



MIRECC Matters

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Cognitive Behavioral Social Skills Training to Enhance Mental Health Consumer Recovery

Richard Goldberg, PhD

This newly funded MIRECC research pilot grant is designed to enhance and extend an existing group based cognitive behavioral social skills training intervention to more directly target consumer recovery-oriented goals. The novel treatment components are based on principles and strategies encompassed in Bandura's Social Cognitive Theory. Intervention procedures are intended to enhance self-efficacy, personal agency, and interpersonal skills. Delivery of the intervention will also involve mental health consumer co-facilitation to maximize the benefits of modeling and to enhance recovery through peer support.

The project will include training in use of the existing intervention, team informed efforts to enhance the curriculum to reflect the new focus on recovery, and a multi-phase pilot to both modify the curriculum and evaluate the acceptability and feasibility of the enhanced intervention.

We are excited to have Dr. Eric Granholm from the University of California at San Diego and the VA San Diego Healthcare System conduct a full training in use of the cognitive behavioral social skills training intervention he developed. Of note, his intervention is listed on the SAMHSA National Registry of Evidence-Based Programs and Practices website and has proven efficacy for symptoms and functioning in individuals with serious mental illness.

Following this training, we will launch our multi-phase pilot effort to collect important acceptability/feasibility data as well as preliminary evidence of the interventions' effects. The study will be conducted both in the VAMHCS and in the community. The study team is being led by Richard Goldberg, Ph.D., who is also the Associate Director of the Education Core for the VISN 5 MIRECC. Dr. Alan S. Bellack, the Director of the VISN 5 MIRECC, will be working closely with Dr. Goldberg. Dr. Gregory Strauss from the Maryland Psychiatric Research Center will also serve as a key co-investigator. Jennifer Aakre, Ph.D., one of our current MIRECC Psychology Post Doctoral Fellows, is also actively involved in this project. Stay tuned for updates as this exciting and important program of research moves forward.

For additional information about the Cognitive Behavioral Social Skills Training to Enhance Mental Health Consumer Recovery pilot study, contact Richard Goldberg, PhD, at Rgoldber@psych.umaryland.edu.

Utilizing the Treatment Mall concept to provide Psychosocial Rehabilitation Programming

Sophia Y. Autrey, MPH

The VISN 5 MIRECC is working with Victoria Eyler, PsyD, Deputy Director for Perry Point, Mental Health Clinical Center, and Mary Lambert, PhD, Director of Perry Point Psychosocial Rehabilitation and Recovery Center (PRRC), to establish a Mental Health Recovery Center on the Perry Point campus. **The Mental Health Recovery Center, which is commonly known as the "Treatment Mall,"** is one strategy being used to address a directive from VISN and VAMHCS leadership to increase access to and efficiency in mental health services at the Perry Point campus. Treatment providers from inpatient/residential units and outpatient programs/clinics are invited to refer their veterans to the Recovery Center for mental health psycho-educational and therapeutic services. **Veterans will be able to select from a "course catalog" of mental health treatment and life skills groups relevant to their personal recovery goals.** It is anticipated that the Recovery Center will increase efficiency by decreasing duplicate services within Perry Point Mental Health programs. For example, an anger management group can be conducted on the acute inpatient unit and the PRRC but would only be open to consumers that were enrolled in those specific programs, effectively shutting out a group of people that need these services. If a group of Veterans outside of the acute inpatient unit and PRRC programs needed access to an anger management group, another anger management group would have to be established in order to include the group of Veterans. This would result in three separate settings for the same group. With the Recovery Center, duplication of groups would be eliminated by having a single place where everyone that needed mental health services would be able to access them. Collaboration among mental health programs and the Recovery Center will enhance the ability of the VAMHCS to provide a continuum of care designed to be more accessible and individualized for Veterans that decide to seek services.

*An evaluation of the
Mental Health
Recovery Center to
enhance program
services.*

Eric Slade, PhD, MIRECC Health Economist, along with the VISN 5 administrative data unit, responded to a request to provide service utilization data to the VISN in order to support the need for such an endeavor. The request covered data for utilization of inpatient and residential rehabilitation treatment services and Veterans Equitable Resource Allocation payments from 2007 to 2010. Sophia Autrey, MPH, MIRECC Program Evaluator, is working with the Recovery Center to establish mission and vision statements, core values, impact and outcome measures, and utilization metrics that would better **evaluate the Recovery Center's effectiveness and guide its future activities.** Mrs. Autrey is also on the Recovery Center Advisory Board and is the point of contact for programmatic impact. The Advisory Board for the Recovery Center is broken down into four workgroups: 1) Clinical Programming, 2) Documentation, 3) Needs Assessment/Evaluation, and 4) Scheduling. Mrs. Autrey and Richard Goldberg, PhD, represent the MIRECC in an advisory capacity on the needs assessment/evaluation workgroup. Jason Peer, PhD, the needs assessment workgroup chairman and clinical psychologist for the PRRC, collaborated with Mrs. Autrey to submit a project proposal to the mental health performance improvement sub-council on the Recovery Center initiative. The Mental Health Performance Improvement Sub-council is a subsidiary of the Performance Improvement Initiative that is in charge of accreditation standards for the VAMHCS. VISN 5 MIRECC is very proud to be a part of this endeavor and anticipates that similar collaborations with clinical leadership will show the necessity for effective evaluation strategies that improve program services.

For additional information about the Mental Health Recovery Center Evaluation, contact Sophia Y. Autrey, MPH, at Sophia.Autrey@va.gov.

VISN 5 MIRECC Psychopharmacology Case Conference

Julie Kreyenbuhl, PharmD, PhD

Although pharmacological treatment options for many psychiatric disorders have expanded markedly over the past decade, not all patients experience satisfactory symptom response from available treatments. Further, the effectiveness of psychopharmacological treatments can be limited by side-effects **that interfere with an individual's daily functioning and recovery from mental illness.**

Since 2006, the Clinical Core of the VISN 5 MIRECC has hosted a monthly Psychopharmacology Case Conference to provide a forum for VISN 5 clinicians to discuss clinical challenges with their peers and to receive consultation from MIRECC clinicians and researchers with psychopharmacology expertise. Originally developed to focus specifically on the prevention and management of metabolic side-effects of second-generation antipsychotic medications, the conference has been expanded to include case presentations in all areas of psychopharmacology in order to reach the widest clinical audience. Recent topics of discussion have included the use of prazosin for PTSD-associated nightmares and other sleep disturbances, the use of quetiapine for off-label indications such as insomnia and anxiety disorders, and the use of clozapine for treatment-refractory schizophrenia.

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 relatively informal format combined with the lively and informative discussion of cases has contributed to the increasing attendance at the conference over time, which averages 10-15 participants and 2-3 case presentations per session. Attendees hail from multiple disciplines and include physicians, nurse practitioners, and clinical pharmacists, as well as a variety of trainees. Clinicians from throughout the VISN are invited to attend even if they don't have a case to present.

The panel of MIRECC conference facilitators includes Dr. Robert Buchanan, Dr. Julie Kreyenbuhl, and Dr. Neil Sandson. The case conference takes place on the first Thursday of every month at 1:00PM at the Baltimore VA, 6th floor, Suite 6A, in the MIRECC conference room. Attendance by conference call is also encouraged for those not located in Baltimore (1-800-767-1750, access code 79846).

For additional information about the VISN 5 MIRECC Psychopharmacology case conference, contact Julie Kreyenbuhl, PharmD, PhD, at Julie.Kreyenbuhl@va.gov.

Farewell and Good Luck

Melanie Charlotte, B.A., recently left the MIRECC for a position in the Department of Orthopedics at University of Maryland, Baltimore, coordinating a longitudinal study that will focus on functional outcomes of joint replacement surgery. She joined the MIRECC and Division of Services Research (DSR) as a research assistant in 2008. Melanie was responsible for recruitment and was an assessor on multiple MIRECC and DSR studies. In the last year, she assisted in coordinating the smoking cessation study at the Baltimore, Perry Point, and Washington D.C. VA Medical Centers.

New MIRECC Pilot Grant

Co-administration of Resveratrol and Atypical Antipsychotics: A Drug-Drug Interaction Study

Principal Investigator: Richard Rosse, M.D.

Atypical antipsychotics gained favor among clinicians as a first-line treatment because of their lower propensity to induce extrapyramidal symptoms and tardive dyskinesia compared to typical antipsychotics. Recently, metabolic issues have become a serious concern to clinicians and the Food and Drug Administration (FDA). In 2003, the FDA required all manufacturers of atypical antipsychotics to change their labeling to include a warning about the risks of hyperglycemia and diabetes, although evidence shows that atypicals are not equal in their effects on weight and insulin sensitivity (American Diabetes Association et al., 2004; Newcomer, 2005). The long-term aim of this research is to determine whether adjuvant treatment with resveratrol will reduce or eliminate these harmful side effects in patients treated with atypical antipsychotic medication. However, because the potential for drug-drug interactions between resveratrol and antipsychotic medication is unknown, this current study will examine the interaction of resveratrol (750 mg/day) and a single, low dose of the atypical antipsychotic medication quetiapine; as resveratrol is a weak inhibitor of cytochrome 3A4. Our hypothesis is that co-administration of resveratrol and atypical antipsychotic medication over 7 days will not result in clinical deterioration, adverse effects, abnormal laboratory results, or clinically significant change in antipsychotic blood level. This drug drug interaction study with quetiapine was required **by the Food and Drug Administration before being able to pursue our original study to examine resveratrol's ability to reduce atypical antipsychotic-induced inhibition of insulin sensitivity.**

For additional information about this study, contact Richard Rosse, MD, at Richard.Rosse@va.gov.

Problem Solving Training offered to OEF/OIF Veterans

Rebecca M. Pasillas, PhD

The VHA Office of Mental Health Services is sponsoring a national clinical pilot program for OEF/OIF Veterans. The pilot program focuses on Problem-Solving Training (PST), a four-week group intervention offered in a classroom setting that teaches problem solving skills to improve social role functioning and to prevent further problems from developing. PST is based on a cognitive-behavioral approach and utilizes a number of effective coping strategies to deal with stressful situations. This new program was featured in the Fall 2010 issue of [HealthPOWER! Prevention News](#), VA's National Center for Prevention newsletter.

Former VISN 5 MIRECC staff member, Wendy Tenhula, PhD, Senior Consultant/Liaison for Psychological Health at the Department of Veterans Affairs and Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, is leading this pilot effort. The VISN 5 MIRECC sent Rebecca Pasillas, PhD, to the 2-day workshop given by Drs. Arthur and Christine Nezu, the developers of PST, in September 2010. The VAMHCS is one of fourteen facilities offering this exciting new program to OEF/OIF Veterans. VAMHCS clinicians within ServMH, Primary Care, Mental Health, and other programs referred Veterans to "Moving Forward", the name of the PST class. The inaugural "Moving Forward" class completed their training in January 2011 and plans are to continue offering "Moving Forward" to OEF/OIF Veterans in the VAMHCS. Based on the results of the national pilot program, PST may expand to additional facilities within the VA system.

For additional information about the "Moving Forward" class, contact Rebecca M. Pasillas, PhD, at Rebecca.Pasillas@va.gov.

Recent MIRECC Publications

- Brown, C. H., Bennett, M. E., 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), 439-437.
- DiClemente, C. C., Delahunty, J. C., Kofeldt, M. G., Dixon, L., Goldberg, R., & Lucksted, A. (2011). Stage movement following a 5A's intervention in tobacco dependent individuals with serious mental illness (SMI). *Addictive Behavior*, 36(3), 261-264.
- Forbes, C. B., Blanchard, J. J., Bennett, M., Horan, W. P., Kring, A., & Gur, R. (2010). Initial development and preliminary validation of a new negative symptom measure: The Clinical Assessment Interview for Negative Symptoms. *Schizophrenia Research*, 124, 36-42.
- Himmelhoch, S., Goldberg, R., Calmes, C., Medoff, D., Slade, E., Gallucci, G., Dixon, L., & Rosenberg, S. (2011). Screening for and prevalence of HIV and Hepatitis C among an outpatient urban sample of people with serious mental illness and co-occurring substance abuse. *Journal of Community Psychology*, 39(2), 231-239.
- Himmelhoch, S., Mohr, D., Weber, E., Maxfield, J., Clayton, S., Medoff, D., & Dixon, L. (2011). Feasibility of telephone based cognitive behavioral therapy targeting major depression among urban dwelling African-Americans with co-occurring HIV. *Psychology, Health & Medicine*, 16(2), 156-165.
- Mann-Wrobel, M., Bennett, M. E., Weiner, E. E., Buchanan, R. W., & Ball, M. P. (2011). Smoking history and motivation to quit in smokers with schizophrenia in a smoking cessation program. *Schizophrenia Research*, 126(1-3), 277-283.
- Nossell, I., Calmes, C., Brown, C., Kreyenbuhl, J., Goldberg, R., Fang, L., & Dixon, L. (2010). Patterns of emergency room use for medical conditions among those with serious mental illness. *Psychiatric Services*, 61, 1251-1254.
- Weiner, E., Conley, R. R., Ball, M. P., Feldman, S., Gold, J. M., Kelly, D. L., Wonodi, I., McMahon, R. P., & Buchanan, R. W. (2010). Adjunctive risperidone for partially responsive people with schizophrenia treated with clozapine. *Neuropsychopharmacology*, 35(11), 2274-83.

Congratulations!

Bernard A. Fischer, IV, M.D., is a new diplomat of the American Board of Addiction Medicine (ABAM). To be eligible for the ABAM exam, Dr. Fischer had to demonstrate clinical experience with addictions, training beyond residency, and be a licensed physician recommended by someone who also passed the addiction medicine boards. Dr. Fischer passed the 5 hour ABAM exam in December 2010. Congratulations to Dr. Fischer!

VISN 5 MIRECC Staff Present at International & National Conferences

During the fall/winter of 2010, VISN 5 MIRECC staff participated and presented at various international and national conferences. Below is a list of conference presentations by VISN 5 MIRECC staff (in **bold**).

Fischer, B. A., Keller, W. R., Arango, C., Pearlson, G., McMahon, R. P., Meyer, W., Francis, A., Kirkpatrick, B., **Carpenter, W. T.,** & **Buchanan, R. W.** (2010, December). Cortical structural abnormalities in deficit versus nondeficit schizophrenia. Presented at the 49th Annual Meeting of the American College of Neuropsychopharmacology, Miami Beach, FL.

Himelhoch, S., Clayton, S., Maxfield, J., **Medoff, D.,** Weber, E., & Mohr, D. (2010, November). Feasibility and outcomes of telephone based cognitive behavioral therapy targeting major depression among urban dwelling African-Americans with co-occurring HIV. Poster presented at Association for Cognitive Behavioral Therapy, San Francisco, CA.

Himelhoch, S., Slade, E., Kreyenbuhl, J., & Dixon, L. (2010, November). Psychotropic prescribing patterns for PTSD among VISN 5 patients in the US Department of Veterans Affairs. Oral presentation at the International Society for Traumatic Stress Studies, Montreal, Canada.

Himelhoch, S., Weber, E., Clayton, S., & Benford, J. (2010, November). Prevalence and predictors of PTSD among consistent users of an urban methadone maintenance program. Poster presented at the International Society for Traumatic Stress Studies, Montreal, Canada.

Pasillas, R. M., Kiser, L., Gentry, J., Hernandez, B., & Bautista, E. (2010, November). Adapting a multi-family trauma group treatment, Strengthening Family Coping Resources for use with Latino families. Symposium presented at the 2010 National Latino/a Psychological Association Convention, San Antonio, TX.

Pasillas, R. M., Reyes-Torres, J. A., Talavera-Valentin, J., & Vellon-Pellot, A. L. (2010, November). Social Skills Training for Spanish-speaking Veterans with serious mental illness: an adaptation process. Hispanic Issues in Behavioral Therapy special interest group poster presented at 44th Annual Association for Behavioral and Cognitive Therapies Convention, San Francisco, CA.

McCleery, A., Divilbiss, M., **Aakre, J. M.,** Seghers, J., Schumann, E., Moe, A., Shakeel, M., & Docherty, N. M. (2010, October). Early visual processing and social cognition in schizotypy. Poster presented at the Society for Research in Psychopathology Annual Conference, Seattle, WA.

Schooler, N., et al. (2010, December). Depressive symptoms predict re-hospitalization in schizophrenia. Presented at 49th Annual Meeting of the American College of Neuropsychopharmacology, Miami Beach, FL.

Schwartz B, et al. (2010, December). Implicit learning of socio-emotional stimuli in schizophrenia: behavioral and fMRI findings. Presented at 49th Annual Meeting of the American College of Neuropsychopharmacology, Miami Beach, FL.

Upcoming Events

MONTHLY CONSULTATION SEMINAR

First Thursday of every month

1:00 - 2:00 PM

MIRECC conference room, 6th floor, Suite 6A

or 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

VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS

August 16-17, 2011

Baltimore, MD

The VISN 5 MIRECC is training staff on the delivery of Social Skills Training for Veterans with schizophrenia and other serious mental illnesses (schizoaffective, bipolar, and treatment refractory depression). This is a national initiative being led by the Office of Mental Health Services. Individuals in all VISNs are invited to participate. For this training initiative, only clinicians working with Veterans with SMI (as defined above) are asked to apply. Please direct all questions and application requests, including upcoming workshop dates, to:

Matthew Wiley, MPH

VA Social Skills Training Program Coordinator

Matthew.Wiley@va.gov

Upcoming Events

U. S. PSYCHIATRIC REHABILITATION ASSOCIATION'S (USPRA) 36TH ANNUAL CONFERENCE

It Began with a Vision...A new world of possibilities

June 13-16, 2011

Boston, Massachusetts

The USPRA conference combines a stimulating mixture of theoretical and practical learning sessions organized in content areas that address numerous aspects of service delivery. For the first three days of the conference (June 13-15), attendees will have the opportunity to either gain an overview of eight distinct content areas of interest, or participate in one of the content areas throughout the entire three days to gain more in-depth knowledge. The fourth day of USPRA conference (June 16) will allow attendees to partake in one of several specialty tracks including one focused on Psychosocial Rehabilitation and Recovery in the VA. This last track is being organized by Richard Goldberg, Ph.D., the Director of the Hub Site for the VA Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services. Dr. Goldberg is working closely with USPRA and key stakeholder within the VA to develop this line of programming. Additional learning opportunities for the fourth day of the conference are soon to be announced. Conference registration deadline is May 1, 2011. Information about the conference may be found on the [USPRA Conference website](#).

5TH ANNUAL VHA MENTAL HEALTH CONFERENCE

Improving Veterans Mental Health Care for the 21st Century

August 23-25, 2011

Baltimore/Washington DC area

This meeting will allow for two and a half days of information sharing among mental health professionals and administrators on the current state of implementation of the Uniform Mental Health Services Handbook, new clinical initiatives, research-informed practices, as well as best practices identified by clinicians in the field. Oral presentations, posters, and interactive workshops are now being solicited and due by COB April 1, 2011. Please contact Jan Kemp, Center of Excellence in Canandaigua, at Jan.Kemp@va.gov for information on how to submit abstracts. Conference details to follow later in the year.

MIRECC Matters is also available online:

www.mirecc.va.gov/visn5/newsletter.asp

EDITOR'S NOTE: Starting this issue, *MIRECC Matters* will publish on a quarterly basis. Next issue will be published June, 2011. Deadline for submission of items to the June newsletter is May 23rd. Email items to Rebecca Pasillas at Rebecca.Pasillas@va.gov.



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