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PSR Site	Fellow(s)	Project Title	Description		
Bedford	Brooke Hanson, Jalessa Townsend, Kevin Cannon, Mary Kay Knight	First and Early Episode Psychosis Toolkit: A Resource for Providers, Veterans, and Caregivers	Experiencing symptoms of psychosis for the first time is often confusing, frightening, and disruptive, not only for the Veteran experiencing the symptoms, but also for their loved ones and providers. This toolkit aims to provide Veterans, their providers, and their caregivers with resources for living with and treating psychosis. Providers are any health professional working with a Veteran and a caregiver is anyone who is invested in the welfare of a Veteran experiencing early/first episode psychosis (e.g., family, spouse, friends). Additionally, this toolkit also provides education on what is known about psychosis, what are the warning signs, and what research says about treatment.		
Palo Alto	Jenae Richardson, Rachel Sellers, Tabitha Echavarria	Implementing CBT for Psychosis: Barriers, Solutions, Advocacy	An introduction to CBTp and research findings about major barriers to its implementation. Solutions for CBTp implementation, including education and dissemination in training sites and the general community, ways to challenge stigma/pessimistic attitudes about recovery for people with psychosis, and improving implementation at the sociopolitical level through improved funding and insurance policies.		
	Rachel Sellers, Tabitha Echavarria	Anti- Oppressive Practices Group	What to expect: 1. Semi-structured a. These groups will be semi structured and self-correcting/evolving b. Content + Process i. Content through our personal observations on 520 or through brief reading materials ii. Process of noticing our reactions to the content 2. Self then practice frame a. Working to understand our own process and support each other in doing so Aspirational Mission/Aim: 1. Evaluate our power and increase self- awareness 2. Analyze manifestations of racism in the work place (or life) and notice how you as an individual internalize oppression 3. Continue doing this work in some way shape or form		
Durham	Alexandra Demascole, Amanda Norris, Christopher Sheppard, Christopher Scoville, Linnie Wheeless, Serena Blank	Early Episode Psychosis: Improving Care in the Durham VA Health Care System	Project aimed at improving treatment for EEP at the Durham VA. Focus on assessing needs of clinics providing care for these Veterans, how to integrate services, disseminate best practices, and provide support for primary contact clinics. This project included all 6 PSR fellows.		
Little Rock	Amy Honeck, Meesoh Bossard	From Clinic to Home: Supporting Occupational Performance Through Art- based Mindfulness for Holistic Veteran Care.	From Clinic to Home, attempts to bridge traditionally clinic-bound practice and critical spheres of veteran life outside the hospital. We deliberately situate ourselves within a holistic framework that acknowledges the multiple environmental layers that make up a		

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Little Rock			veteran's life. To accomplish this, we turn to artistic exploration as a primary tool for anchoring mindfulness practice in the home, thereby increasing the "stickiness" of interventions.		
	Robbin Cochran	Mindful Self-Compassion	Mindfulness based creative arts program with elements of sensory based grounding primarily for clients with psychosis based SMI disorders		
	Tonie Williams	Caregiver Voice Hearing Experience: A Mental Health Symptom Training for Providers	The Caregiver Voice Hearing Experience is an experiential training that can be hosted at residential care facilities or community living center (CRC homes) within the VA. The training provides psychoeducation in a small group environment that allows caregivers an opportunity to ask questions. The program also has an experiential component that allows caregivers to "hear voices" through a headset (MP3 download) mimicking auditory hallucinations. This seminar will include an introduction to the training provided to caregivers working with Veterans with severe mental illness. It will include an opportunity to engage in tasks while "hearing voices". By being provided this experience, it allows clinicians further insight into their client's challenges related to mental health symptoms. It is known when we better understand a person's experience we are able to provide a deeper level of care to them, thus reducing mental health stigma.		
San Diego	Jordan Snyder	Veterans Returning to CORE	This project examined what factors are associated with Veterans returning to CORE via a chart review and qualitative interviews with Veterans.		
	Tamara Rumburg	Living My Best Life: A resilience-oriented stress management intervention for Veterans with serious mental illness (SMI)	I developed and delivered a stress management intervention which focused on building resilience resources that one can call upon in times of stress to help better manage this stress.		
	Jordan Snyder	Photos by Vets	This project aimed to give Veterans a voice by empowering them to take photos and share those photos with other Veterans and their community.		
West Haven	Ashleigh Pettit, Caitlin Williams	Operation SAVE	I implemented Operation SAVE trainings (suicide prevention gatekeeper trainings) at GPD transitional housing sites. Participants included veterans experiencing homelessness, as well as on-site GPD staff. Three trainings were conducted in person (with a total of 27 veteran/staff participants), and two trainings were conducted via telephone (with a total of 9 veteran/staff participants). I also conducted one telephone training for the VA's peer support specialists (with 11 peers and 1 staff present).		
	Caitlin Williams	Acute Recovery Track	A five week, four days per week, one hour each program designed for Veterans		

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			experiencing acute suicidal or psychological crises. Groups focus on crisis intervention and distress tolerance skills.		
	Dacontee Davis	Implementing a Race-based Stress and Trauma (RBST) Group	Implemented a weekly, on-going Race- based stress and trauma group in the PRRC. The group focused on discussing race-related topics with group members and coping skills based in EBPs to heal from RBST. Each session initially was 45 minutes, then cut down to 30 minutes due to COVID.		
	Jacob Eleazer	Improving Patient-Centered Care for Transgender and Gender Nonconforming Veterans	This project, "Improving Patient-Centered Care for Transgender and Gender Nonconforming Veterans," examined experiences and needs of transgender and gender nonconforming (TGNC) Veterans and providers in an effort to develop a multidisciplinary clinic to serve these Veterans. This quality improvement project assessed how TGNC Veterans and providers navigate care within the current system in order to inform the development of a clinic specifically for TGNC Veterans. This includes brief interviews with Veteran stakeholders and providers.		
	Jenny Tanski, Ashleigh Pettit	"Talk the Talk" a SST Group in the MHICM program (in-person)	Incorporating SST into MHICM/CSP program and engaging Veterans and their peers in the community, while also supporting Veteran's desire to practice socialization skills and decrease social anxiety. Veterans engaged in 5 weeks of social skills training and on the 6th week practiced in the community.		
	Taiki Matsuura	A Program Reimagined	Program improvement roadmap from an ADKAR perspective		
	Ashleigh Pettit	Caring Contacts	I worked with the Office of Suicide Prevention to develop a "Caring Contacts" program that targeted at-risk veterans.		
	Caitlin Williams	Examining the characteristics of callers with complex needs (CWCN) to the Veterans Crisis Line	Identify patterns among CWCNs (i.e., high frequency, sexual inappropriate, verbally abusive callers)		
	Jacob Eleazer	VA LGBT Patient Services, TMS training working group	Collaborated with team from LGBT Patient services to develop TMS trainings on T/GNC and LGB health		
	Jenny Tansky, Ashleigh Pettit	"Community Chat" Telephone communications group (SST MHICM group on the phone)	Combination of HUD-VASH and MHICM groups together to incorporate more members. Mailed out flyers with the skill and steps, including access to group information. Developed a facilitator's guide with rationale for the skill. This was a discussion-based telephone group among the several Veteran's that attended.		