

# 2016

## Annual Report

To the Massachusetts Department  
of Mental Health



Systems & Psychosocial Advances Research Center  
Department of Psychiatry  
A Massachusetts Department of Mental Health  
Research Center of Excellence



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# Executive Summary

We are grateful to the Massachusetts Department of Mental Health for its continued support of the University of Massachusetts Medical School's (UMMS) DMH Research Center of Excellence, the Systems and Psychosocial Advances Research Center (SPARC). We continue to leverage the DMH investment to support innovative, recovery-oriented, state-of-the-art psychosocial and systems research.

## Highlights of Fiscal Year 2016 include:

- A five-year grant from the Centers for Disease Control and Prevention (CDC) to better serve women suffering from perinatal depression;
- A randomized controlled trial (RCT) to test the effectiveness of an integrated, home-based, intensive antisocial behavior, mental health, and substance use intervention for 17-21 year olds with serious mental illness and justice system involvement;
- A Transitions Research and Training Center-based internship program for local college students with lived mental health experience;
- The SAMHSA funded Now Is The Time – Healthy Transitions (NITT-HT) National Evaluation, which embraces the principles of participatory action research (PAR) and implements a framework for meaningfully infusing youth voice; and
- A new SPARC webinar series that expands the way we inform stakeholders about the latest mental health services research.

## SPARC Overview

The Systems and Psychosocial Advances Research Center conducts research to enhance services, improve the quality of life, and promote recovery for people with behavioral health conditions. Our research involves, informs, and advises individuals with lived experience, their families, providers, administrators and policy-makers navigating the behavioral health landscape in the Commonwealth and beyond. SPARC was created in 1993 when it was designated a Center of Excellence for Psychosocial and Systems Research by the Massachusetts DMH. Our mission mirrors the DMH commitment to collaborating with other state agencies, consumers, families, advocates, providers, and communities. DMH and SPARC are aligned in their vision of promoting mental health through early intervention, treatment, education, policy, and regulation to provide opportunities for citizens of the Commonwealth to live full and productive lives.

Maryann Davis assumed the role of Director of SPARC on October 1, 2015. SPARC's previous Director, Carl Fulwiler accepted positions as the UMMS Medical Director and Associate Research Director at the Center for Mindfulness in Medicine, Health Care and Society and as Director of Clinician Wellness Programs at UMass Memorial Medical Center. Dr. Fulwiler continues to remain a valuable SPARC faculty member.

Dr. Davis is an Associate Professor in the Department of Psychiatry and is the Director of the Transitions Research and Training Center (RTC) within SPARC. She has been on the SPARC faculty since 1995, and has a distinguished research career studying transition-age youth and young adults with serious mental health conditions. This research has focused on those who have or should receive services from public systems, such as mental health, special education, foster care, and the justice system. She has received grant funding from the National Institute of Mental Health, the National Institute on Disability, Independent Living, and Rehabilitation Research, and the National Institute of Drug Addiction. She has collaborated with the Massachusetts Department of Mental Health in addressing the needs of the Commonwealth's transition-age youth for over 20 years.

As Director of the Transitions RTC, Dr. Davis has gained extensive experience in effective strategies for disseminating research knowledge to key stakeholders. In addition, she has developed the skills and capacities to lead and mentor the activities of a sizeable group of faculty and research staff to achieve a cohesive portfolio of funded research and knowledge sharing activities. Finally, Dr. Davis has accumulated significant experience developing real-world strategies for successful and genuine partnerships with transition-age youth and young adults with lived experience of mental health conditions. She brings these experiences to the SPARC Directorship with the goals of strengthening SPARC's faculty/staff development and success, increasing effective research knowledge sharing with key stakeholders, and continuing to develop meaningful partnerships with individuals with lived experience through research.



The work of SPARC is organized into Areas of Research Concentration (ARCs) based on current activities of the Center. These areas include ongoing services research and address how SPARC research applies in various settings across the life span.

## Research on Services

- Mental Health and Criminal Justice Services
- Adolescent Development and Juvenile Justice Services
- Health Promotion and Psychosocial Interventions
- Mental Health Services for Emerging Adults

## Application of Research

- Human Rights and Ethics
- Multicultural Factors in Mental Health Care
- Public Mental Health Literacy and Prevention
- Dissemination and Implementation of Best Practices
- Research Methodologies

## Research Portfolio

Fiscal Year 2016 was a strong year for the Center. SPARC received **\$7,401,307** in new research funding.

- SPARC submitted **24** grant applications.
- SPARC was awarded **11** new research grants and contracts.
- SPARC published **58** research articles, briefs, and manuals.

Dr. Davis will work in partnership with Deputy Director Kathleen Biebel. Dr. Biebel, Associate Professor in the UMMS Department of Psychiatry, had fulfilled the role of Assistant Director. In partnership with Dr. Davis, Dr. Biebel will play a more robust role in shaping and pursuing the goals of SPARC. Dr. Biebel brings to her role an extensive background in community-based participatory research focused on parents with mental illness, work in partnership with numerous DMH stakeholders, as well as her operations experience and organizational skills.

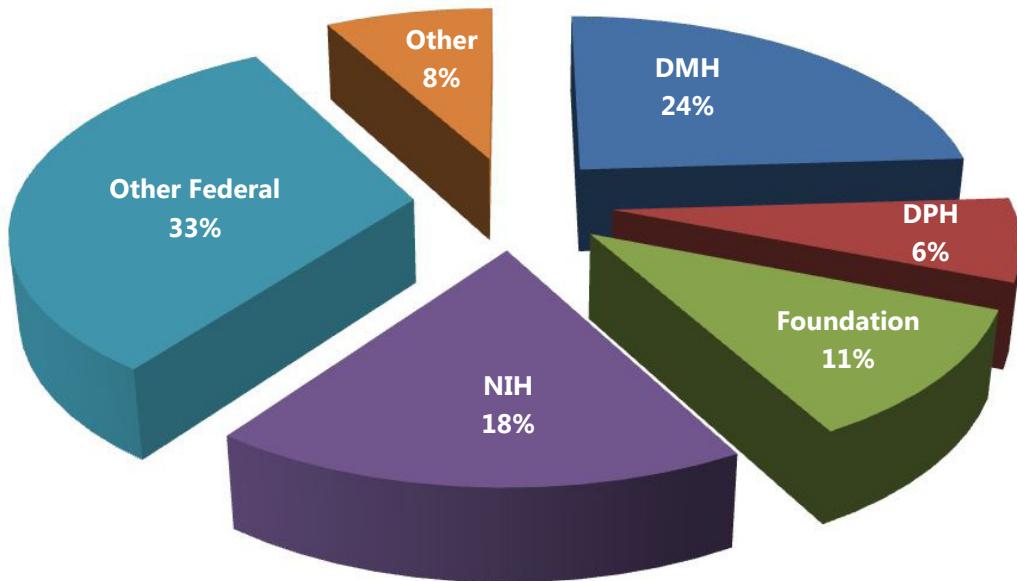
SPARC faculty are internationally recognized in psychosocial therapies development and implementation; services and supports research; multicultural issues; clubhouse and vocational rehabilitation models; wellness and mindfulness; forensic/legal and human rights issues; child, parent and family mental health issues; perinatal mental health; Deaf and hard of hearing mental health concerns; transitional youth/young adults; and co-occurring disorders. We collaborate across UMMS Departments of Psychiatry, Family and Community Medicine, and Preventive and Behavioral Medicine, Commonwealth Medicine, other UMass campuses, and other national and international institutions to optimize our resources and relationships to build a bigger and stronger SPARC.

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### SPARC Funding Sources FY 2016

The SPARC continues to provide a positive return for the DMH investment:

Every \$1 invested by DMH yielded a return of \$11.48 to the Commonwealth to fund research, training, technical assistance, and service delivery.



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### Research Highlights

- Nancy Byatt and her team (Jeroan Allison, Kathleen Biebel, Tiffany Moore Simas, Linda Weinreb) were awarded a five-year grant from the Centers for Disease Control and Prevention (CDC) to improve care for women suffering from perinatal depression by helping front-line obstetric providers address depression. Building on the work of [MCPAP for Moms](#), investigators are testing an innovative new approach to address perinatal depression. This new approach, the Program In Support of Moms (PRISM), is a more proactive approach than MCPAP for Moms that will empower Ob/Gyn practitioners to develop processes to screen, assess, and treat their patients' psychiatric needs, ensuring that patients do not fall through cracks in the depression care pathway. An ongoing pilot study of PRISM suggests there is a greater decrease

in depression severity with the additional intervention components included in PRISM. Over the next five years, investigators will run a clustered randomized control trial (RCT) that compares 6 Massachusetts practices using MCPAP for Moms to 6 practices using PRISM. The PRISM study is actively enrolling participants and has recruited 100 participants to date.

- Maryann Davis was awarded a four-year grant from the National Institutes of Health to conduct a RCT to test the effectiveness of an integrated, home-based, intensive antisocial behavior, mental health, and substance use intervention for 17-21 year olds with serious mental health conditions and justice system involvement. The experimental intervention, Multisystemic Therapy for Emerging Adults (MST-EA), is an adaptation of the well-established intervention Multisystemic Therapy that is effective in reducing delinquency in minors. Previous research established that MST-EA is safe for use with 17-21 year olds and had encouraging pilot study outcomes for reducing recidivism, mental health symptoms, and influence of antisocial peers. Pilot data showed that the model also positively affected young adult participation in activities such as enrolling in school and employment. The RCT will enroll 240 individuals who will be randomized to MST-EA or Enhanced Treatment as Usual (control group). The control group will receive individualized reviews of services they want/need and facilitated connection to those services, as well as travel vouchers for services. The trial will track outcomes from baseline to 16 months post baseline. The trial is taking place in greater New Haven and Hartford Connecticut.
- Gina Vincent collaborated with Wendy Nussbaum, Stuart M. Berry, and Shannon Hartnett to develop the Adolescent Domestic Battery Typologies Tool (ADBTT) through funding from the MacArthur Foundation. There has been an increase in the number of youth referred to the juvenile justice system for charges related to abusing their parents. The ADBTT was designed using a combination of the available research literature, a multi-site validation study, and clinical experience to fill a niche in the assessment of a population that has not been well understood. The ADBTT provides a structured framework to help inform case processing, dispositional, and treatment decisions based on an assessment of youths' risk for future Adolescent Domestic Battery. Implementation of the ADBTT early in the juvenile justice process should lead to diverting the "right" youths away from formal processing with minimum intervention and match youth to appropriate interventions based on their typology as opposed to 'one size fits all' treatment. The multi-site validation study found most of the items on the ADBTT achieved an acceptable level of inter-rater reliability in the field (items with lower reliability were revised) and that the higher-risk ADBTT subtypes significantly predicted subsequent acts of assault on a parent; whereas the lower-risk subtypes were unlikely to commit future acts of assault on a parent. The manual was published in December of 2015 and is available for free at [www.nysap.us](http://www.nysap.us).
- Marsha Ellison and Kathleen Biebel received a grant to increase use and adoption of research-informed best practices for special education high school students with Emotional Behavioral Disturbances (EBD). They aim to improve students postsecondary outcomes through knowledge translation, testing, and dissemination of NIDILRR-funded research findings. They are developing curricula, procedures, and guides to implement three research-informed best practices in high school transition planning that increase rates of postsecondary employment and/or school enrollment for this vulnerable population. These practices include: 1) ensuring that students complete at least 4 career and technical courses; 2) having students lead their own IEP and transition planning meetings; and 3) ensuring representation of adult-serving disability agencies and colleges during transition planning meetings. In conjunction with national partners, these curricula will be disseminated and adopted across the US to improve employment and education outcomes for emerging adults with EBD.

- Kathleen Biebel, Zlatina Kostova, Len Levin, Elaine Martin, and Joanne Nicholson received a grant from the National Library of Medicine to promote health literacy for individuals living with serious mental health conditions (SMHC). The eMental Health Bridges project is developing, testing, and implementing training modules to provide guidance for individuals with SMHC on web-based information searching, judging source and site credibility, and interpreting data. They are also developing a web site prototype that will serve as a connection to essential physical health information – the eMental Health Bridges website. This new website will embrace user experience and design accommodations required for individuals with SMHC to benefit fully from eHealth resources. Over a three-year period, the eMental Health Bridges project team will work closely with individuals with SMHCs at each stage of the design process.
- Rosalie Torres Stone is a co-investigator on the “Dreamer’s” study, to examine how illegal citizenship status influences the mental health well-being of undocumented college-age students, and to identify what social supports can alleviate psychological stressors associated with an illegal status. Every year approximately 7,000 to 13,000 undocumented students enroll in college throughout the United States. Undocumented status blocks their ability to achieve developmental milestones (e.g., a driver’s license), constricts social networks, and creates feelings of hopelessness. Studies have shown that undocumented college students experience several psychosocial stressors related to their illegal status. Studies have found that fear of deportation/detainment, loneliness, increased anxiety, and depression are central emotional concerns in undocumented college students. Having a better understanding of the mental well-being and potential supports for this population has implications for improving counseling and mental health services on campus for undocumented college students, as well as creating structural supports (e.g., peer networks).

## New SPARC Initiatives

We are very excited about a number of new SPARC initiatives this year. These include our new webinar series, our seed grant program to support faculty developing new research ideas, a collaboration with the Shriver Center to assist DMH with the process of developing a more responsive system of care for adults with Autism Spectrum Disorder (ASD) who have a serious mental illness, a new e-journal, and translating a number of our Psychiatry Information in Brief Issue Briefs into American Sign Language (ASL) to make our products accessible to new audiences.

### SPARC Webinars

### SPARC Webinar Series



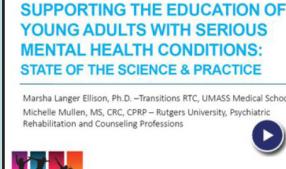
**Integrating Recovery-Oriented Practices for Individuals with Co-Occurring Disorders: With Tobacco & Schizophrenia Case Example**

Douglas Ziedonis, M.D., M.P.H.  
Professor and Chair, Department of Psychiatry  
UMass Memorial Medical Center/  
University of Massachusetts Medical School  
Psychiatry, and, Massachusetts Health Services  
Professional School of Nursing & Graduate  
School of Biomedical Sciences



**Risk-Need-Responsivity: Managing Risk & Mental Health For Juvenile Justice-Involved Youth**

GINA M VINCENT, PhD  
gina.vincent@umassmed.edu  
Associate Professor, UMass Medical School  
Co-Director, Law & Psychiatry Program



**SUPPORTING THE EDUCATION OF YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS: STATE OF THE SCIENCE & PRACTICE**

Marsha Langer Ellison, PhD –Transitions RTC, UMASS Medical School  
Michelle Mullen, MS, CRC, CPRP – Rutgers University, Psychiatric  
Rehabilitation and Counseling Professions



**(ASD) and Serious Mental Illness (SMI)**  
Jean A. Frazier, MD  
Robert M. and Shirley S. Siff Chair in Autism  
Professor of Psychiatry and Pediatrics  
Vice Chair and Director, Division of Child and  
Adolescent Psychiatry  
UMass Medical School

February 16th, 2016

Morbid Autism Spectrum Disorders and Serious Mental Illness  
Jean A. Frazier, MD, Professor UMass Medical School

SPARC created a new interactive [webinar series](#) to increase the reach of our knowledge translation and dissemination efforts within Massachusetts and across the US. These webinars were viewed live by 782 individuals. Webinar topics include:

- Adapting Individual Placement and Support (IPS) for Young Adults: The Thresholds Study (Marsha Ellison, Vanessa Klodnick and Gary Bond). This webinar described how the IPS model of supported employment was adapted for young adults with very significant mental health and other challenges at the Thresholds agency in Chicago.
- Integrating Recovery-Oriented Practices for Individuals with Co-Occurring Disorders: Tobacco & Schizophrenia Case Example (Doug Ziedonis). This webinar discussed motivation-based, recovery-oriented treatment plans for co-occurring disorders, including community resources.
- Risk-Need-Responsivity: Managing Risk and Mental Health for Juvenile Justice-Involved Youth (Gina Vincent). This webinar presented an overview of the characteristics of risk assessment instruments and Risk-Need-Responsibility principles.
- Supporting the Education of Young Adults with Serious Mental Health Conditions: State of the Science & Practice (Marsha Ellison, Michelle Mullen and Kathleen Biebel). This two-part webinar series presented the state of the science and the state of the practice of supported education and related strategies for achieving post-secondary education goals of young adults with serious mental health conditions.
- Comorbid Autism Spectrum Disorder (ASD) and Serious Mental Illness (SMI) (Jean Frazier). This webinar provided information targeting mental health providers about the prevalence of ASD as well as the rates of comorbidity of autism spectrum disorder with serious mental illness.
- Tools for School: College Accommodations for Students with Psychiatric Disabilities (Laura DiGalbo). This webinar reviewed what college students with psychiatric disabilities needed to know to get reasonable accommodations, and tips for self-advocacy when working with their schools' Disability Services Offices.

## SPARC Seed Grant Program

SPARC initiated a seed grant program in 2016 to provide faculty and staff development funds to gather and analyze preliminary data that will bolster an application for federal grants and/or other major project funding. Seed grant proposals can focus on an area of study that is new to the principal investigator or can be an extension of an existing study (e.g., gather data from a different participant population, add a follow-up data collection phase to an existing baseline sample). The intention of these seed grants is to enhance the likelihood of success for obtaining federal research grant funding in an area that matches their career goals and the mission of SPARC and the Massachusetts Department of Mental Health. The first grant was awarded to Dr. Ekaterina Pivovarova. Her study is called, "Feasibility of Assessing Capacity to Enrolled in the Treatment Courts by Using Drug Treatment Court Clinicians."

## Collaboration with the Shriver Center

SPARC collaborated with Laurie Charlot from the UMMS Shriver Center to develop the [Current Issues in Serving Adults with Non-ID Autism Spectrum Disorder and Significant Mental Health Disorders](#) report for DMH. The report is designed to assist DMH with the process of developing a more responsive system of care for adults with Autism Spectrum Disorder who have a serious mental illness, but do not have an Intellectual Disability and are not served by the Department of Developmental Services.

## New e-journal: The Journal of Parent & Family Mental Health

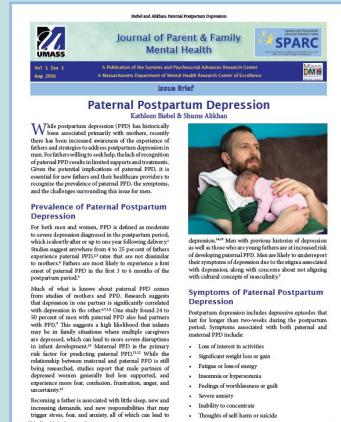
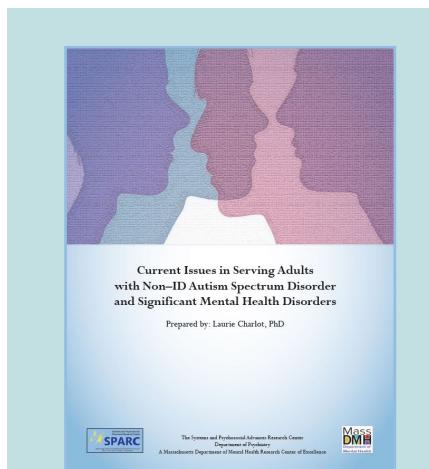
SPARC launched a new e-journal, the [Journal of Parent & Family Mental Health](#). This journal is devoted to the translation and dissemination of research knowledge specific to families living with parental mental illness. The first issue, [Paternal Postpartum Depression](#), had over 1,000 downloads from 32 countries in less than 8 weeks. The new e-journal was also featured on the Centers for Disease Control and Prevention maternal mental health listserv as well as on Fox news and a number of national news outlets.

## Translation of "Psychiatry Information in Brief" Issue Briefs

Finally, in collaboration with two Certified Deaf Interpreters, Stephanie Clark and Skip Thomas, a number of our Psychiatry Information in Brief Issue Briefs have been translated into American Sign Language (ASL).

[ASL Briefs](#) include:

- Institutional Review Boards: What do they do? How do they Protect Subjects? (Christopher Jackson, Philip Candilis, Suzanne Garverich, Lauren Gellar, Charles Lidz, and Teresa Roach; translated and performed by Stephanie Clark)
- Mindfulness and Health (Carl Fulwiler and Fernando de Torrijos; translated and performed by Stephanie Clark)
- Intimate Partner Violence in the Deaf Community: 5 Things You Need to Know & 5 Things You Can Do (Melissa Anderson; translated and performed by Stephanie Clark)
- Childhood Bullying: Awareness, Interventions, and a Model for Change (Negar Beheshti and Byron Gerard; translated and performed by Skip Thomas)
- Getting Acquainted with Stigma: A Brief Introduction (Stephanie Rodrigues; translated and performed by Skip Thomas)



The ASL-translated Institutional Review Boards video was released on SPARC's website and YouTube page in FY16. The remaining ASL-translated briefs will be released in FY17.

## Lived Experience Contributions

Input from and partnership with persons with lived mental health experience is critical to all the ongoing work at SPARC. Within SPARC, individuals with lived experience are actively involved in all phases of research, from defining the research questions to developing survey instruments and collecting data to disseminating the results. The voice of individuals with lived experience is infused into all SPARC research, training, and dissemination activities. In addition to working side-by-side with individuals with lived experience of mental health concerns, SPARC relies on the direction and guidance of two consumer advisory bodies - the SPARC Advisory Council- Mental Health Experienced & Years of Understanding (MHE & YOU) and the Transitions Research and Training Center's Young Adult Advisory Board.

Highlights of contributions from persons with lived experience include:

- The MHE & YOU Advisory Council, in collaboration with SPARC's Mental Health Area Research Network (MHARN), successfully completed the 2016 May is Mental Health Awareness Month PSA campaign. The MHE & YOU produced thirty-one video statements focusing on the theme of "[Eliminating Stigma: Real Perspectives](#)." Videos featured individuals from the SPARC, UMMS, DMH, the Worcester Bravehearts, and local community mental health agencies and organizations.
- Young adults with lived experience partnered in the design of the SAMHSA-funded Now Is The Time (NITT) National Evaluation, contributing their unique expertise in a variety of ways, ranging from reviewing and commenting on all data collection instruments to serving as mock interviewees in piloting interview materials. They were instrumental in identifying strategies for communicating with young adult staff at local NITT-HT grantee sites. This team also led the design process for the Youth Voices sub-study, utilizing their social media and technological shrewdness to develop a youth-driven, multi-media design, involving both conventional qualitative data collection (i.e., focus groups) and an online multi-media data collection component. The latter, multimedia component of the design is in an effort to provide vehicles for expression that may be more culturally authentic for many youth and young adults. This component allows youth and young adults to share their experiences through videos, blogs, poems or other types of online communication that are most comfortable for them.
- MHE & YOU Advisory Council members attended and disseminated SPARC and RTC products at a variety of conferences in Massachusetts including the 2015 Annual NAMI Mass State Convention, the 2016 DMH Centers of Research Excellence Conference, and the PPAL 6th Annual State Conference.



- The MHE & YOU Advisory Council assisted SPARC with the planning and implementation of the [2016 DMH Research Centers of Excellence Conference](#) in partnership with DMH leadership and the Commonwealth Research Center. MHE & YOU Advisory Council members emailed flyers and made outreach calls to Massachusetts Clubhouses and Recovery Learning Communities to encourage conference attendance by individuals with lived experience.
- The MHE & YOU Advisory Council had the privilege of recording DMH Commissioner Joan Mikula for the 2016 May is Mental Health Awareness Month PSA campaign. At this meeting, Commissioner Mikula also recorded a brief video on her participation in the NAMI Massachusetts CEOs Against Stigma campaign.
- The Transitions RTC June 2016 Comeback TV episode, 2016 Mental Health Awareness Campaign Efforts, features a clip from a MHE & YOU Advisory Council's Eliminating Stigma: Real Perspectives PSA. The Comeback TV episode also includes a link to the PSA entire 2016 campaign on YouTube.
- MHE & YOU maintains its own Facebook, Twitter, and YouTube pages. The MHE & YOU had 81 likes on its Facebook page, 40 followers and 8,332 impressions (views) on Twitter and 6,228 views on its YouTube Channel in FY16. 94% or 5,719 video views originated in Massachusetts
- Young adults with lived experience created and maintain the Transitions RTC mental health resource website [Voices4Hope](#). Its target audience is young adults ages 14-30 with mental health conditions who have employment, education, and independent living goals. The website has many popular pages on topics like eating disorders, young adult parenting, and bullying. Voices4Hope had 4,645 visits in the past year, an increase of 517 visits over last year. The top three visited pages on the website are the home page, the Eating Disorders page, and the Social Anxiety page.

## Dissemination/Community Engagement Highlights

To ensure that the work of SPARC is disseminated as quickly and effectively as possible and to speed the translation of research findings about effective psychosocial services into actual practice in the community, we have developed state-of-the art dissemination strategies including web-based and social media campaigns.

Highlights from these activities include:

- Lisa Smith, Tania Duperoy, and Amanda Costa attended the NAMI National Convention in San Francisco, CA. There were over 2,000 conference attendees. Tania and Lisa presented Conquering the Social Media Monster: Engaging Young Adults and the Mental Health Community on the Web, and Amanda and Lisa presented Moving Forward: Fostering Youth Leaders in the Mental Health Community.
- Gina Vincent and Al Grudzinskas, Jr. presented the Massachusetts Center of Excellence for Specialty Courts at the DMH, DPH/BSAS, and the Trial court sponsored New England Association of Drug Court Professionals (NEADCP) Conference - "Where Justice and Treatment Meet: Facing Complex Issues" in Marlborough, MA.
- Melissa Anderson presented Barriers and Facilitators to Deaf Trauma Survivors' Help-Seeking: Implications

for Clinical Trials Research at UMMS's "Bridge to Success" seminar held by the UMMS Quantitative Health Sciences Department. She also provided a training about self-care to two volunteer advocates for Our Deaf Survivors Center, a non-profit agency that serves Deaf survivors of domestic and sexual violence.

- UMass Medical School's digital archive and publishing system eScholarship@UMMS reached a significant milestone when it topped 1 million downloads on February 17, 2016. The honor of the one millionth download went to [Evidence Based Practices in Mental Health: Advantages, Disadvantages, and Research Considerations](#) by SPARC's Colleen McKay. This issue of Psychiatry Information in Brief is one of the most downloaded works of all time in eScholarship@UMMS. Psychiatry Information in Brief is SPARC's e-journal devoted to the dissemination of behavioral health information produced by the Center.
- SPARC collaborated with the Harvard Commonwealth Research Center to develop and implement the [DMH Centers of Excellence Conference – "Integrating Care: Addressing Mental Health & Substance Abuse."](#) There were 134 attendees at the conference. Attendees included persons with lived experience, family members, clinicians, researchers, and policy-makers/administrators. Speakers included DMH Commissioner Joan Mikula, A Personal Story by Rey from Café Reyes, Shunda McGahee and William S. Stone from the Beth Israel Deaconess Medical Center, Gerardo Gonzalez from UMMS, and Rosalie Torres Stone from UMMS/SPARC. Feedback from the conference was very positive with over 78% of participants rating the conference above average or excellent.
- Maryann Davis and Tania Duperoy presented Participatory Research: Involving Young People in the Design, Conduct, and Interpretation of Research at the UMMS Psychiatry Research Day. Melissa Anderson also presented her paper Piloting Signs of Safety: A Deaf-Accessible Toolkit for Trauma and Addiction at this event. In addition, Maryann Davis, Carl Fulwiler, and Nancy Byatt each led interactive discussions with conference participants on the topics of Transition-Age Youth, Mindfulness/Wellness, and Collaborative Care respectively.
- Nancy Byatt participated in a panel discussion after the free screening of Dark Side of the Full Moon - a feature-length documentary highlighting postpartum depression. The panel discussion included an update on efforts of the Massachusetts Commission on Postpartum Depression and [MCPAP for Moms](#).
- Melissa Anderson presented Treating Trauma and Substance Abuse in Unique and Vulnerable Populations: Using Seeking Safety and Adapting within the Model at the Massachusetts Psychological Association conference "Assessment and Treatment of Substance Use Disorders: Practical Tools for Psychologists."
- Ekaterina Pivovarova presented Perils and Promises of Neuroscience in Court on at William James College for their Forensic Psychology students.
- Marsha Ellison gave a presentation on Adapting the Individualized Placement and Supports (IPS) Model of Supported Employment for Youth and Young Adults to the DMH committee of IPS trainers for Community Based Flexible Supports (CBFS). Michael Stepansky, the DMH Director of Employment Services, led the meeting.
- Douglas Ziedonis and Laura Golden presented Why Aren't We Talking about This? Kids & Mental Health – Resources and Opportunities at Marlborough High School.

- Tania Duperoy, Kathryn Sabella, Amanda Costa, Marsha Ellison, Rachel Stone, Kathleen Biebel, and Maryann Davis presented at the 2016 Psychiatric Rehabilitation Association Workforce Summit in Boston. Kathryn, Tania, and Amada presented Nothing About Us Without Us: Growing Meaningful Youth Involvement in Your Organization. Marsha, Kathleen, and Rachel presented Supported Education: State of the Practice. Maryann and Laura presented a TED-like Talk: School and Work Supports Tailored for Transition-Age Youth. Kathleen presented a 5-minute Ignite talk entitled Parenting as a Pathway to Recovery.
- Al Grudzinskas, Jr. presented Where Mental Illness and Violence Intersect: A View from the District Attorney's Office at the 32nd Annual Public Sector Psychiatry Conference at the Worcester Recovery Center and Hospital.
- Nancy Byatt and Jeroan Allison presented the PRISM study, including preliminary results, in a seminar at the Centers for Disease Control and Prevention, Division of Reproductive Health Science in Atlanta, GA.
- Jessica Griffin presented Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for the UMMS Department of Psychiatry Grand Rounds.
- Marsha Ellison and Tania Duperoy presented at the Creating Healthy Transitions for Bucks County Healthy Transitions Youth Conference sponsored by the Pennsylvania Healthy Transitions Partnership. Marsha was the keynote speaker at the event and presented The Transition to Adulthood for Youth and Young Adults with Serious Mental Health Conditions: Pitfalls and Promises. Tania presented Nothing About Us Without Us: Growing Meaningful Youth Involvement in Your Organization twice at this event.
- SPARC faculty and staff educated and informed Massachusetts' constituents at numerous events in the Commonwealth including the NAMI Mass Annual Convention; the Massachusetts DMH Centers of Research Excellence Conference; the Mass PRA's 14th Annual Conference; PPAL's 6th Annual State Conference; and the 32nd Annual Public Sector Psychiatry Conference at UMMS. Additional conferences included the Psychiatric Rehabilitation Association's (PRA) Annual Conference; the Conference on Child and Adolescent Mental Health; and the Partners in Perinatal Health 27th Annual Conference.
- Jonathan Delman served on the National Academies of Sciences, Engineering, and Medicine's Health and Medicine Division's (formerly the Institute of Medicine) Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders that produced the report [Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards](#). The report provides ideas to develop a framework to ensure that individuals with mental health and substance use disorders receive high-quality evidence-based treatments and services.
- [SPARC](#) and [Transitions RTC](#) websites received 10,934 visits from over 5,502 unique visitors. Product downloads from our websites and our [Psychiatry Information In Brief](#) and [Journal of Parent and Family Mental Health](#) e-journals totaled over 15,151. Our Facebook pages reached 738 "likes"; Twitter pages currently have 757 followers, YouTube videos had 21,804 views while our email listserv reached 2,589 members.

## Dissemination of Materials at Massachusetts Conferences

- Total number of products disseminated at MA Conferences: 2,502
- Total number of MA conferences SPARC staff attended to distribute materials: 5

## Collaborations with DMH and Other State Agencies Highlights

We recognize that partnerships are more critical than ever, especially in light of the increasingly collaborative and multidisciplinary nature of services research. SPARC faculty and staff collaborate with DMH and other state agencies to further the missions of our organizations and meet the needs of the citizens of the Commonwealth. Examples of these collaborations and activities include:

- Douglas Ziedonis and Mary Olson met with Susan Sciaraffa, Anthony Riccitelli, and Jeffrey Geller from DMH to discuss Open Dialogue. Doug and Mary gave an overview of Open Dialogue and led a discussion about implementation of the model within the Worcester Recovery Center and Hospital.
- Maryann Davis was an invited guest to the DMH-sponsored, Young Adult Mental Health Services: Sharing Best Practices strategic discussion where she provided input and expertise. Maryann presented an overview on national models for strengthening linkages between the child and adult mental health systems. This event was part of the Success for Transition Age Youth and Young Adults (STAY) Together Project initiative.
- Melissa Anderson was the Program Coordinator for DMH's 2nd Annual Deaf Symposium –Deaf Mental Health: The Role of Language Deprivation and Dysfluency held at the Worcester Recovery Center and Hospital. She also presented at the event.
- Maryann Davis, Kathryn Sabella, and Vanessa Vorhies Klodnick (Thresholds in Chicago) participated in the monthly DMH Community of Practice call with young adult (YA) peer mentors and YA peer mentor supervisors. The purpose of the call was to solicit input from key stakeholders around what guidance and support is needed to better supervise and support YA peer mentors as part of the Success for Transition Age Youth and Young Adults (STAY) grant. In response to the feedback from the call, Maryann, Kathryn, and Vanessa developed trainings for the DMH STAY initiative. Trainings were delivered to current and future clinical supervisors of YA therapeutic peer mentors within several Community Service Agencies throughout Massachusetts via two webinars.
- Amanda Costa and Sam Sandland, DMH Statewide Young Adult Council Co-chair, gave a speech and presented the Leadership Award to Partners for Youth with Disabilities at the UMMS Work without Limits 3rd Annual Conference & Career Fair.
- Colleen McKay met with the DMH Director of Employment Services, Michael Stepansky, to discuss clubhouse employment outcomes and differences in outcomes between accredited and non-accredited clubhouses.



- Amanda Costa was invited to join the DMH Community Behavioral Health Advisory Council. Amanda met with Susan Maciolek from DMH to discuss training and preparing for the CBH Advisory Council.
- Jon Delman continues as a member of the advisory council for the DMH STAY (Success for Transition Age Youth and Young Adults) grant.
- Jon Delman is part of the Data Collection & Reporting Planning Committee of DMH's Certified Community Behavioral Health Centers Initiative Planning Grant. He is also a member of the state Mental Health Planning Council and the state Transformation Committee.
- Gina Vincent, in conjunction with the Massachusetts Trial Court, Probation, DPH and DMH organized the Drug Court 101 Training.
- Rosalie Torres Stone and Marianne Sarkis held a stakeholder meeting at Clark University to discuss barriers and facilitators in engaging hard to reach populations (e.g., those with limited English proficiency [LEP]) in health research and care in Worcester. Input from this meeting helped set the agenda for a patient-centered grant with the LEP population in Worcester that Clark and UMass are pursuing. Attendees included but were not limited to: Matilde Castiel (Health and Human Services Commissioner Worcester Department of Public Health), Sarai Rivera (City Council), Monica Lowell (UMass Memorial, VP of Community Engagement), Anh Sawyer (Southeast Asian Coalition, Executive Director), and John O'Brien (former CEO of UMass Memorial).
- Jon Delman was appointed to the Advisory Council of the Massachusetts Interagency Council on Housing and Homelessness. The ICHH is the body responsible for implementing the state's plan to prevent and end homelessness in the Commonwealth.

## **SPARC Grant Support Team**

The SPARC Grant Support team are a group of faculty and staff that review and offer expertise on the development and submission of grant proposals. All SPARC investigators are encouraged to meet with the Grant Support Team as they are working on their grants, to ensure developing proposals receive as much input and review as possible prior to submission. The Grant Support Team helps with the submission process and tracks grant proposals that have been reviewed, submitted, and funded. Currently, the SPARC's Grant Support Team is led by Gina Vincent, William McIlvane, and Amy Thornton. Over the last Fiscal Year, the Grant Support Team provided support by assisting with 11 grant reviews and 8 grant submissions. Examples of proposals reviewed by the Grant Support Team include:

- Deaf ACCESS: Adapting Consent through Community Engagement and State-of-the-art Simulation – Melissa Anderson
- Evaluating Brain Injury Clubhouses and their Effects on Neurobehavioral Functioning and Participation – Colleen McKay
- Defendant's Decision-making about Enrolling in Drug Treatment Courts: Does Understanding and Appreciation Affect Outcomes? – Ekaterina Pivovarova

- Piloting Signs of Safety: A Deaf-Accessible Therapy Toolkit for Alcohol Use Disorder and Trauma – Melissa Anderson
- A Paid Internship Model for Transition-age Youth with Psychiatric Disabilities – Colleen McKay
- Assessing the Impact of Juvenile Justice Reforms Program – Gina Vincent
- Group Peer Support for Postpartum Depression: A Randomized Control Trial – Nancy Byatt
- Innovations in Vocational Rehabilitation for Youth – Marsha Ellison and Kathleen Biebel

## Honors and Awards

**Carl Fulwiler** was awarded the Steven Banks Award for Research Mentoring by the UMMS Department of Psychiatry. The Steven Banks Award for Research Mentoring recognizes individuals who have helped students and faculty colleagues succeed in their research and professional lives.



**Alexis Henry** was the 2016 recipient of the Psychiatric Rehabilitation Association's Armin Loeb Award. The Armin Loeb Award is presented in memory of Dr. Armin Loeb who served as Director of Research of Horizon House in Philadelphia for approximately 20 years. He was the first full time research director of any psychiatric rehabilitation agency and conducted research and evaluation studies, which have served as models in the field.

**Tania Duperoy, Amanda Costa, and Rachel Stone** each received an award at the annual Peer Recognition Leadership Award Ceremony hosted by DMH. The ceremony recognizes all young adults working in the peer mental health movement.



Fiscal Year 2017 is off to a great start. A number of new grants have already received funding, and we continue to explore innovative opportunities to help us diversify our funding portfolio. We continue our commitment to the shared DMH and SPARC goal of providing the best, state-of-the-art recovery-oriented, patient-centered care to all citizens of the Commonwealth. We look forward to another productive year of partnering with DMH.

# Fulfillment of the DMH Contract

## Research Activity

These numbers represent both ongoing and new SPARC research during Fiscal Year 2016.

Performance Measure	Accomplished in Fiscal Year 2014	Accomplished in Fiscal Year 2015	Accomplished in Fiscal Year 2016
Number of research projects approved by DMH <sup>1</sup>	38	46	37
Number of research proposals submitted & approved by an IRB <sup>2</sup>	11	12	9
Number of grants submitted <sup>3</sup>	20	28	24
Number of grants approved for funding <sup>4</sup>	17	16	19

<sup>1</sup>The number of ongoing SPARC research projects during the fiscal year

<sup>2</sup>The total number of projects that received initial IRB approval during the fiscal year

<sup>3</sup>The total number of grant applications that SPARC submitted during the fiscal year, regardless of their approval status. Some submitted grants may have received funding during the fiscal year, some may receive funding next fiscal year, and some may receive no funding.

<sup>4</sup>The total number of new grants that either received money during the fiscal year or are approved for funding in the upcoming fiscal year.

## Summary of New Grant Funding

The ongoing financial support provided by DMH confers SPARC the ability to leverage monies from a variety of other sources in support of research and training. The figure reported below includes the portion of each grant/contract awarded in the 2016 Fiscal Year, not the total funds for life of the grant. The total is inclusive of both direct funds (monies which go directly to the project) and indirect funds (monies that support overhead on the project, the operation of SPARC, the UMass Department of Psychiatry, and the University of Massachusetts Medical School).

Performance Measure	Accomplished in Fiscal Year 2014	Accomplished in Fiscal Year 2015	Accomplished in Fiscal Year 2016
External Funding Obtained	\$4,558,847	\$6,825,040	\$9,839,498

## Summary of Publications

SPARC faculty and staff publish in a variety of different venues. Although the majority of publications appear in peer-reviewed journals, SPARC faculty and staff also publish books, book chapters, monographs, conference papers, and reviews of academic manuscripts.

Performance Measure	Accomplished in Fiscal Year 2014	Accomplished in Fiscal Year 2015	Accomplished in Fiscal Year 2016
Number of papers submitted and accepted for peer review publication	64	76	53

## Summary of Other Dissemination Efforts

SPARC continued to conduct trainings and give presentations at a wide variety of venues throughout Fiscal Year 2016. The following numbers represent the efforts of SPARC to distribute and disseminate information to DMH state and provider clinical workforce as well as consumers and family members.

Performance Measure	Accomplished in Fiscal Year 2014	Accomplished in Fiscal Year 2015	Accomplished in Fiscal Year 2016
Number and types of forums used by SPARC to share information with DMH State and provider clinical workforce, consumers and family members	36	107	65
Number of state and provider workforce members and consumers and family members with whom research information was shared <sup>5</sup>	4,893	4,636	4,537

<sup>5</sup>This represents the number of individuals attending SPARC faculty and staff presentations at conferences and trainings in Massachusetts during FY16. This does not include Massachusetts individuals accessing research information through other SPARC mechanisms (i.e., website, listservs, and social media).

# Appendix A

## New SPARC Funded Research

### Adapting the Open Dialogue Model in the United States

**PI:** Douglas M. Ziedonis, M.D., Ph.D.

**Funding:** Foundation for Excellence in Mental Health Care

**Budget:** \$186,548

**Time Frame:** 5/1/2016-4/30/2018

**Description:** The focus of this work is to provide training and technical assistance to the Emory University/Grady Memorial Hospital team in Atlanta to implement the Open Dialogue Model (OD). Funding for this project will focus on the following components: on-site technical assistance and training in Open Dialogue/Dialogic Practice; implementing Open Dialogue and providing OD services for 20 to 24 families; providing ongoing training and support through long-distance training and online web-based resources; and program evaluation.

### Bridges to Health Information for Individuals with Serious Mental Illness

**PIs:** Elaine Martin, D.A. and Joanne Nicholson, Ph.D.

**Site PI:** Kathleen Biebel, Ph.D.

**Funding:** National Library of Medicine

**Budget:** \$299,794

**Time Frame:** 10/1/2015-9/30/2018

**Description:** The eMental Health Bridges project will promote health literacy by developing, testing, and implementing: eMentalHealth for Me (eMH4me) training modules to provide guidance for individuals with serious mental illness (SMI) on web-based information searching, judging source and site credibility, and interpreting data; and web site prototypes that will serve as a connection to essential physical health information for individuals living with SMI. eMental Health Bridges will embrace user experience and design accommodations required for individuals with SMI to benefit fully from eHealth resources. Over a three-year period, the eMental Health Bridges project team will work closely with individuals with SMI at each stage of the redesign process. Specific aims of eMH Bridges include: making strategic recommendations for eMH web site redesign including the eMH4me training modules and the eMH Bridges prototype; conducting usability testing to develop fully functional web-based training modules and prototypes; and conducting remote testing of the acceptability and feasibility of the eMH4me training modules and eMH Bridges prototypes.

### Community - Engaged Research to Address Deaf Behavioral Health Disparities

**PI:** Melissa Anderson, Ph.D.

**Funding:** University of Massachusetts Medical School

**Budget:** \$5,977

**Time Frame:** 8/1/2015 - 7/31/2016

**Description:** This funding will provide Deaf staffing as part of a community-engaged research effort. Kelly Wolf Craig is a Deaf clinical psychologist who will assist with ongoing research studies and collaborate on grant proposals with Melissa Anderson.

### DMH Western Massachusetts Area Prevention and Recovery from Early Psychosis (PREP West)

**PI:** Mary E. Olson, Ph.D.

**Funding:** ServiceNet, Inc.

**Budget:** \$31,921

**Time Frame:** 7/01/2015 - 6/30/2016

**Description:** An outpatient program dedicated to engaging and supporting individuals experiencing early psychosis, ages 16-30, and their families. The PREP West Program will provide the comprehensive treatment necessary for young adults with psychosis and their families to get back on track in their developmentally appropriate social and role functions. The PREP West Program is open to young adults (16 to 30 years old) with psychosis residing in Massachusetts.

### Effectiveness Trial of Treatment to Reduce Serious Antisocial Behavior in Emerging Adults with Mental Illness

**PI:** Maryann Davis, Ph.D.

**Funding:** National Institutes of Health

**Budget:** \$3,112,067

**Time Frame:** 4/1/2016 - 1/31/2020

**Description:** A randomized controlled trial to test the effectiveness of an integrated, home-based, intensive antisocial behavior, mental health, and substance use intervention for 17-21 year olds with serious mental illness and justice system involvement. The experimental intervention, Multisystemic Therapy for Emerging Adults (MST-EA), is an adaptation of the well-established intervention Multisystemic Therapy that is effective in reducing delinquency in minors. Previous research established that MST-EA is safe for use with 17-21 year olds and had encouraging pilot study findings for reducing recidivism, mental health symptoms, and influence of antisocial peers, and positive engagement in young adult activities of enrolling in school and working. The trial will enroll 240 individuals who will be randomized to MST-EA or Enhanced Treatment as Usual (control group). The control group will receive individualized reviews of services they want/need and facilitated connection to those services, as well as travel vouchers for services. The repeated measures design will track outcomes from baseline to 16 months post baseline. The trial is taking place in the greater New Haven and Hartford Connecticut.

### Let's Talk About Parenting

**PI:** Kathleen Biebel, Ph.D.

**Co-PI:** Joanne Nicholson, Ph.D.

**Funding:** Massachusetts Department of Mental Health

**Budget:** \$75,865

**Time Frame:** 7/1/2015 - 6/30/2016

**Description:** The goal of the this project is to increase the capacity of DMH providers working with adults with mental illness to explore and deal with their clients' experiences, needs and goals as parents, and to improve the quality of service delivery and care for these adults. The original Let's Talk model, developed in Finland, is a brief, evidence-based psychosocial interview protocol and discussion guide to assist providers and their adult clients who are parents to identify and meet the needs of their children, with demonstrated effectiveness in improving children's outcomes. This model will be adapted into Let's Talk About Parenting, a brief interview protocol and discussion guide for adult mental health service providers, focusing on the impact of parenting and family experiences on the adult/parent living with mental illness. While the immediate emphasis is on improved outcomes and recovery for adults, the longer-term goal is, of course, for parents' improved functioning to have broader impact on the well-being and functioning of their children. By helping

parents achieve their recovery goals, the impact will be multiplied to help many more children at risk. Early intervention with parents and children has the potential for lifelong improvements for all family members.

### Mindful Physician Leadership Program

**PI:** Douglas M. Ziedonis, M.D., Ph.D.

**Funding:** The Physician's Foundation

**Budget:** \$150,000

**Time Frame:** 2/15/2016 - 2/14/2018

**Description:** Primary components of the Mindful Physician Leadership Program include a two-day on-site retreat on the practice of mindful leadership, and consultation with Dr. Ziedonis and his colleagues using group discussion guides and personalized coaching. Enabling participants to make and act on the connection between personal effectiveness and the leadership behavior areas will make a positive difference for health care providers and their patients.

### Program In Support of Mothers (PRISM): An Innovative Stepped-Care Approach for Obstetrics and Gynecology Clinics

**PI:** Nancy Byatt, D.O., M.B.A.

**Co-PI's:** Jeroan J Allison, Ph.D., Tiffany A. Moore Simas, M.D., M.P.H.

**Co-I's:** Kathleen Biebel, Ph.D., Linda Weinreb, M.D.

**Funding:** Centers for Disease Control and Prevention

**Budget:** \$2,499,000

**Time Frame:** 9/30/2015 - 9/29/2020

**Description:** The primary goal of this project is to refine, evaluate, and disseminate a new low-cost and sustainable stepped care program for Obstetrics/Gynecology (Ob/Gyn) clinics that will improve perinatal women's depression treatment rates and outcomes. PRISM aims to improve perinatal depression treatment and treatment response rates through: (1) access to immediate resource provision/referrals and psychiatric telephone consultation for Ob/Gyn providers; (2) clinic-specific implementation of stepped care, including training support and toolkits; and, (3) proactive treatment engagement, patient monitoring, and stepped treatment response to depression screening/assessment. PRISM builds on a low-cost and widely disseminated population-based model for delivering psychiatric care in primary care settings developed by our team – MCPAP for Moms. Our pilot work in real-world settings suggests PRISM is feasible and improves depression detection and treatment in Ob/Gyn settings. Because it uses existing infrastructure and resources, PRISM has the potential to be feasible, sustainable and transportable to other practice settings.

### Testing an Organizational Change Model to Address Smoking in Mental Healthcare

**PI:** Douglas M. Ziedonis, M.D., Ph.D.

**Funding:** University of Pennsylvania

**Budget:** \$216,578

**Time Frame:** 3/02/2016 - 2/28/2017

**Description:** The award will support training, consultation, and technical assistance for the Addressing Tobacco Through Organizational Change (ATTOC) intervention provided by Dr. Doug Ziedonis and the ATTOC Consultation Team. Dr. Ziedonis and the ATTOC Team will lead the 9-month intervention at each of the 8 sites, which will include 10 formal training and technical assistance sessions: two in-person, on-site, and 8 via video-conference with staff and agency leaders at each site. Dr. Ziedonis and his team will conduct on-site training and organizational assessments at each of the ATTOC sites, which will include one 4-day

pre-intervention intensive training event with staff and agency leaders, one 2-day post-intervention follow-up session, and an organizational sustainability training event. The UMass team will conduct an environmental scan assessment at each site visit and provide each site with one Carbon Monoxide (CO) meter. The ATTOC team will provide regular phone-based and web-based technical assistance (including monthly phone consultations with agency leaders) throughout the 9-month intervention. The project will support development and maintenance of an interactive website for agency staff to access at each site.

**Translating Evidence to Support Transitions: Improving Outcomes of Youth in Transition with Psychiatric Disabilities by Use and Adoption of Best Practice Transition Planning**

**PIs:** Marsha Ellison, Ph.D., M.S.W. and Kathleen Biebel, Ph.D.

**Funding:** National Institute on Disability, Independent Living, and Rehabilitation Research

**Budget:** \$748,557

**Time Frame:** 9/30/2015 - 9/29/2020

**Description:** The goal of this project is to increase the use and adoption of best practices in planning the transition of high school students to postsecondary employment and/or school enrollment. Our target population is students with Emotional Behavioral Disturbance (EBD) receiving special education services including transition planning. We aim to improve the deplorable postsecondary outcomes for this group of students with disabilities through knowledge translation, testing, and dissemination of NIDILRR-funded research findings. We will develop materials, procedures, and guides for implementing three research informed best practices in high school transition planning. These three practices are: 1) written goals for a concentration of career and technical coursework during high school; 2) student-led transition planning efforts; and 3) representation of adult-serving disability agencies and colleges on transition teams. NIDILRR-funded research has demonstrated the efficacy of these three practices for later employment and school enrollment.

**University of Massachusetts Medical School Child and Trauma Training Center (CTTC), Central MA**

**PI:** Jessica L. Luddy (Griffin), Ph.D.

**Funding:** Lookout Foundation

**Budget:** \$75,000

**Time Frame:** 1/01/2016 - 2/28/2017

**Description:** The mission of the CTTC is to improve the standard of care for children who have experienced trauma by: reducing wait times for treatment for youth and their families; increasing the number of professionals trained in trauma-informed care, trauma-sensitive practices, and trauma-focused treatment; strengthening family engagement and participation in treatment; and most importantly, improving psychosocial outcomes for youth and families. The current priority population of focus for our program has been court-involved youth between the ages 6-18 who have experienced trauma, including underserved populations. Funding from the Lookout Foundation will allow the CTTC to expand our referral services to the Boston and Northern Massachusetts regions. The CTTC has been utilizing wide dissemination of trauma-informed, trauma-sensitive training for professionals (probation officers, pediatricians, law enforcement, courts, public schools, etc.) to assist in identification, screening, and/or assessment of trauma and trauma-related symptoms.

# Appendix B

## SPARC Dissemination Products

### Psychiatry Issue Briefs

- Using Mindfulness for Increasing Provider Capacity to Support Inner City Survivors of Violence
- Implementing Wellness into Mental Health and Addiction Recovery: The Addressing Wellness Through Organizational Change (AWTOC) Approach
- The Recovery Learning Community (RLC) Outcomes Study: Perspectives of RLC Participants
- Using Risk Assessment and Risk-Needs-Responsivity Principles in Juvenile Justice



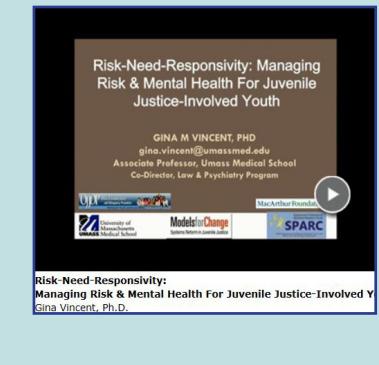
### Research in the Works

- Improving the Outcomes of Transition Age Youth with Psychiatric Disabilities through the Adoption and Use of Best Practice Transition Planning
- eMental Health Bridges Project: A Web Site Development Project to Provide Needed Mental and Physical Health Information to People with Serious Mental Illness
- Let's Talk About Parenting: Recovery for Parents Living with Mental Illnesses
- Signs of Safety: A Deaf-Accessible Toolkit for Trauma and Addiction (includes an American Sign Language video translation)



### SPARC Webinar Series

- Adapting IPS for Young Adults: the Thresholds study featuring Gary Bond, Marsha Ellison, and Vanessa Vorhies Klodnick
- Integrating Recovery-Oriented Practices for Individuals with Co-Occurring Disorders: with Tobacco & Schizophrenia Case Example featuring Doug Ziedonis
- Risk-Need-Responsivity: Managing Risk & Mental Health for Juvenile Justice-Involved Youth featuring Gina M. Vincent
- Supporting the Education of Young Adults with Serious Mental Health Conditions: State of the Science & Practice (Parts 1 & 2) featuring Marsha Ellison, Michelle Mullen, and Kathleen Biebel
- Co-Morbid Autism Spectrum Disorders and Serious Mental Illness featuring Jean Frazier
- Tools for School: College Accommodations for Students with Psychiatric Disabilities featuring Laura DiGalbo



## Transitions Research & Training Center Tip Sheets

- Supplemental Security Income: What Happens to my SSI When I Turn 18 (updated for 2016)

## Transitions Research & Training Center Comeback TV Episodes

- Choosing a School: The Jed Campus Seal
- Therapy Animals: The Types and Your Rights
- Applying for a Job: Where and How (CBTV Employment Part 2)
- Tips for Applying to College
- Dress for Success: What to Wear to Job Interviews
- What is Peer Mentoring?
- Youth on the Road: Young Adults at the Tampa Mental Health Conference
- 2016 Mental Health Awareness Campaign Efforts

**Supplemental Security Income: What Happens to My SSI When I Turn 18?**

**Transitions RTC**      **March 2016**

**Tip Sheet 2**

**Can I keep my SSI?**

• The answer is – it depends on what is in your SSI object. Social Security will review and determine if you meet the criteria for disability benefits as a child.

• You will need to provide medical evidence to prove that you are still disabled.

**Can I work?**

• For over 12 years, local offices will deduct about 1 from your SSI check for each dollar you earn.

• You can keep up to \$1,000 in your SSI check.

• You can keep up to \$1,000 in your SSI check if you are saving money.

• You can keep up to \$1,000 in your SSI check if you are in a training education program.

• You can keep up to \$1,000 in your SSI check if you are in a work trial.

• Local offices will let you earn more for college or training, a compact, and other expenses.

• There are other deductions and programs available to you.

**Are there ways to earn money reflecting my SSI object?**

• You may continue getting your SSI check if you are participating in a vocational rehabilitation or similar program that you are currently participating in at the time you turn 18.

• You may be participating in other programs before Social Security turns you down.

**I turn 18!**

**Additional Resources**

• <http://www.ssa.gov/ssi/pubs/000-10-00000.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00001.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00002.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00003.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00004.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00005.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00006.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00007.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00008.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00009.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00010.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00011.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00012.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00013.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00014.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00015.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00016.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00017.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00018.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00019.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00020.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00021.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00022.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00023.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00024.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00025.pdf>

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• <http://www.ssa.gov/ssi/pubs/000-10-00028.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00029.pdf>

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• <http://www.ssa.gov/ssi/pubs/000-10-00034.pdf>

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• <http://www.ssa.gov/ssi/pubs/000-10-00047.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00048.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00049.pdf>

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• <http://www.ssa.gov/ssi/pubs/000-10-00053.pdf>

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• <http://www.ssa.gov/ssi/pubs/000-10-00058.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00059.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00060.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00061.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00062.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00063.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00064.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00065.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00066.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00067.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00068.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00069.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00070.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00071.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00072.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00073.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00074.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00075.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00076.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00077.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00078.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00079.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00080.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00081.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00082.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00083.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00084.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00085.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00086.pdf>

• <http://www.ssa.gov/ssi/pubs/000-10-00087.pdf>

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# Using Mindfulness for Increasing Provider Capacity to Support Inner City Survivors of Violence

Julianna Andrews, PhD, Stephanie Hartwell, PhD, Carl Fulwiler, MD, PhD, & Jeroan Allison, MD

**M**indfulness is recognized as an evidence-based practice that can improve a person's physical and emotional health and well-being. Practicing mindfulness can help individuals decrease stress, anxiety and emotional attachment to negative events (Kabat-Zinn, 2003). This research project examined the cultural relevance and potential acceptability of mindfulness practices by front-line providers working with a low-income community of color affected by gun homicide.

### Research Partners

The research team was comprised of faculty from the University of Massachusetts Boston, the University of Massachusetts Medical School, and leadership of the Louis D. Brown Peace Institute. The Peace Institute, located in Dorchester, Massachusetts, serves 98% of the families affected by homicides in urban Massachusetts. The Peace Institute provides crisis response training to ease the psychological stress often experienced by front-line providers.

Additional supports provided by the Peace Institute include: a listserv alerting first responders and providers about recent homicides; monthly providers' breakfasts; and events throughout the year to bring groups together and focus on community development to address violence in society.

The Peace Institute's mission is to serve the community by providing education, tools and supports to ease psychological distress brought about by homicide. The Peace Institute is exploring incorporating mindfulness techniques to expand coping options for family members and front-line service providers dealing with gun-related homicides.



### Study Participants and Design

In the Fall of 2014, the Peace Institute staff hosted a series of mindfulness trainings targeting three distinct groups:

1. family members of homicide victims;
2. Peace Institute staff; and,
3. front-line service providers.

All family member participants were mothers who had experienced loss to violence ranging from as recent as 2 weeks to up to 20 years; all identified as non-white. Front-line service providers were counselors who work with families of homicide victims from a variety of agencies in Boston. Working with staff, clients, and a certified mindfulness practitioner, the team restructured the standardized mindfulness training curriculum to accommodate the target audiences. Mindfulness trainings for each group were delivered over three sessions of 2 hours each. At the conclusion of the trainings, the research team conducted focus groups and surveys with each of three groups to assess the impact of the training.

and to learn about how to further adapt mindfulness to better assist and meet the needs of high-risk victims of gun violence, front-line service providers, and first responders.

## Findings to Date

### Family Members of Homicide Victims:

Mothers were emotionally open with their grief and described the difficulty they face daily with tasks such as “breathing,” “silencing their minds,” and their inability to relax. The trainings helped them learn mindful breathing techniques and strategies to channel their grief in peaceful instead of violent ways. They also enjoyed the exercises introduced during the trainings that included mindful eating and yoga. Some mothers noted:

*It helped me to just be there with other mothers with the same type of trauma, it was peaceful. I loved Bonita's voice and the bells. The entire experience was rewarding and helpful.*

*During the past two weeks all I have told myself is to breathe. Even out loud when I needed to though people looked at me like I was crazy, but I was able to do it.*

Family members were positive about the mindfulness training, and were open to committing to further training.

### Front-line Providers:

Half of the front-line providers reported that they used mindfulness techniques for “self-care.” Self-care strategies included meditation, yoga, mindful eating, and working out at the gym. All front-line providers recognized the benefit of practicing mindfulness, and identified the importance of mindfulness in their daily lives. As they described:

*It brings a person into a different stage of calm, takes them out of trauma mode and lets them decompress.*

*It helps gain control over actions and is helpful in focusing.*

While the majority of front-line providers stated they had an interest in mindfulness, they were hesitant to commit to taking a longer training due to time constraints and already feeling overwhelmed with their work.

### Peace Institute Staff:

The Peace Institute staff were very positive about the mindfulness trainings. One suggestion included hosting a mindfulness mini-course as part of their Survivor Leadership Academy, the goal of which is to help survivors try new methods to manage their grief and healing. Peace Institute staff suggested that the curriculum could be altered to include survivors and front-line providers teaching mindfulness to others in a “train the trainer” model. Staff noted that mindfulness is a good alternative to clinical care, which can often re-traumatize survivors if not conducted using trauma-informed techniques. The Peace Institute staff were also concerned that front-line providers often do not prioritize their own self-care. Peace Institute staff noted:

*I learned to take care of me, to be still, to not take stuff home, unplug, when we unplug we are not in control – this is an awareness providers need to have. If you find this hard to do, you cannot expect clients to do it.*

*I'm traumatized from doing this work, taking half the meeting to do mindfulness is hard. My self-care is being with everyone to talk. I want to socialize, that is how it seems like an inconvenience. Only doing it for an hour then back to this intense work. We need to remind them [front-line provider] this is what you are telling your client to do.*

## Future Directions

Although the positive response of family members indicated no major cultural barriers, next steps include revising the content of the mindfulness training to increase cultural relevance based on their feedback, and infusing mindfulness into the Peace Institute's Survivor Leadership Academy and front-line provider's breakfast.

**Research Team:** Stephanie Hartwell, PhD; Carl Fulwiler, MD, PhD, Jeroan Allison, MD; Julianna Andrews, PhD Candidate UMass Boston; Tina Chery, Executive Director of the Louis D Brown Peace Institute; Rachel Rodrigues, Director of Training and Education at the Louis D Brown Peace Institute. **Funder:** Creative Economies Grant, UMass President's Office University of Massachusetts. **Time Frame:** 2014-2015; **Contact:** [Stephanie.Hartwell@umb.edu](mailto:Stephanie.Hartwell@umb.edu)

# Implementing Wellness into Mental Health & Addiction Recovery: The Addressing Wellness Through Organization Change (AWTOC) Approach

Barbara Grimes-Smith, MPH & Douglas M. Ziedonis, MD, MPH

**R**esearch has found that proper nutrition, regular physical activity, smoking cessation and stress management can all have a positive impact on an individual's physical and mental health. There is still a need, however, to help clinicians and staff working with clients with co-morbid mental illness and substance abuse issues to better integrate wellness in their work. In addition to training, there are ways that teams and organizations can change their normative culture to promote wellness and support recovery.

Helping everyone understand the benefits of promoting wellness is a first step. Addressing wellness provides an opportunity to:

- 1. Address health disparities** – People with mental illness and/or substance use disorders are disproportionately affected by preventable health conditions such as cardiovascular disease and cancer, which are directly influenced by tobacco/drug use, poor nutrition, lack of physical activity, stress, and lack of preventive healthcare (Colton & Manderscheid, 2006; National Institute on Drug Abuse, 2015).
- 2. Lengthen lifespan and improve quality of life** - People living with addiction or mental illness are dying decades sooner than the general population due to tobacco use and other changeable problems (Bandiera et al., 2015).
- 3. Promote recovery** – Recovery is an inclusive concept that emphasizes individuals caring for themselves as a whole person (SAMHSA, 2012). Wellness discussions support recovery by empowering individuals to take action that will enhance their overall physical and mental



health. Wellness discussions broadens the conversation between patient and provider from simply mental illness symptom management to promoting overall health, engaging relationships, increasing hope and being present in the moment.

- 4. Support lifestyle changes** - Most people interested in making lifestyle changes can be successful. For example, when looking at tobacco cessation, research has shown that, like other smokers, adults with mental illness who smoke want to quit, can quit, and benefit from smoking cessation treatment (CDC, 2013).

## Addressing Wellness Through Organizational Change (AWTOC)

There are many opportunities for clinicians and leaders in mental health and addiction treatment programs to champion more discussion about wellness and integrate evidence-based treatments that can decrease patient morbidity and mortality. However, many clinicians and staff may not feel trained and prepared to help individuals adequately address wellness goals, to integrate wellness into their routine clinical practice, or to make appropriate referrals to community resources.

To address this service and training gap, the UMass Department of Psychiatry developed the Addressing Wellness Through Organization Change (AWTOC) approach, based upon the

Addressing Problems Through Organizational Change (APTOC) model developed by Douglas Ziedonis, M.D., M.P.H. which has been used previously to address tobacco cessation (Ziedonis et al., 2007).

The goal of AWTOC is to strengthen an organization's capacity to change their culture, make a commitment to change, and implement and sustain new goals and strategies to promote wellness at their agency for everyone. The AWTOC approach provides a way for champions to engage top leaders, create a team that helps develop a change plan, including how to communicate and engage others, train staff, help promote activities for all, and many other practical small steps for changing a culture to promote wellness and recovery.

### **The 10 Steps of AWTOC**

AWTOC is a 3-Phase process consisting of 10 steps. With thoughtfulness and dedication, this intervention can be implemented to allow clinicians and staff to feel better prepared to address their patients' wellness needs and goals.

#### **Phase I: Preparing for the AWTOC Intervention:**

1. Establish a sense of urgency
  - Leadership support
  - Select a champion(s)
  - Make clear why this problem should be addressed/acknowledge the challenge
  - Identify broad goals for enhancing patient care, staff training and wellness, and improving the physical environment to promote wellness
2. Establish a leadership group and prepare for change
3. Assess program readiness via an environmental scan
4. Develop a written change plan with realistic time line
  - Formation of work groups
  - Start with easier system changes
5. Develop a communication plan

#### **Phase II: Implementing the AWTOC Intervention:**

6. Implement patient goals
  - Assessment, treatment planning and treatment/referral to enhance wellness
  - Education/empowerment
7. Implement staff goals
  - Education and training to develop on site resources and expertise
  - Staff wellness
8. Implement environmental goals
  - Making changes that promote a culture of wellness

#### **Phase III: Sustaining Efforts:**

9. Document changes in policies and Standard Operation Procedures – develop policies supporting wellness
10. Support, encourage and sustain change

### **Promising Results from Initial Pilot Projects**

The UMass Department of Psychiatry has recently led two AWTOC pilot projects, with a focus on developing patient, staff and environmental goals to strengthen the wellness supports already in place, and to help the programs to better integrate wellness into their routine work. The UMass Ambulatory Psychiatry Program piloted the AWTOC intervention in July, 2013. Phase I included a needs assessment survey, which determined that most patients, providers, and support staff were in agreement that wellness is an important aspect of mental health treatment. Phase II focused on developing patient brochures to encourage a dialogue between patients and providers about wellness; staff training; and creating a 6-week wellness group curriculum. Preliminary outcomes were measured by a follow-up survey, which showed an increase in patient initiation of wellness conversations with their clinician, and in staff documentation of patients' wellness concerns. A November 2010 AWTOC intervention pilot at the UMass Adult Inpatient Psychiatric Program yielded outcomes including: healthier menu options for patients; increases in patient physical activity; increases in wellness posters, signage and artwork on the unit; and staff training on how to address patient health concerns.

### **Next Steps**

The time is now for agencies to focus on wellness and health promotion for everyone – patients, providers, and staff. System change is critical to the broad-based success of any wellness initiative. This includes having the necessary tools, education, training and resources needed to make these changes. The 10 steps of the AWTOC approach provide a comprehensive methodology to help organizations and programs to change so that they can support patient and staff wellness.

For more information on the Addressing Wellness Through Organization Change approach, and how it could help your agency to address staff and patients' wellness goals, to integrate wellness into your routine clinical practice, or to make appropriate referrals to community resources, please visit the UMass Psychiatry Wellness Initiative website at [www.umassmed.edu/psychiatry/resources/wellness/](http://www.umassmed.edu/psychiatry/resources/wellness/)

# The Recovery Learning Community (RLC) Outcomes Study: Perspectives of RLC Participants

Jonathan Delman, PhD, JD, MPH, Karen Albert, MS, & Lorna Simon, MA

**M**ental health recovery for people diagnosed with serious mental illness (SMI) is a relatively new concept in the field. In the literature, recovery has been discussed as both a process and an outcome. The Substance Abuse and Mental Health Services Administration describes “recovery” as a non-linear “process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2011).

As an outcome, there are various interpretations of “recovery.” On a clinical level, recovery is seen as the reduction or remission of symptoms, and studies have demonstrated that this type of recovery takes place for people diagnosed with SMI (Harding, 1987; Harrow, 2012). Outcomes can also be assessed at a more personal level; as Deegan (1988) notes, recovery is “to live, work, and love in a community in which one makes a significant contribution.” The research shows that personal recovery is itself associated with symptom reduction, fewer psychiatric hospitalizations, and improved residential stability (SAMHSA, 2011).

Recovery Learning Communities (RLCs) are mental health consumer-operated and staffed organizations. They provide regional networks of peer support groups, self-care workshops, and trainings. RLCs offer community-based supports and activities that are frequently outside the traditional mental health system. Massachusetts has six RLCs providing peer support across the state; the RLCs are funded by the Massachusetts Department of Mental Health.

Although peer run programs are considered an evidence-based practice, there is little research



on how participation in RLC activities actually impacts a broad spectrum of recovery outcomes (SAMHSA, 2011). At this time there are no standardized measures that examine recovery outcomes in relation to service use (Cavelti et al., 2012), and while there are some partially validated instruments, they have not been consistently used by mental health programs to assess a person’s personal recovery (Salzer & Brusilovskiy, 2014; Shanks et al., 2013). Barriers to using such instruments include: oftentimes recovery is not a program’s aim (Slade, 2014); lack of awareness and/or training in using such measures; and providers lacking administrative supports to assess consumer perspectives on their recovery.

In our study, researchers at the UMass Medical School Systems and Psychosocial Advances Research Center (SPARC) worked with peer and state mental health stakeholders to develop

a mixed-methods survey to assess individuals' personal, health, and life outcomes in relation to RLC participation. The survey contained four sections that assessed:

- Participant demographics (8 items);
- Types and levels of RLC participation (4 items);
- Personal recovery outcomes (12 items); and
- Life and health outcomes (19 yes/no questions).

The 12 item personal recovery outcomes section focused on the three RLC domains: Recovery, Learning, and Community. The survey was completed in either paper format or on-line.

Individuals were eligible for this study if they were over 18 years of age and had participated in RLC activities in the previous six months. Two hundred and sixty-three (263) eligible individuals completed surveys between November, 2013 and February, 2014. The large majority of participants were white/Caucasian, and slightly more than half were female. Most participants had engaged in RLC activities at least once per week for over six months.

## Findings

Participants reported the highest levels of personal recovery gains with respect to their becoming more hopeful about their future, developing a better understanding of what recovery means to them, and becoming aware of their right to be treated with dignity and respect. Almost all participants reported that being involved in RLC activities had contributed to their overall recovery in some way, and about three-quarters reported that RLC participation had led to a meaningful improvement in overall recovery. An overall personal recovery score was developed based on an average of the 12 personal recovery outcomes responses/scores. Correlational and chi-square analyses demonstrated that intensity of participation and use of a variety of groups and activities had a statistically significant relationship to improved overall recovery.

A large majority of respondents reported a variety of positive life and health improvements since participating at a RLC. The most frequently cited outcomes were:

- New and deeper friendships
- Reduced use of emergency rooms and hospitals
- Development of crisis action plans

- Increased capacity to successfully manage stress
- Increased comfort in social settings
- Started thinking about looking for a job

A majority of participants attributed these life and health improvements directly to RLC participation. According to participants, the primary ways in which RLCs helped them were through:

- Peer support and encouragement
- A non-judgmental and relaxed approach
- Skill development (e.g., computer use, job search)
- Direct support to develop crisis management plans (e.g., Wellness Recovery Action Plan (WRAP))

These research results have limitations. First, a cross-sectional survey of this nature captures only point-in-time information about participants, and does not document longitudinal outcomes. Second, while significant correlations among variables can be identified, the cause/effect of the relationships is unknown. Third, the sample is one of convenience, with limited generalizability - at best it is limited to the demographic and participation profile of those surveyed.

This study served as an important first step in measuring personal recovery in relation to RLC attendance. The development of the mixed-methods survey is a significant contribution to the field of recovery research and provides a launching point for RLC programs to begin to measure their effect on personal recovery.

Further research to better understand how RLC participants make psychosocial gains and achieve recovery would advance the field. This includes qualitative studies to learn how specific elements of RLCs impact key outcomes, and longitudinal studies to identify the steps and stages of recovery in relation to RLC participation.

The RLC model is a unique approach to facilitating personal self-efficacy, wellness and recovery. It provides valuable options not traditionally offered within clinical health systems. Learn more about the RLC Outcomes study here:

<http://www.umassmed.edu/PageFiles/40769/Recovery%20Learning%20Community%20Outcomes%20Study%202012.2.pdf>

**Research Team:** Jonathan Delman, PhD, MPH; Karen Albert, MS; Lorna Simon, MA; **Funder:** Massachusetts Department of Mental Health; **Time Frame:** 2012-2014; **Contact:** Jonathan.Delman@umassmed.edu



# Psychiatry Issue Brief



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## Using Risk Assessment and Risk-Needs-Responsivity Principles in Juvenile Justice

Gina M. Vincent, PhD

There is an emerging consensus in the juvenile justice field that punitive sanctions alone do not have a significant effect on reducing juvenile reoffending (Gatti et al., 2009). In fact, research has found that with some youths, any exposure to the juvenile justice system (e.g. community service or probation) can actually increase their chances of offending again (Models for Change Research Initiative, 2011). It has also been found that the severity of the first offense is not a significant indicator of future patterns of offending (Mulvey et al., 2010), and that the majority of low-risk youth are unlikely to reoffend even with little to no intervention (Lipsey, 2009). Given the high cost of confinement of juvenile offenders, it would benefit both juveniles and juvenile justice agencies to sort juvenile offenders by risk, to divert low risk offenders away from the juvenile justice system as often as possible, and to focus on services to high risk offenders.

Sorting juvenile offenders by risk requires valid risk assessment instruments, critical tools for facilitating matching the right services to the right youth at the right time. Juvenile justice systems need to consider risk in conjunction with juveniles' mental health, to ensure that appropriate services are provided. However, such problems should not be treated in isolation; they must be treated along with the other risk factors.

### Risk Assessment Tools

Validated and comprehensive risk assessment tools can assess a youth's likelihood to reoffend, and suggest a proper level of intervention specifically tailored for that individual. Probation officers and other non-clinicians who use these tools must be well-trained in their use. There are different risk assessment tools available, many of which have demonstrated a reasonable level of accuracy in determining a youth's risk to reoffend. A validated risk assessment can *guide intervention planning* by determining what areas of the youth's life can be changed in order to reduce the likelihood of reoffending. In addition, risk assessment can offer a *standardized method of important*



*data collection* to plan resource allocation and chart the overall progress of the youths.

A risk assessment tool is designed to help answer two questions:

- Is this individual at a relatively low or relatively high risk for reoffending or engaging in violent behavior?
- What risk factors are most likely to be driving this individual's offending or violent behavior?

A **risk factor** is anything that increases the chance that an individual will reoffend. There are two types of risk factors that are used to measure risk — *static risk factors* that do not change and *dynamic risk factors* (often referred to as a youth's criminogenic needs), which can change and be targets for intervention. Both types of risk factors must be measured to accurately assess a youth's risk for reoffending.

Lipsey and Derzon (1998) offer some examples of *static* risk factors:

- violent behavior initiated at an early age;
- first offense or contact with the law at an early age;
- first substance use documented at an early age;
- history of violence and aggression/delinquent activity (frequency and severity); and
- current or past parental/familial criminal activity.

Dynamic risk factors include:

- antisocial attitudes/orientation (e.g., aggressive behavior, callousness);
- disruptive behavior problems/personality traits;
- family dynamics/parenting (e.g., poor parental management);
- history of and/or a current substance abuse problem;
- poor school achievement; and
- negative peer associations.

Protective factors can buffer some risk factors, and are important to encourage an approach focused on strengths as well as risk. A protective factor must be at an above average or extraordinary level to be considered a buffer to risk. Protective factors include, but are not limited to:

- easy temperament;
- highly supportive social supports; and
- strong commitment to education (Turner et al., 2007).

Risk assessment instruments are important for identifying individuals who are most versus least likely to commit new delinquent offense or general violent acts. These instruments are not designed to:

- tell the user exactly what course of action should be taken (this requires training about how to use risk assessment information);
- identify risk for sexual reoffending (which requires special sex offense-risk assessment instruments);
- provide assessment of mental health;
- dictate legal decisions; and
- identify those who are unlikely to appear for court, unless the instrument was designed for this purpose (Vincent et al., 2012b).

### **Risk-Needs-Responsivity (RNR) Principles**

Adoption of a risk assessment tool is unlikely to make much difference in the handling of young offenders unless it is paired with a case management approach that guides how the risk assessment should be used in case processing. Risk-Needs-Responsivity (RNR) is a well-tested case management approach that, if implemented well, can lead to better outcomes for individuals involved in the justice system (Andrews & Bonta, 2010). The RNR approach suggests that any formal processing and case management of youth should be commensurate with a youth's level of risk for reoffending and should address the youth's specific dynamic risk factors. The basic RNR principles are:

- risk: match the intensity of the interventions to the risk level;

- need: identify treatments that target the individual's specific criminogenic needs (dynamic risk factors); and
- responsivity: select services that address the youth's unique characteristics (e.g., lack of fluency in English, a learning disability, readiness for change, or a mental illness) that may affect responsiveness to treatment.

Responsivity factors are usually non-criminogenic needs that would not be appropriate to include in a total risk score, but are important to consider for intervention planning. Responsivity factors are personal characteristics of a youth and of his/her individual circumstances that positively or negatively impact the youth's ability and motivation to engage in certain interventions.

The use of professional discretion is also a vital part of RNR because after the probation officer has reviewed the risk, needs, and responsivity considerations as they apply to a particular youth, it is sometimes appropriate for decisions about case planning to be made on the basis of good professional judgments, not merely "scores." Youth risk and needs must be weighed alongside legal, ethical, humanitarian, cost-efficiency, and service availability factors. When services are matched to a youth's level of risk, the youth's chance of reoffending is lower (Vieira et al., 2009; Peterson-Badali et al., 2015).

Implementing risk assessment with RNR principles can conserve resources for juvenile justice systems and improve outcomes for youth while still protecting public safety. However, the impact of risk assessment will ultimately be based on how well it is implemented and a site's individual characteristics (Vincent et al., 2012a). Quality implementation, quality assurance, and buy-in from stakeholders are all crucial to successfully implement risk assessment tools and principles in juvenile systems settings.



## Improving the Outcomes of Transition Age Youth with Psychiatric Disabilities through the Adoption and Use of Best Practice Transition Planning



Improving the educational attainment and outcomes for youth with emotional and behavioral disturbances (EBD) should be a high priority goal for policy makers, school systems, and researchers. Students with EBD drop out of high school more than any other group of students with disabilities.<sup>1-2</sup> A truncated education is correlated with lower wages, lower employment rates, and poorer health.<sup>3-5</sup> Youth with EBD also participate in postsecondary education less frequently and have lower rates of post-school employment than many other categories of students with disabilities.<sup>6-9</sup> Research has shown that the poor outcomes experienced by this vulnerable group are worsened by the lack of best practice transition planning for students with EBD as they move to postsecondary life. Transition planning is where goals and services are outlined for students with EBD enrolled in special education as part of an Individualized Education Program.

### **Project Goal and Outcomes:**

The goal of the newly funded Translating Evidence to Support Transitions (TEST) grant is to increase the use and adoption of research-based best practices in transition planning services for high school students with EBD receiving special education services. TEST outcomes include the development of guides and curricula for practicing and implementing best practices in transition planning. All TEST activities will be built on an implementation science framework to promote the integration of research evidence into transition planning practices.<sup>10-11</sup> TEST will be guided by knowledge translation principles to ensure that findings will reach the individuals and organizations that can put the guides and curricula into practice.<sup>12-13</sup> Over the five year project timeline, data and feedback will be collected at each step in order to continually improve TEST materials.

### **Project Activities Include:**

1. Developing research-informed materials and procedures for use by transition planning teams that are tailored to students with EBD;
2. Pilot-testing procedures and materials, in partnership with implementation teams, in a South Carolina school district to develop and finalize TEST procedures and materials;
3. Providing implementation support and technical assistance to transition teams in one state, to be determined, which will result in a TEST implementation guide;
4. Presenting TEST best practices and implementation guides and curricula at a national capacity building institute for high school special education transition planning teams; and
5. Disseminating TEST materials nationally.

### **Project Personnel:**

UMMS project personnel include Marsha Ellison, PhD (PI); Kathleen Biebel, PhD (Co-PI); Sloan Huckabee, PhD, Lauren Davis, BS, and Laura Golden, BA. Project partners include the American Institutes for Research (AIR), the National Technical Assistance Center on Transition (NTACT), and SRI International.

TEST is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR; grant number 90DP0080-01-00). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this Research in the Works publication do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.



# Research in the Works



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A Massachusetts Department of Mental Health Research Center of Excellence



## eMental Health Bridges Project: A Web Site Development Project to Provide Needed Mental and Physical Health Information to People with Serious Mental Illness

Individuals with serious mental illness (SMI) die 25 years earlier, on average, than the general population and are designated a health disparity population (Parks, Svendsen, Singer, & Foti, 2006). While the Internet provides exciting opportunities to support person-centered health care, web-based resources may convey barriers in terms of design and usability for this vulnerable population and, consequently, may contribute to even greater health disparities for individuals with SMI (Cohen & Adams, 2011; Nicholson & Rotondi, 2010; Swan, 2009). Many individuals with disabilities or chronic illness, including SMI, who use the Internet as a source of information report feeling frustrated, overwhelmed, or confused (Fox, 2007). As eHealth information resources embrace innovation and interactivity, and require increasingly more complex skills, individuals with SMI may become even more disenfranchised and disaffected (Chan & Kaufman, 2011). Web design accommodations for this population have been recommended, but not generally applied (Rotondi, Eack, Hanusa, Spring, & Haas, 2013). Barriers to the effective use of eHealth information by individuals with SMI must be overcome to promote health literacy, reduce health disparities and improve health outcomes (Nicholson & Rotondi, 2010).

In October 2015, the University of Massachusetts Medical School (UMMS) was awarded grant funding from the National Library of Medicine to transform the existing UMMS eMentalHealth web site into a dynamic, interactive, wide-reaching eHealth resource for individuals with SMI. The eMental Health Bridges project will promote health literacy by developing, testing, and implementing: 1) eMH4me training modules to provide guidance for individuals with SMI on web-based information



searching, judging source and site credibility, and interpreting data; and 2) web site prototypes that will serve as a connection to essential physical health information for individuals living with SMI. eMental Health Bridges will embrace user experience and design accommodations required for individuals with SMI to benefit fully from eHealth resources.

Over a three-year period, the eMental Health Bridges project team will work closely with individuals with SMI at each stage of the redesign process. Specific aims of eMH Bridges include:

1. Making strategic recommendations for eMH web site redesign including the eMH4me training modules and the eMH Bridges prototype;
2. Conducting usability testing to develop fully functional web-based training modules and prototypes; and
3. Conducting remote testing of the acceptability and feasibility of the eMH4me training modules and eMH Bridges prototypes.

*The multidisciplinary project team includes: Elaine Martin, DA (M/PI - UMMS/Lamar Soutter Library); Joanne Nicholson, PhD (M/PI - Dartmouth Psychiatric Rehabilitation Center/Geisel School of Medicine); Kathleen Biebel, PhD (Co-I - UMMS/Systems and Psychosocial Advances Research Center); Len Levin, MS-LIS, MA (Co-I - UMMS/Lamar Soutter Library); Zlatina Kostova, PhD (RC - UMMS/Department of Psychiatry). Design consultation will be provided by Scott Ahrens, MFA, Professor of Design at UMass Dartmouth and his design students. Mental health service consumers will be actively involved in providing input into the redesign as well as testing prototype components.*



# Research in the Works



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A Massachusetts Department of Mental Health Research Center of Excellence



## Let's Talk About Parenting Recovery for Parents Living with Mental Illnesses

The majority of adults in the US living with mental illnesses are parents. Many of these individuals have serious mental illnesses (SMI) and receive public sector aid and services. Research has shown that the children of parents with mental health issues are at a much higher risk of developing mental health conditions themselves. Treatment plans for individuals who are parents must take into account their expectations for parenthood, and roles and responsibilities as parents, or a full recovery cannot be achieved. However, service providers often express concern that they are not prepared to work with clients who are parents, feeling they lack the necessary tools and skills to identify and meet their needs.

*Let's Talk About Parenting* (LTP) supports providers to explore the experiences and impact of parenthood and family life on adult clients and to identify their goals and needs, keeping parenthood and family life in mind. LTP is an adaptation of the Finnish Let's Talk model, an evidence-based psychosocial intervention to assist adult clients/parents with mental illness to identify and meet the needs of their children. The goals of LTP are to:

- Increase the capacity of providers working with adults to explore and deal with their clients' parenting and family experiences, and factor these into their treatment and recovery plans;
- Improve proximal outcomes for parents with mental illnesses by promoting hope and the treatment alliance, enhancing parenting self-efficacy, and reducing parenting stress; and
- Contribute to longer-term positive outcomes for both parents and children.



The goal of LTP is improved outcomes (e.g. enhanced well-being and increased functioning) for the adult parents. The longer-term goal is to have a positive impact on the parents' children. Early intervention with parents and, therefore, prevention or earlier intervention for children, have the potential for lifelong improvements for all involved.

Initial activities of the LTP project include:

- Identifying federal, state and local needs and barriers to determine the fit of the LTP model in Massachusetts;
- Surveying state mental health authorities to examine national-level responses to the issue;
- Adapting the LTP intervention guide for use by providers;
- Presenting LTP recommendations to key Massachusetts DMH/EOHHS stakeholders; and
- Partnering with implementation stakeholders including providers, parents, and DMH/EOHHS representatives throughout LTP activities.

*LTP is a collaboration between investigators at the UMass Medical School Systems and Psychosocial Advances Research Center (Kathleen Biebel, PhD), the Dartmouth Psychiatric Research Center (Joanne Nicholson, PhD), and the MA Department of Mental Health Children's Behavioral Health Knowledge Center (Kelly English, PhD, LICSW; Margaret Guyer-Deason, PhD; Sandra Wixted, MA). This project is funded by the MA Department of Mental Health Children's Behavioral Health Knowledge Center.*

This is a product of Psychiatry Information in Brief. An electronic copy of this issue with full references can be found at  
<http://escholarship.umassmed.edu/pib/vol13/iss3/1>



# Research in the Works



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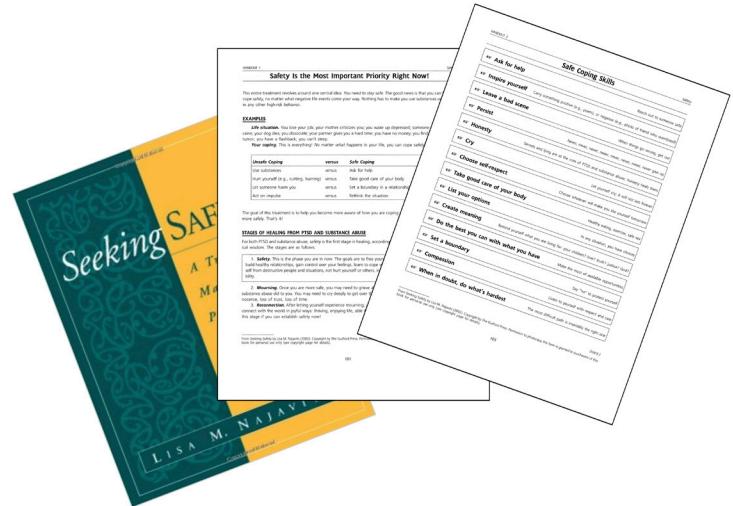


## SIGNS OF SAFETY: A DEAF-ACCESSIBLE TOOLKIT FOR TRAUMA AND ADDICTION

The Deaf community - a minority group of 500,000 Americans who communicate using American Sign Language (ASL)<sup>1</sup> - experiences trauma and addiction at rates *double* to the general population.<sup>2-9</sup> Although there are validated treatments for this common comorbidity in hearing populations,<sup>10</sup> there are no evidence-based treatments that have been evaluated to treat trauma, addiction, or other behavioral health conditions among Deaf people.<sup>11, 12</sup>

Current evidence-based trauma and addiction treatments developed for hearing populations fail to meet the needs of Deaf clients.<sup>11</sup> One example is *Seeking Safety*, a well-validated, NIDA-funded therapeutic intervention used to treat people recovering from trauma and addiction.<sup>13, 14</sup> *Seeking Safety* is a counseling model that addresses a client's trauma and addiction issues without causing retraumatization.<sup>14</sup> It is a safe and effective intervention that includes a therapist guide and client handouts for 25 individual or group sessions, each teaching clients a safe coping skill (e.g., "Asking for Help," "Coping with Triggers").<sup>13</sup> For additional information about *Seeking Safety*, please visit [www.seekingsafety.org](http://www.seekingsafety.org)

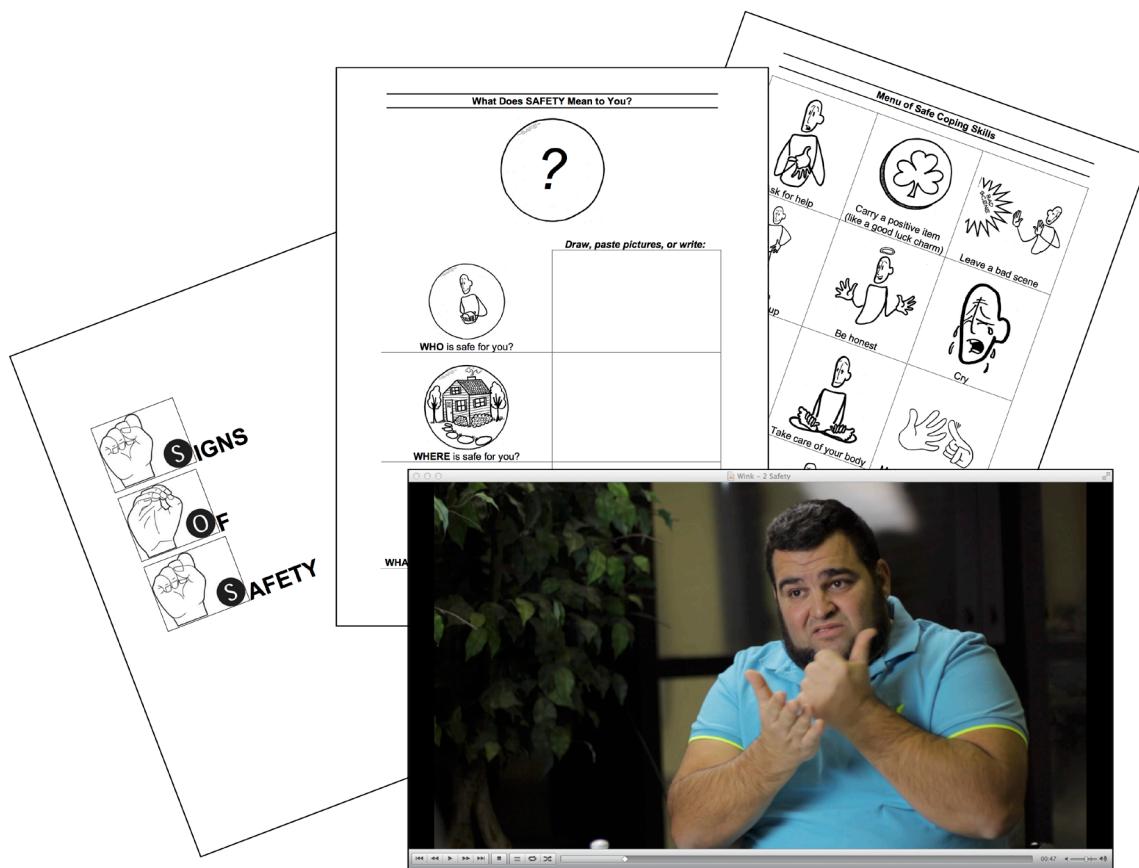
Attempts to use *Seeking Safety* with Deaf clients exposed unique barriers that resulted in less effective treatment in this population. One barrier is the use of written English materials instead of materials presented in ASL. Deaf people often have lower English literacy levels than hearing people;<sup>15</sup> therefore, an intervention heavily based on the written word presents a challenge to Deaf clients. Another barrier is the use of treatment materials that are not inclusive of Deaf culture and social norms, nor sensitive to Deaf people's history of oppression by hearing people.<sup>16-18</sup> For example, most hearing



Seeking Safety therapist guide & client handouts from Session 2: "Safety"

individuals view deafness as an *impairment* that needs to be *fixed*. Conversely, most Deaf people do not view themselves as impaired, but as members of a rich culture with shared experience, history, art, and literature.<sup>18-20</sup>

To address these barriers, researchers at the University of Massachusetts Medical School's Systems and Psychosocial Advances Research Center (SPARC) assembled a team of Deaf and hearing researchers, clinicians, filmmakers, actors, artists, and Deaf people in recovery to develop *Signs of Safety* - a population-specific client toolkit and therapist companion guide that supplements *Seeking Safety*. The client toolkit includes visual handouts, which present information using plain text and visual aids created by a Deaf artist. It also contains ASL teaching stories on digital video using Deaf actors, which present key learning points via an *educational soap opera*. The therapist companion guide offers tips to adapt *Seeking Safety* for Deaf clients, including vocabulary for ASL translation and helpful tips for working with Deaf clients. It also educates the therapist about how the 25 safe coping skill topics in *Seeking Safety* interact with Deaf experience and culture.



Signs of Safety therapist guide, visual handouts and screenshot of ASL teaching story from Session 2: "Safety"

*Signs of Safety* is built on recommended principles for creating Deaf-accessible interventions that include:<sup>21</sup>

1. Adaptations for language, including the simplification and avoidance of English-based materials, and the use of visual and pictorial aids;
2. Attention to gaps in health literacy;
3. Reliance upon storytelling and visual metaphors;
4. Teaching concepts through examples;
5. The use of active treatment strategies, like role playing and therapeutic activities, as a basis for generating discussions and insights; and
6. Creative uses of technology.

SPARC researchers are currently leading a pilot study of *Signs of Safety*, in which participants receive a proven therapy (*Seeking Safety*) supplemented by the experimental *Signs of Safety*. Data are being collected on key aspects of feasibility (e.g., attendance, retention, rate of enrollment, fidelity, and assessment procedures); participant satisfaction; and clinical outcomes (e.g., PTSD symptoms, substance use disorder symptoms, and coping efficacy). Preliminary findings show that participants are reporting symptom reduction from baseline to follow-up and high levels of satisfaction with the model. These encouraging results suggest that further exploration of this line of research is warranted. Future research efforts, which include a goal of randomized clinical trials, will be informed by the rich participant feedback received on strategies to further improve *Signs of Safety* materials for a professional-quality second iteration.

The contents of this document are also available in video using American Sign Language (ASL) at <https://www.youtube.com/watch?v=IYslZHtHbhU>

**Study/project Team:** Melissa L. Anderson, PhD (PI); Kelly S. Wolf Craig, PhD (Co-I); Allison Sones (RA); **Grants/Funder:** Research reported in this publication was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under awards number KL2-TR000160 and KL2-TR001455. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

Visit the Systems and Psychosocial Advances Research Center (SPARC) at [www.umassmed.edu/sparc](http://www.umassmed.edu/sparc)

# SEEKING SAFETY SESSION

## *Written English Handouts*

SESSION #	Check-in and Check-Out
<b>CHECK-IN</b> Since your last session . . . <ol style="list-style-type: none"> <li>1. How are you <b>feeling</b>?</li> <li>2. What <b>good coping</b> have you done?</li> <li>3. Any <b>substance use</b> or other <b>unsafe behavior</b>?</li> <li>4. Did you complete your <b>commitment</b>?</li> <li>5. <b>Community resource</b> update?</li> </ol>	
<b>CHECK-OUT</b> <ol style="list-style-type: none"> <li>1. <b>Name one thing</b> you got out of today's session (and any problems with the session).</li> <li>2. What is your new <b>commitment</b>?</li> <li>3. What <b>community resource</b> will you call?</li> </ol>	

# **SIGNS OF SAFETY SESSION**

## Visual Handouts

Check-in	
1	
	How are you <b>feeling</b> ?
2	
	Since last session, what good coping have you done?
3	
	Any drug or alcohol use, or other unsafe behavior?
4	
	Did you complete your commitment?
5	
	Did you contact any community resources?

## 1. Check-In (5 min.)

*Clients report on five questions about how they are doing since the last session.*

## 2. The Quotation (2 min.)

*Clients identify the main point of an inspirational quotation. The therapist links it to the session topic.*



## ASL Teaching Stories

### **3. Relate the Topic to Clients' Lives**

*Clients read through the session handouts, or watch the 5-minute ASL Teaching Story. The therapist and client then relate the material to current and specific problems in clients' lives and offer intensive rehearsal of the material.*



Ways of Self-Caring Skills		
		
Give yourself a hug.	Carry a positive self affirmation.	Leave a nice note.
		
Ask for support.	Be honest.	Or
		
Smile yourself.	Take care of your body.	Make time for options.
		
Remember what you are using to help you.	Do the best you can.	Find a shoulder to cry on.

## Visual Handouts

<p><b>CHECK-IN</b></p> <p>Since your last session . . .</p> <ol style="list-style-type: none"> <li>1. How are you <b>feeling</b>?</li> <li>2. What <b>good coping</b> have you done?</li> <li>3. Any <b>substance use</b> or other <b>unsafe behavior</b>?</li> <li>4. Did you complete your <b>commitment</b>?</li> <li>5. <b>Community resource</b> update?</li> </ol> <p><b>CHECK-OUT</b></p> <ol style="list-style-type: none"> <li>1. <b>Name one thing</b> you got out of today's session (and any problems with the session).</li> <li>2. What is your <b>new commitment</b>?</li> <li>3. What <b>community resource</b> will you call?</li> </ol>	<p><b>Check-in and Check-Out</b></p> <hr/>
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## 4. Check Out (5 min.)

*Clients answer three questions to reinforce their progress and give the therapist feedback.*

Check-Out	
1	 <p>What did you learn from today's session?</p>
2	 <p>Did you have any <b>problems</b> with the session?</p>
3	 <p>What is your new <b>commitment</b>?</p>
4	 <p>PLAY CALL NAME OF RESOURCE</p> <p>What <b>community resource</b> will you contact?</p>



# Supplemental Security Income: What Happens to My SSI When I Turn 18?

Tip Sheet 3

Transitions RTC

Revised March 2016

*Can I keep  
my SSI?*

- The answer is – it depends; you need to re-apply
- Social Security will complete an age 18 disability review and determine if you meet the criteria for disability benefits as an adult
- Since you are not a child anymore, you will need medical evidence to prove that you are disabled as an adult

*Can I  
work?*

- Yes, you can work
- For every \$2 you earn, Social Security will deduct about \$1 from your SSI check
- If you earn enough so that there is no money left to deduct from your SSI check, you may still be able to keep your Medicaid (depending on how much you earn)

*Are there  
ways to earn  
money without  
reducing my  
SSI check?*

- Yes, Social Security has other ways to help you keep more of your SSI check if you are earning money
- If you are under age 22 and regularly attending school or enrolled in a training/education program, Social Security will not count up to \$1,850 of earnings per month (up to \$7,180 per year) before deducting from your benefit check (Student Earned Income Exclusion).
- Social Security will let you save money for college or training, a computer, and other expenses by helping you write a Plan to Achieve Self Support (PASS Plan)
- There are other deductions and programs to help you, too

*What if Social  
Security turns  
me down when  
I turn 18?*

- Appeal your case
- You may continue getting your SSI check if:
  - Social Security has approved of your participation in a vocational rehabilitation or similar program
  - You have told Social Security that you are currently participating in an Individualized Education Program (IEP)
- You must be participating in these programs before Social Security turns you down and at least 2 months afterwards

For help, contact the Work Incentives Planning & Assistance (WIPA) Program in your state. Contact information can be found on the Social Security website by clicking on the Service Provider Directory link at: <https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate>

## Additional Resources

Understanding Supplemental Security Income SSI Work Incentives -- 2015 Edition: <https://www.ssa.gov/ssi/textwork-ussi.htm>

The Redbook - A guide to Work Incentives: <https://www.socialsecurity.gov/redbook/>

SSI booklet (PDF): <https://socialsecurity.gov/pubs/EN-05-11000.pdf> Ticket to Work Site: <https://www.socialsecurity.gov/work>



Visit Transitions RTC online at [www.umassmed.edu/transitionsRTC](http://www.umassmed.edu/transitionsRTC)

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This publication can be made available in alternative formats upon request through [TransitionsRTC@umassmed.edu](mailto:TransitionsRTC@umassmed.edu)

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The Transitions RTC is part of the Systems & Psychosocial Advances Research Center (SPARC)  
A Massachusetts Department of Mental Health Research Center of Excellence



# Appendix C

## New SPARC Publications

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# Appendix D

## New SPARC Faculty and Staff

### New SPARC Faculty

**Dr. Nancy Byatt D.O., M.S., M.B.A., F.A.P.M**, is an Associate Professor at the UMass Medical School and a perinatal psychiatrist focused on improving health care systems to promote maternal mental health. Her research focuses on developing innovative ways to improve the implementation and adoption of evidence-based depression treatment for pregnant and postpartum women. She has a Career Development Award that funds her research to help women access and engage in perinatal depression treatment in obstetric settings. She has also received federal funding from the Center for Disease Control and Prevention to test an intensive, low-cost program that aims to ensure that pregnant and postpartum women with depression receive optimal treatment. Her academic achievements have led to numerous peer-reviewed publications and national awards. She is also the Founding and Statewide Medical Director of MCPAP for Moms, a statewide program that addresses perinatal depression in Massachusetts by providing mental health consultation and care coordination for medical providers serving pregnant and postpartum women.



**Bei Chang, Ph.D.** is Associate Professor the UMass Medical School. Prior to joining UMass, she was a faculty at the Boston University School of Public Health. She has also been involved in VA health services research for 15 years in the role of principal investigator and co-investigator/statistician. She has extensive experience in diverse areas of health related research that entail various types of projects including randomized control trials, observational studies and health services research. These projects have given her the opportunity to collaborate with multidisciplinary researchers including clinicians (e.g., physicians, nurses, acupuncturists, and psychologists), sociologists, epidemiologists, economists, bioinformaticians, and statisticians. The particular research interest of Dr. Chang is in the area of mind and body medicine. She has conducted several federally funded (NIH, VA, and DoD) projects in complementary and alternative medicine and has initiated innovative research in studying the effect of combining relaxation response and acupuncture in patient care. She has also conducted research about spiritual care for veterans who are at the end of life.



**William J. McIlvane, Ph.D.** directs a broad research program that addresses a variety of scientific problems relevant to understanding and perhaps correcting behavior deficits of persons with neurodevelopmental disabilities. One area of deficit, for example, is in symbolic behaviors involved in communication (speaking, listening, reading, writing, etc.). One focus of his program is development of methods to encourage progressively more rapid learning of symbolic behaviors. Another is to adapt behavioral neuroscience methods - including animal modeling - to further understanding of brain processes involved in symbolic behavior.

A second focus of Dr. McIlvane's program is to develop valid nonverbal neuropsychological testing methods for use with individuals and populations that do not understand verbal instructions. Methods developed in this aspect of his research have been adapted to further understanding of the behavioral profiles associated with disorders such as autism, depression, and neurotoxicant exposure. In addition, Dr. McIlvane's program has a strong research-to-practice emphasis. For example, methods emerging from laboratory research are being used to teach practical skills in regular and special education classrooms in both the United States and in Brazil. Dr. McIlvane has long been involved in programs offering pre- and post-doctoral training within his areas of interest. He is also a mentor to junior faculty in developing productive, competitive programs of research.



## New SPARC Staff



**Linda Brenckle, M.S., R.D., P.M.P.** is a Research Project Director for SPARC. Linda leads the operational aspects of the Program In Support of Moms (PRISM) Research Study. Linda's career has focused on improving the lives of women and children; in the early days through improving their nutritional status and most recently through research. Linda worked as a Nutritionist at the Delaware Division of Public Health for 20 years in various programs including WIC, Early Intervention, and pregnancy and addiction intervention research. Prior to joining SPARC she worked as a Clinical Engagement Specialist for the Provider-Based Sampling substudy of the National Children's Study and as Program Director for the Parental Mental Health sub-study of the National Children's Study. Currently, Linda's research interests include maternal and child health community-based research, child development, and pediatric nutrition.

**Padma Sankarian, M.A.**, is a Research Coordinator I at the SPARC. Her research interests include: Clinical and community-based research with regard to mental health, research ethics & regulatory affairs, neuro cognition, nutrition & brain development and alternative non-medication based therapeutic interventions. Padma is part of the PRISM study team. She has a Master's degree in Psychology and has worked in the field of addiction before getting into research. Through these research projects she has developed data management skills and has used varied statistical software's like SPSS, SAS and REDCap. She has been involved in all regulatory aspects of the projects due to her interest in research ethics.



**Bernadette Shaw, M.P.H.**, is a Research Project Director at the Transitions RTC. Bernadette currently works on the NIH-funded Effectiveness Trial of Treatment to Reduce Serious Antisocial Behavior in Emerging Adults with Mental Illness. Before coming to UMass Medical School, Bernadette worked for almost ten years as Clinic Manager at the well-known Framingham Heart Study (FHS) funded by NIH's National Heart, Lung and Blood Institute, and in collaboration with Boston University School of Medicine and School of Public Health. Bernadette began her career at UMass working for Neurology in the MS department. During this time, she conducted a number of clinical drug trials as well as observational studies with MS patients. Bernadette also worked in Orthopedics conducting a national knee and joint replacement study. Prior to coming to Psychiatry, Bernadette worked at UMass's Clinical Trials Unit supporting the campus as a Regulatory Specialist. Bernadette's research interests include transitional age youth and young adults, longitudinal studies, public health with regard to policy and prevention, research ethics, understanding informed consent and protecting human subjects, Internal Review Boards and regulations, and clinical trials.

