

# THE VISN 5 MIRECC MATTERS

An Electronic Publication of the VA Capitol Health Care Network  
(VISN 5) Mental Illness Research, Education, and Clinical Center  
July 1, 2002 Volume 3, No. 4

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## FROM THE EDITOR'S DESK

*Amanda Teague, LGSW*

It is that time again when the academic year comes to a close and we must say farewell to our interns. Fortunately, however, it is not for long because both **Virginia Iannone, MA** and **Mary Lambert, PhD** will be staying on as integral parts of the MIRECC! **Dr. Lambert** has been working at the Perry Point VAMC implementing the Points Incentive Program on the long-term inpatient unit. She will continue to work closely with the MIRECC at Perry Point. We are pleased to announce that although **Virginia Iannone, MA** has completed her pre-doctoral internship she will also be returning and will serve as the site coordinator for one of the MIRECC studies. We would also like to say goodbye to post-doctoral fellows **Judy Van Der Wende, PhD** and **Stacey Kaltman, PhD**. **Dr. Van Der Wende** worked closely with **Paul Ruskin, PhD** on his Medi-Monitor Program as well as with several other MIRECC projects under **Alan S. Bellack, PhD**. **Dr. Kaltman** worked with the MIRECC Women's Mental Health Program. Congratulations to all of you and we wish you the best of luck!

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## SCHIZOPHRENIA SERIES WAS A HIT!

We are pleased to announce that our 2002 Schizophrenia Seminar Series was a big success! Seminars were held every Friday in April and May and featured outstanding speakers in the areas of behavioral treatment, psychopharmacology, smoking, movement disorders and the criminal justice system, to name just a few. The speakers were video conferenced from Baltimore to Martinsburg, Perry Point and Washington so that staff and trainees at all locations could attend. The program evaluations we received indicated that 90% of the participants thought each presentation was good or excellent overall. Up to 37 people attended each seminar, and we want to thank everyone who attended for their support of the series. Thanks also to all of our speakers who gave their time to make this series a success: **Lisa Dixon, MD**, **Alan S. Bellack, PhD**, **Robert Conley, MD**, **John Junginger, PhD**, **Matt Nelson, PharmD**, **Richard Goldberg, PhD**, **Melanie Bennett, PhD** and **Joe Liberto, MD**. Finally, we want to thank **Wendy Tenhula, PhD**, **Shannon Thomas-Lohrman, MS** and **Cindy Clark, RNC, CD** for their efforts in organizing the series. If you were unable to join us this year, look for announcements of next year's series in this newsletter!

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## PROJECTS AND PROGRAMS UPDATE

### How Well Do You Know VA Culture?

*Submitted by: Cindy Clark, RNC*

For new employees in the VA Health Care System, many of the commonly used VA terms and phrases can be confusing and, at times, intimidating. While making an assessment of a veteran's health care needs, a provider may find him or herself involved in a discussion about military service and eligibility for benefit and the veteran may use terminology that is unfamiliar to the healthcare provider who is new to

the VA. In order to offer our veterans the best possible care, it is important for employees to become acclimated to the VA culture and familiar with the language as soon as possible.

To assist with this process, **Cynthia Clark, RNC** has been working on a presentation entitled "The VA Culture," which will provide a brief summary of the following issues: wartime service periods, eligibility for benefits, service connection, VA pension, and some commonly used VA terms such as "tour of duty" and "on station/off station." The presentation will give sample questions related to military experience that may be used during the assessment process. Our hope is that this informative presentation will provide added information regarding the patient's problem and help clinicians establish a working partnership with each veteran. Please watch for upcoming information on the presentation's location, dates and times.

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## **COGNITIVE BEHAVIORAL THERAPY AND ADDICTIONS**

*Submitted by Mark Arenas, PhD*

The marriage of the addictions field and the Cognitive Behavioral Therapy (CBT) approach is a compatible one. Both emphasize how our cognitive interpretations of events play a key role in how we handle stress. Both pay close attention to the relationship between those belief systems and how we behave. The following examples show more similarities between the two therapeutic approaches.

Whenever individuals gather together to work on their recovery, you are likely to hear a reference to the Serenity Prayer as a reminder to recognize the limits of one's control and power. Members of AA and NA invoke the Serenity Prayer to help each other direct their effort toward things they can change and to not invite stress by expending energy on the things they cannot. The individual who persists in his/her efforts to bring about change in the people and phenomena over which they have little or no control invites both physical and affective states that can threaten recovery.

Knowing the difference between the two is the wisdom sought by all in recovery who try to manage the stressors that can interfere with their sobriety. Depression and/or anxiety can be produced by this cognitive error of assuming too much personal causality. Taking excessive responsibility has been outlined in CBT as a self-defeating thought. It is one of a number of cognitive distortions that CBT identifies in treating depression and other disorders.

The goal of CBT is to change the way the person thinks and acts. Therapy helps the individual identify irrational or self-defeating thoughts that are typically automatic and an integral part of how a person views him/herself. Once identified, these beliefs are subjected to reality testing to determine their validity and their impact on the individual's quality of life. The individual can then evaluate their usefulness. If they are not useful, he/she can move to more reasonable standards of thinking and more productive patterns of behaving.

Similarly, in addictions treatment the individual learns how to "talk the talk" by examining the thought processes present during active addiction and then learning about the thought processes that are part of recovery. Then the individual "walks the walk" by making behavioral changes that are consistent with a new sober and productive life style.

Living "life on life's terms" is another concept of addictions treatment. It typically refers to variations on the theme that the addict must change his/her thinking and behavior from overly self-oriented to a more socially adaptable normative style. One learns there are comfortable places in the universe other than at its center. For example, it can apply to the addict's difficulties in delaying gratification -- "I want what I want when I want it." Addictions treatment supports the individual's developing maturity as he learns to wait in a world that may not respond as quickly as he would like.

CBT helps the individual examine the same theme. For example, it is present in the distortion of catastrophic thinking, like "The worst always happens to me." The CBT therapist supports the individual as he learns that he is not alone in having to cope with negative events. The mistaken belief that one is being singled out just adds to the stress. The individual trades the exaggerated sense of being a special case for the gain in a sense of belonging and the social support that is so helpful in recovery. Through this process the individual learns that life presents challenges for everyone and that many of those challenges can be met more effectively with a good support system.

There are many other areas where there is a good match between addictions treatment and CBT. "Triggers" in addictions parlance are explained as antecedent behaviors in CBT. Both approaches help the individual track events, thoughts, and affective states in order to dismantle the cognitive behavioral sequences leading to relapse. "Stinking thinking" in the words of addictions treatment refers to variations on the idea that one can achieve different results or change (in this case, sobriety) without changing either one's essential belief system or behaviors. This notion is captured in CBT's emphasis on how beliefs and behaviors act in concert, and that changing one always involves changing the other.

The application of CBT to addictions is a useful one. Both approaches recognize that our cognitive interpretations of events make a big difference in how we handle stress. Both approaches recognize how those beliefs translate into behavior. In addition, the active, directive, and problem-solving style of CBT is compatible with the pragmatic approach used in most addictions treatment. Through a variety of strategies including homework and role-play, a CBT informed addictions treatment helps the individual make modifications in thinking and behavior that contribute to a successful recovery.

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## **VISN 5 PRISON INITIATIVE**

*Submitted by: John Junginger, PhD*

The VISN 5 MIRECC has been developing an initiative to identify veterans in prison who are close to release in preparation for providing mental health and substance abuse services to these veterans when they are back in the community. Initial contacts have been with the administrators of Patuxent Institution in Jessup, a maximum-security prison that specializes in treating inmates with serious mental illness. Patuxent administrators have expressed strong support for the program in the belief that it may help prevent recidivism.

The MIRECC is playing an important role in the prison initiative by developing a number of outcome strategies and measures to gauge its ultimate success. Upwards of 24,000 persons are incarcerated in Maryland's 26 prisons; approximately 13,000 are released each year. Although data currently are not being collected in Maryland, conservative estimates of the percentage of veterans released from prison who qualify for benefits range from 8 to 10%. The relationship being established with Patuxent may become a model for expanding services to this very high-risk population of veterans. We will provide updates on the prison initiative as it progresses in the months ahead.

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## **VIRTUAL VOICES UPDATE**

We had another very successful session of Virtual Voices on May 21, 2002 in the community room of the Partial Hospitalization Program. For those of you who missed this one we will be offering another opportunity to gain insight into the auditory hallucinations that patients with schizophrenia often experience. All mental health staff are welcome and encouraged to attend. In addition, we are making a special effort to encourage participation of ER staff and pharmacy personnel who interact with mentally ill

veterans as well as non-clinical staff who come into contact with veterans with mental illness on a daily basis such as VA police, MAS staff, and support staff.

Our next session will be held on July 9, 2002 from 2:00-3:30 pm in the community room of the Partial Hospitalization Program at the Baltimore VAMC. Also look for an upcoming session on July 11, 2002, at the Martinsburg VA. Please pass the word to others who interact with mentally ill veterans. We hope you all can make it!

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## **NATIONAL VA TELEVISION EDUCATION PROGRAM**

If you missed the satellite broadcast of "The Road to Recovery For Veterans With Serious Mental Illness" on May 14, 16, or 20, 2002, view it on video! Please contact the Medical Media Department at the Baltimore VAMC (410-605-7090) if you are interested.

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## **CONGRATS ARE IN ORDER!**

We are pleased to announce that **Julie Kreyenbuhl, PharmD, PhD**, was recently awarded an intramural grant from the University of Maryland School of Medicine. The study, entitled "Prescription of Multi-Drug Psychopharmacologic Treatments in Schizophrenia," will involve a series of secondary analyses of data collected from two studies. Both evaluated the quality of care provided to persons with schizophrenia receiving services in a community mental health clinic in Baltimore and in the four outpatient mental health clinics in VISN 5. The study hopes to (1) describe the extent of the prescription of multi-drug psychopharmacologic regimens to persons with schizophrenia; (2) model the relationships between the prescription of multi-drug regimens and selected outcomes; and (3) apply the models to a larger population of veterans with schizophrenia to estimate the clinical and non-clinical consequences of the prescription of multi-drug regimens.

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Congratulations also to **Melanie Bennett, PhD**, for her award of an intramural grant from the University of Maryland, School of Medicine for a study entitled "Increasing Treatment Attendance Among Patients with Dual Diagnosis." This study will test the impact of a brief motivational interview when added to a standard intake procedure. The study will look at treatment attendance and attitudes towards treatment in a sample of dually diagnosed patients attending a community mental health clinic.

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## **WELCOME TO NEW MEMBERS OF THE VISN 5 MIRECC TEAM**

**Amy Buchanan, BA**, completed her undergraduate degree in Psychology and English at the University of Maryland, College Park where she conducted research in schizophrenia and social anxiety. As a part of the MIRECC she will be working on the computerized Cognitive Remediation Program. She will also assist in the social skills group at the Partial Hospitalization Program at the Baltimore VAMC.

**Virginia Iannone, MA**, joins the MIRECC after completing her pre-doctoral clinical psychology internship at the University of Maryland School of Medicine. She will serve as the Site Coordinator for Cooperative Study #494: A Randomized Trial of Cognitive-Behavioral Treatment for PTSD in Women. Additionally, she is completing her doctoral dissertation, which she plans to defend this fall at the Catholic University of America in Washington, D.C.

**Mary Lambert, PhD**, joins the MIRECC after successfully completing her pre-doctoral internship at the Perry Point VAMC. She earned her degree in Clinical Psychology at the University of Maryland, College Park. In addition to managing the Points Incentive Program (PIP) on the 364A unit and at the Domiciliary, she will coordinate MIRECC research and clinical activities at Perry Point, including research studies on work-related social skills and adjunctive medications for patients with schizophrenia.

**M. Philip Luber, MD**, is the Medical Director of Outpatient Mental Health Clinics in the VAMHCS, and Associate Director of Residency Training, Department of Psychiatry, University of Maryland. Previously, his research has focused on psychiatric disorders in medically ill patients and doctor-patient communication. His first objective in the MIRECC is to facilitate the recruitment of patients at the Mental Health Clinic for various studies of MIRECC investigators.

**Joseph McGlinchey, MA**, joins us as a psychology intern in the joint MIRECC/Perry Point VAMC internship slot. His degree in Clinical Psychology is from the University of Washington. He will play an integral role in carrying out the Points Incentive Program on the 364A unit and at the Domiciliary. He will also help design and implement a token economy and social learning program on 25B and will participate in MIRECC research studies at Perry Point.

**Sonia McQuarters** has recently come on board as the Budget Coordinator for the MIRECC. She will be assuming responsibility for the MIRECC finances in addition to her ongoing responsibilities at the University of Maryland as the Business Manager for the Center for the Behavioral Treatment of Schizophrenia.

**Joy Minchew, BA**, received her undergraduate degree from Davidson College where she studied sensation and perception. She will be involved in data management and subject tracking for various MIRECC projects. She will also be assisting with the computerized Cognitive Remediation study.

**Edress Robinson, BS**, received her Bachelor of Science Degree from Fayetteville State University. She has worked with adults with schizophrenia on the SCAP Research Study at Baltimore Mental Health Systems for the last two years. Edress will be working with **Wendy Tenhula, PhD** on the Generalization Study at Perry Point as well as various other studies under **Alan S. Bellack, PhD**.

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## UPCOMING EVENTS

**September 23, 2002**

### **Double Trouble: Substance Abuse and Mental Illness**

Location: US Fish and Wildlife Service National Conservation Training Center, Shepherdstown, WV  
(located 8 miles from the Martinsburg VAMC)

*This one-day conference will cover issues related to the assessment and treatment of veterans with both substance abuse and severe mental illness. Topics will include: psychopharmacological management, non-pharmacological treatment, integrated services, and psychopathology.*

To register or for more information, contact Gwen Kergides 1-800-949-1003, ext. 1857 or [Gwen.Kergides@lm.va.gov](mailto:Gwen.Kergides@lm.va.gov)

**November 9, 2002**

**8:30 AM – 12:00 PM**

**Third Family Conference**

Location: Baltimore VAMC Auditorium

Lunch will be provided

*This half-day seminar is designed to provide education and support to veterans with mental illness and their family members. Fred Osher, MD, will discuss treatment in the community and community resources. Also Bette Stewart will present information about NAMI and the Family-to-Family education series. More details to come!*

For more information, contact Cindy Clark, RNC, CD, at [Cynthia.Clark@med.va.gov](mailto:Cynthia.Clark@med.va.gov) or 410-605-7298

**December 2 & 3, 2002**

**Schizophrenia and the Criminal Justice System**

Location: Sheraton Baltimore North Hotel, Towson, MD

*This two-day conference will cover issues related to the interface between the criminal justice system and the mental health treatment needs of patients with schizophrenia. Topics will include: treatment of inmates with schizophrenia, prison diversion programs, the reduction of recidivism, and innovative programs for community re-entry.*

To register or for more information, contact Erica Chestnut 1-800-949-1003, ext. 1857 or [Erica.Chestnut@lrn.va.gov](mailto:Erica.Chestnut@lrn.va.gov)

**Spring 2003**

Second Annual Women and Serious Mental Illness Conference

*Location and topics to be announced.*

**VISIT OUR WEBSITE at [www.va.gov/visn5mirecc](http://www.va.gov/visn5mirecc)**