, education and clinical cores align solidly with these updated priorities.

In reference to improving performance, the VISN 5 MIRECC is engaged in a variety transformational actions aligned with the population health perspective outlined in the Blueprint for Excellence. For example, Dr. Eric Slade is working with "big data" to identify promising programs and gaps in VHA's mental health care services. He is also assessing the costs of the EQUIP program, a technology-based approach for identifying Veterans' recovery goals and then coordinating their access to programs that are consistent with those goals. Dr. Samantha Hack, a post-doctoral fellow, is developing a program of research to identify and address health disparities based on race, another important priority defining the VHA's commitment to improving performance.

VISN 5 MIRECC education and training efforts fit squarely within the Blueprint's theme of promoting a positive culture of service and with the strategic priority of fostering an environment of continuous learning. Our oversight of the VA national Social Skills Training roll-out has trained 787 providers across all 21 VISNs in the delivery of an important evidence-based recovery oriented treatment contributing to the health and well-being of thousands of Veterans. Since 2007, our coordination of the six site VA National Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services has trained 178 fellows across multiple disciplines including psychology, psychiatry, social work, nursing, and vocational and occupational rehabilitation. The MIRECC also sponsors local and regional conferences and trainings. We are currently developing a webinar on ways to use principles of mental health recovery when working with Veterans with serious mental illness in Primary Care, training VISN 5 Peer Support Specialists in Social Skills Training, and developing a training for

*Continued on page 2*

## Mission Alignment with the VHA Blueprint for Excellence

*(continued from page 1)*



mental health service providers to talk with Veterans about safety and means restriction as part of suicide prevention efforts.

Regarding the theme of advancing health care innovation, VISN5 MIRECC clinical demonstration and consultation efforts have helped local and regional settings advance health care that is personalized, proactive, patient-derive, and supports Veterans in pursuit of improved health and well-being. We recently provided face-to-face training and 6-months of consultation in delivery of Wellness Recovery Action Planning (WRAP) to 14 Peer Specialists across the VA Maryland Health Care System and the Salisbury VAMC in North Carolina. We also worked with local mental health leadership to establish an innovative Recovery Center that offers a wide range of groups and classes for Veterans accessing services from across a range of inpatient and outpatient programs and settings. During the first 18 months of operation over 700 Veterans participated in Recovery Center programming.

Our large program of clinical and health services research is helping to translate research findings into clinical practice. For example, I am conducting an HSR&D merit funded hybrid effectiveness-implementation trial of mental health peer co-facilitated intervention designed to address the medical health and wellness needs of seriously mentally ill Veterans. Drs. Alicia Lucksted and Amy Drapalski are supporting adoption of their ending self-stigma intervention (developed in the context of NIMH and VA HSR&D Merit-funded research) in close to 50 VA sites across the country.

MIRECC investigators are involved in other transformational actions associated with the Blueprint's research priorities including advancing innovations in women Veterans' health care. Dr. Julie Kreyenbuhl will be beginning work on an VA HSR&D funded Pilot Project in which she will conduct qualitative interviews with female Veterans with serious mental illness prescribed antipsychotic or mood stabilizer medications and mental health prescribers to understand their perspectives on managing side effects that are of particular concern to women, including weight gain and other potentially detrimental effects on physical health. Such knowledge can lead to the development of tools to facilitate more informed shared decision-making by female Veterans and VA clinicians around the risks and benefits of these medications. In addition, Dr. Drapalski has received pilot funding from the MIRECC to interview women Veterans with serious mental illness and VA mental health providers to understand their perspectives on family planning and contraceptive counseling needs as well as their preferences for how these needs should be addressed.

We look forward to drawing on the full range of themes contained in the Blueprint for Excellence to guide our work. Through these actions we aspire to live up the VISN 5 MIRECC mission of putting recovery into practice and the broader VHA mission of honoring America's Veterans by providing exceptional health care.

## **Leadership Changes at the VISN 5 MIRECC**

*by Richard Goldberg, Ph.D.*

There have been some recent changes to our leadership team at the VISN 5 MIRECC. After several years, Dr. Seth Himelhoch is stepping down as Associate Director of the Clinical Core so that he may dedicate more of his time to his new position as Director of the Consultation Liaison Division in the Department of Psychiatry at the University of Maryland of School of Medicine. Dr. Himelhoch will be continuing with the MIRECC as an investigator and will stay connected to a range of ongoing projects. I would like to thank Seth for his outstanding leadership and service.

I am pleased to announce that Dr. Amy Drapalski will be assuming the position of Associate Director of the VISN 5 MIRECC Clinical Core. Dr. Drapalski has worked full-time within the MIRECC since completing her Postdoctoral Fellowship with us in 2006. She has worked tirelessly as the Administrative Core Director for many years. In this role she has contributed in countless ways to the smooth functioning of the MIRECC within and across its different cores. She has also established herself as a research investigator during this time. She has a longstanding interest in and dedication to services and programs to improve mental health outcomes for Veterans with serious mental illness that make her the ideal person to assume leadership of our Clinical Core.

Dr. Jennifer Aakre will be assuming the position of Assistant Director of the Clinical Core. Dr. Aakre is also a graduate of our Fellowship program and is active in a range of clinical, research and educational activities within the MIRECC. As highlighted in this and recent editions of the MIRECC Matters, we have greatly expanded the scope and impact of activities informing the quality of clinical services for Veterans in recent years. I am confident that Drs. Drapalski and Aakre will continue the charge and help ensure that we remain successful in putting recovery into practice locally and across the VHA.

## ***Understanding Insomnia in Veterans with Serious Mental Illness*** ***by Beth Klingaman, Ph.D.***

Studies find that as many as 50%-80% of individuals with serious mental illness experience difficulty sleeping that is severe enough to meet diagnostic criteria for insomnia. Research shows that insomnia has a profoundly negative impact on a range of social, cognitive, and health-related outcomes. In addition, insomnia is known to cause considerable distress for Veterans – it is one of the most frequent reasons for mental health service referrals in the Veterans Health Administration.

It is critical to identify potential intervention targets for insomnia experienced by Veterans with serious mental illness. Through pilot funds from both a Mental Health Quality Enhancement Research Initiative (QUERI) Locally Initiated Project and the VISN 5 MIRECC Pilot Funding Award, my research team has been examining factors that affect sleep in 60 Veterans with serious mental illness who are currently receiving mental health services at VA and endorse symptoms of insomnia. Over 80% of participants rated their insomnia symptoms as moderately severe or severe. Participants reported many habits that lead to poor sleep: over half reported thinking, planning, or worrying while in bed (53%) and getting out of bed at a different time each day (52%). Over a third reported using bed for things other than sleeping or sex (e.g., watching television, reading, eating, or studying; 48%), going to bed at different times (38%), or doing something that might wake them up before bedtime (e.g., playing video games, using the internet, or cleaning; 37%). Most (70%) reported great difficulty establishing stable sleep routines. Most reported feeling tense at bedtime (53%) and found it difficult to relax prior to attempting sleep (52%). Participants reported a great deal of worry and helplessness about their ability to get a good night's rest: 68% reported "my mind takes a long time to unwind" and "my mind keeps turning things over;" 54% reported getting "worked up" at not being able to sleep.

These findings show that insomnia is an all too common problem for Veterans with serious mental illness and is associated with habits and thoughts, such as irregular bedtime routines and worry about sleeping, which are known to perpetuate sleep disturbance. Understanding these factors will help us develop strategies to provide Veterans with serious mental illness interventions for insomnia that include learning ways to think that decrease worry and increase the ability to calm down and unwind prior to going to bed. We have started thinking about ways to refine insomnia treatment resources and guidelines so they can best fit the needs of this group of Veterans. In doing so, my research team and I are seeking input from treatment providers to ensure the creation of clinically relevant and useable guidelines and materials. Effective treatments for insomnia could have a lasting impact on the recovery of Veterans with serious mental illness.

## Mindfulness Therapies at the Baltimore PCT and SeRV MH Programs

by Alicia Lucksted, Ph.D. and Andrew Santanello, Ph.D.

In 2013, Dr. Andrew Santanello, Clinician on the Posttraumatic Stress Disorder Clinical Team (PCT) and Team Leader in the Baltimore SeRV MH program, received a MIRECC Recovery Seed Grant for \$2,130 to purchase 30 meditation cushions and 15 yoga mats. While mindfulness therapies were offered in the VAMHCS, none were then available to SeRV MH or PCT clients. These supplies allowed Dr. Santanello, trained in mindfulness interventions, to offer services to fill this gap. He wrote, "Many of the qualities that are developed through mindfulness practice are highly compatible with the Recovery Model. Mindfulness practice can be a powerful method for Veterans to cultivate their own sense of resilience."

The first group – Open Group Meditation Practice – began in April of 2013. To educate Veterans and clinicians about the benefits of meditation, the PCT and SeRV MH staff put popular press articles about active duty service members and Veterans using and benefiting from these techniques in waiting rooms and distributed them to VAMHCS staff. The group's scope has since expanded to include Veterans from the PTSD/SUD Residential Rehabilitation Treatment Program. A few months later, Dr. Santanello started a Mindfulness-Based Cognitive Therapy for Depression group. Veterans involved in this group offered positive feedback, and data collected before and after participation showed that participants experienced modest decreases in depression. All participants reported learning at least one mindfulness practice that they found helpful. Dr. Santanello then offered a third group – Mindfulness-Based Trauma Recovery. A core group of participants came consistently and had a positive experience in this group. Since then, Dr. Santanello has continued to offer mindfulness-based interventions in the PCT and SeRV MH, and interest and participation have grown: "We are planning to begin a joint residential and outpatient mindfulness practice group in the future."

***"Veterans who have participated in these groups have remarked that mindfulness has become an invaluable tool in their recovery, offering a new way to experience their lives"***

***— Dr. Andrew Santanello***

This year, Dr. Santanello and Dr. Josh Semiatin (Program Manager for the PTSD/SUD Residential Rehabilitation Program) offered a Mindfulness Interventions Minor for psychology interns and post-doctoral trauma-recovery fellows that teaches trainees how to use mindfulness-based interventions. "This innovative training program is the first of its kind, offering psychology trainees an opportunity to apply mindfulness-based interventions to their clients' presenting problems," wrote Dr. Santanello. Drs. Santanello and Semiatin, in collaboration with staff at the Perry Point VAMC including Dr. Mary Lambert Gardner, are developing new opportunities for Veterans and trainees to learn about mindfulness. Recently, Drs. Semiatin and Lambert Gardner facilitated a half-day mindfulness retreat for Veterans receiving residential care at the Perry Point VAMC. There are plans for more retreats that will include Veterans receiving both residential and outpatient care, and Drs. Santanello and Semiatin are also planning to offer the mindfulness minor again for the 2015-2016 training year.

For more information, please contact Dr. Santanello at 410-637-1233.



## Meet the New MIRECC Post-Doctoral Fellows!

**The VISN 5 MIRECC is pleased to welcome two new post-doctoral fellows:  
Dr. Stephanie Park and Dr. Danielle Jahn**

Stephanie Park, Ph.D. joined the VISN 5 MIRECC as a postdoctoral fellow in 2014. She graduated with her Ph.D. in clinical psychology from the University of Maryland, College Park in 2014, after completing her clinical internship at the VA Maryland Health Care System /University of Maryland, Baltimore Psychology Internship Consortium in the Serious Mental Illness track.

Tell us about your area of research. My work has broadly focused on examining the determinants of functional outcomes and promoting recovery in individuals with SMI. My graduate work examined negative symptoms in schizophrenia across three interrelated lines of research, including 1) assessment, 2) impact on social functioning, and 3) relations with internalized stigma. More recently, I have become interested in the role of peer support services in the development and implementation of recovery-oriented psychosocial interventions as well as in improving treatment engagement and mental health service utilization among individuals diagnosed with SMI.

What research are you currently working on? Interest in the role of formalized peer mental health providers has grown tremendously in the past decade, and this is especially apparent in the VA, where increasing numbers of Peer Specialists are being hired in paid, full-time capacities. To examine these questions, I am collaborating with researchers at the Bedford VAMC to examine data related to employment burnout from a longitudinal study of peer support technicians' employment experiences. I am also working with investigators here at the VISN 5 MIRECC to examine qualitative data related to training and consultation of Peer Specialists in Wellness Recovery Action Planning (WRAP). My research seeks to better understand the role of Peer Specialists—both for the Veterans they serve as well as within the treatment team—with the hope of developing and implementing peer-driven tools and interventions to improve physical and mental health outcomes for Veterans with SMI.

Danielle Jahn, Ph.D. joined the VISN 5 MIRECC as a postdoctoral fellow in 2014. She graduated with her Ph.D. in clinical psychology from Texas Tech University in 2014, after completing her clinical internship at the VA Eastern Colorado Health Care System in Denver. She is originally from south Florida and received bachelor of arts in religion and a bachelor of science in psychology from the University of Florida (which also means she is a diehard, lifelong Gator fan).

Tell us about your area of research. I consider myself a suicidologist with an emphasis in geropsychology, meaning that the main focus of my research has been examining suicide risk in older adults. I also have a strong interest in neuropsychology. My research has primarily involved studies that build models of suicide risk in older adults using psychosocial and cognitive risk factors. I am interested in furthering this line of research by integrating additional risk domains (such as genetic and environmental factors), examining functional outcomes associated with cognitive changes in late-life serious mental illness, and designing and testing interventions to reduce suicide risk associated with aging and improve functioning in late-life serious mental illness.

What are the implications or potential benefits of your research for Veterans? As the population is aging and the number of older adults with schizophrenia is expected to double by 2028, understanding the challenges associated with aging with serious mental illness is important to providing effective, comprehensive care to our older Veterans. Relatively little is known about this population, so we need more research to gain insight into their needs, their strengths, and how to deliver the best care for them. I hope that my research enables us to better identify and manage suicide risk among Veterans who are older and/or have a serious mental illness. Suicide prevention is a top priority for the VA, and I want my work to have the clinical implications to contribute to this effort.

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



### **Training Opportunity for VISN 5 Peers: Social Skills Training May 4-5, Baltimore VA Medical Center**

Social Skills Training (SST) is an evidence-based therapy for serious mental illness and is one of the many evidence-based therapy trainings sponsored by Mental Health Services and disseminated throughout VHA. However, it is one of the only trainings that is offered to Peer Support Specialists at this time. Over the years, the VA-SST program has trained over 30 Peer Support Specialists from all over the country in SST. Given the VISN 5 MIRECC's mission of "Putting Recovery into Practice" as well as the existing SST training and staff infrastructure we have here in Baltimore we are capitalizing on a prime opportunity to offer training in SST to the Peers in our VISN. The 2-day training on May 4-5 will be followed by 6-months of expert consultation performed by VA-SST staff. In turn, trained Peers can offer this evidence-based therapy to the Veterans they serve.

**Interested Peer Support Specialists within VISN 5 should contact Matthew Wiley, VA Social Skills Training Program Coordinator ([Matthew.Wiley@va.gov](mailto:Matthew.Wiley@va.gov)) for details.**

### **MIRECC Mental Health Recovery Resource Table**

The VISN 5 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! The next table will be on Tuesday, March 17.

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

## Comings and Goings

### **We are happy to welcome three new staff members to the VISN 5 MIRECC!**

Dr. Amanda Peeples has recently joined the VISN 5 MIRECC as the Social Science Program Coordinator. In this role she is working on developing the qualitative and mixed-methods research unit. My short-term goals are to establish protocols for the planning, collection, handling, and analysis of qualitative research data. Dr. Peeples earned her Ph.D. in Gerontology from the University of Maryland Baltimore County and along with working with MIRECC investigators to include state of the art qualitative methods in their research projects, she will be starting her own research program with a focus on the needs and experiences of older Veterans with serious mental illness.

Amanda Federline has recently joined the MIRECC as a Research Assistant. Previously, Amanda worked at Johns Hopkins University as a program coordinator on a study evaluating comorbid PTSD and alcohol use in women in community settings around the city. She also recently graduated from Loyola University with her M.S. in clinical psychology. Amanda will be working on Amy Drapalski's "Multifamily Group to Reduce Marital Conflict and Disability in Veterans with mTBI" study as an assessor, and as the lead research assistant on Seth Himelhoch's "Mixed-Methods Evaluation of Smoking Cessation in VHA HIV Care" study. Jessica Rogers has also recently joined the MIRECC as a Research Assistant. Jessica has worked for Baltimore County Crisis Response as an In Home Intervention Clinician. While there, she helped residents of the county get connected to ongoing mental health treatment, and also conducted solution focused short term therapy with clients. Jessica will be working full-time on Richard Goldberg's "Living Well Study" as a study assessor in both Perry Point and Baltimore.

### **Welcome to you all!**

We would also like to thank several staff members have left the MIRECC to move on to new opportunities. Chelsea Schutter, M.A. and Erica Tavares, B.A. both worked with the MIRECC as recruiters, assessors, and interventionists for different studies with Veterans with serious mental illness. We appreciate all of their contributions to the work we do at the MIRECC. Thank you both!



## 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.

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

3/10/15—Dr. Ayman Fanous: DCVA Genetics Research Program Update

4/7/15—Dr. Bankole Johnson: Biomarkers and Alcoholism Treatment Research

### 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](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 800 VA mental health clinicians in the delivery of SST, covering 18 out of the 21 VISNs across the country. We are excited to announce our 2015 workshop dates:

March 18-19	VISNs 1-6	Baltimore, MD
April 22-23	VISNs 15-19	Los Angeles, CA
August 12-13	VISNs 7-12	Baltimore, MD
September 23-24	VISNs 20-23	Los Angeles, CA

**For more information on Social Skills Training and the VA-SST Training program, please visit our website: [http://www.mirecc.va.gov/visn5/training/social\\_skills.asp](http://www.mirecc.va.gov/visn5/training/social_skills.asp) or email Matthew Wiley, MPH, VA-SST 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**

Amy L. Drapalski, Ph.D.

**ASSISTANT DIRECTOR, CLINICAL CORE**

Jennifer M. Aakre, Ph.D.

**MIRECC ADMINISTRATIVE CORE MANAGER**

Amy L. Drapalski, Ph.D.

**MIRECC COORDINATOR**

Matthew T. Wiley, M.P.H.

**MIRECC MATTERS EDITOR**

Melanie Bennett, Ph.D.

**MIRECC MATTERS ASSOCIATE EDITORS**

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

Amy L. Drapalski, Ph.D.

Richard Goldberg, Ph.D.

**PHOTO CREDITS**

Medical Media, VA Maryland Health Care System  
University of Maryland School of Medicine

***MIRECC MATTERS***

**An electronic publication of the  
VA Capitol Health Care Network (VISN 5)  
Mental Illness Research, Education, and Clinical Center (MIRECC)**

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

***MIRECC Matters* is also available online:**

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