



# Communiqué

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OKLAHOMA CITY

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## Acceptance and Commitment Therapy

By Vince Roca, Ph.D.

Central Arkansas Veterans Healthcare System  
President, the Association for Contextual Behavioral Science's (ACBS)  
VA ACT Special Interest Group  
ACT Trainer, ACBS  
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Acceptance and commitment therapy (ACT) is one of the evidence-based psychotherapies for depression supported by the Department of Veteran Affairs. The United States Substance Abuse and Mental Health Services Administration lists ACT as an empirically supported method in its National Registry of Evidence-based Programs and Practices (NREPP, 2011). The four areas listed as treatable by ACT include obsessive-compulsive disorder, depression, rehospitalization and general mental health. Furthermore, Division 12 of the American Psychological Association lists ACT as an evidenced-based psychotherapy for depression. This is quite an accomplishment for a therapy

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## Retreat to Move Forward: The June 2011 SC MIRECC CBOC Retreat

By Ashley McDaniel, M.A.

In the midst of the first rain drought-riddled Houston received in months, the South Central MIRECC and VISN 16 community-based outpatient clinic (CBOC) providers descended on the city for the first SC MIRECC CBOC Retreat on June 23, 2011. This "rain dance" not only brought relief to the city but also to mental health providers isolated from other network CBOCs and VA medical centers.

### *The Journey*

The purpose of the SC MIRECC CBOC retreat was to discuss continuing education needs; demonstrate and discuss the VISN 16 Mental Health Community of Practice website; provide training on priority topics; and learn providers' views on and experiences with important topics in VA health care, including homelessness and implementing evidence-based psychotherapies. The SC MIRECC consumer advisory board also participated in the retreat to discuss

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## ACT (continued from page 1)

that for all practical purposes started in 1999 with Hayes and colleagues' publication of *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change*.

ACT is a new technology based on acceptance of internal experience and behavior change rather than symptom elimination. The focus of treatment shifts from changing internal events (emotions, thoughts, sensations) to changing behaviors in ways that support valued and purposeful living and are personally chosen by the client. The current zeitgeist in the field of psychology leans toward symptom reduction and elimination before healthy, purposeful living can begin. ACT focuses on being mindfully aware of internal experience while actively choosing behaviors that support healthy values-based activity. It is a functional approach (e.g., is the person functioning well) versus a symptoms approach (e.g., is the person feeling good). This emphasis on quality of life maps well to the recovery-based emphasis that is currently happening within VA.

ACT assumes that emotional pain is a part of the healthy human experience; the presence of pain is not treated as symptomatic of an underlying pathology. A client's private experience is shaped by his or her historical context (life experiences, physiology, and genetics). Private events a person has in the present moment are evoked by the current context (surroundings and health). ACT proposes that if an individual responds to these naturally occurring private events with experiential avoidance/control, the individual's pain is transformed into suffering. One need not have a mental health diagnosis to do this; being human is sufficient. ACT research has demonstrated that as a person increases vitality and experiential acceptance, that individual's suffering is decreased. This phenomenon is often reflected in outcome measures. Although ACT's primary objective is not symptom reduction, it would not have been identified as an evidence-based treatment if symptoms had not been reduced. Program evaluation of the current VA ACT roll-out finds that mean scores on the Beck Depression Inventory (BDI) significantly decreased from 30.4 ( $SD = 11.2$ ) to 21.2 ( $SD = 14.3$ ) over the course of treatment,  $t(239) = -12.7$ ,  $p < .001$ ,  $ES = 0.82$  (Karlin & Walser, 2010).

The ACT protocol runs from 9 to 16 sessions. Initial sessions focus on what the Veteran identifies as important and meaningful, that is, what does the client wish to make his or her life be about. When stating these personal values, the client almost always reveals private events that act as barriers keeping them from doing concrete actions in the service of their values. The ACT clinician does not challenge or seek to

change these thoughts and feelings. Rather, the ACT clinician assists the client in examining the workability of trying to control (manage, cope, understand, make sense of, change, deal with, or reduce) these thoughts, feelings, memories, urges, and sensations. Only if the client determines that his or her history of control behaviors (e.g., isolation, staying busy, violence or excessive use of drugs, alcohol, food, or tobacco) has not worked, does the clinician offer ACT as an alternative. It is not the clinician's role to convince the client to change or to engage in ACT; the clinician trusts the client to direct therapy. If a client were to choose immediate symptom reduction as his or her primary objective, the ACT clinician would assist the client in finding a therapy that is a better match for the client's goals. If the client were to give consent to examine an alternative approach to living in the moment, the ACT clinician begins to introduce the acceptance and commitment skill sets, six in all: (1) Present Moment, (2) Willingness, (3) Cognitive Defusion, (4) Self as Context, (5) Valuing, and (6) Committed Action.

At its heart, ACT is an exposure-based behavioral therapy. The ACT clinician assists the client in making contact with private events that she or he has previously attempted to change. The client is encouraged to fully experience these private events for what they are: words as sounds, feelings as sensations, and memories as images. The goal of this exposure work is not habituation; instead, the goal is behavioral flexibility or choice; choice to do what one values no matter what private events are present; choice to control what one can, and to accept what one does not control. Bear in mind, the client is not encouraged to white knuckle or tolerate these exposure episodes. ACT teaches skills whereby previously avoided private events once treated as problems can now be freely and compassionately welcomed.

Training in ACT is available to VA psychologists, social workers, nurses, and psychiatrists who see Veterans with Major Depression. Veterans can have co-morbid conditions but are treated by the clinician primarily for depression. Workshops are led by Dr. Robyn Walser or Dr. Roca and often have several ACT consultants present to assist in small group exercises. Interested clinicians are encouraged to contact their local evidence-based psychotherapy coordinators to locate upcoming roll-out trainings and submit their names for participation.

Clinicians who attend the three-day ACT training will experience the therapy first-hand. Clinicians engage in the same exercises as their clients. Clinicians are invited to

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notice their own thoughts and feelings, to identify which private events they may take to be literally true, to lean into private events that they may have avoided, to declare their values, and to state bold action they are willing to take in the services of their values. From an ACT perspective, the clinician and the client are in the same boat: both experience wanted and unwanted private events and both make choices in the service of values or in the service of controlling private events. Mindful of their own pain, ACT clinicians compassionately assist the client in experiencing his/her own pain in the service of the client living more fully.

Following the three-day workshop, during which trainees will have met and worked with their consultant in small group exercises, a group of four-to-five trainees will conduct a weekly phone call with an ACT consultant. During these calls, consultants will provide feedback on clinicians' audiotapes of ACT sessions, conduct mindfulness and other ACT exercises, and role-play clinician-client interactions. Successful completion of the ACT training requires (1)

attending the on-site training, (2) completing two cases within six months of the on-site training, (3) submitting at least 10 audiotapes, (4) having five audiotapes meet minimal rating, and (5) attending 75% of all phone calls.

Following completion of the training program, clinicians are encouraged to form peer consultation groups at their facilities. The ACT community provides a weekly ACT consultation call available to all VA clinicians, whether or not they have completed the rollout ACT training for depression. Please visit the VA ACT SharePoint website (only accessible from a VA computer) for the time and day of these calls as well as for other ACT resources, e.g., protocols, exercises, training opportunities at [https://vaww.portal.va.gov/sites/act\\_community/default.aspx](https://vaww.portal.va.gov/sites/act_community/default.aspx). Additional resources can be found at Association for Contextual Behavioral Science's internet site at [www.contextualpsychology.org/acbs](http://www.contextualpsychology.org/acbs).

*Feel free to contact Dr. Roca if he can assist you in any way at (501) 257-3227 or [John.Roca@va.gov](mailto:John.Roca@va.gov). ♦*

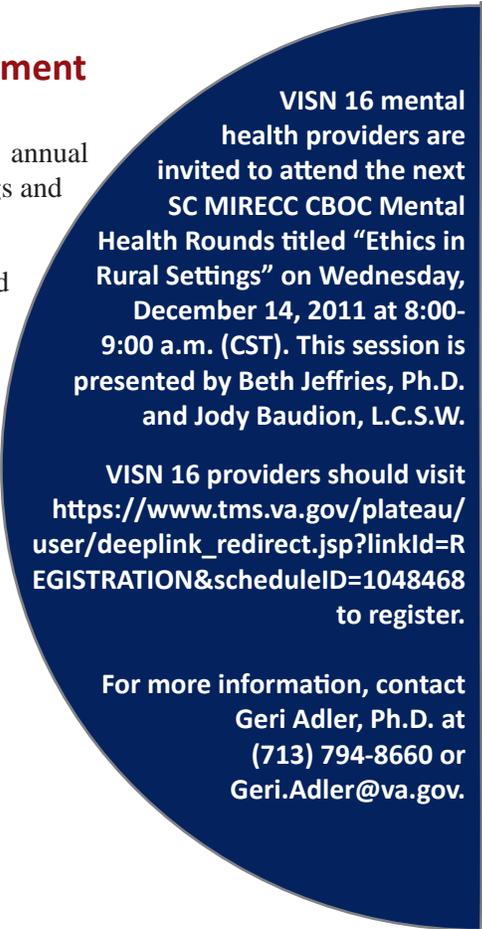
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## The SC MIRECC 2011 Education and Training Needs Assessment

VISN 16 mental health clinicians are reminded to complete the SC MIRECC's annual education and training needs assessment. This information is used to plan trainings and fund educational projects for VISN 16 mental health clinicians.

The survey is available at <https://www.surveymonkey.com/s/facilitypriorities>. Any and all responses are appreciated! We welcome responses from individuals, groups, programs, or sites at VISN 16 medical centers and CBOCs.

Please complete the survey by December 22, 2011. For more information or troubleshooting assistance, contact Michael Kauth, Ph.D., the SC MIRECC Co-Director and Associate Director for Education at [Michael.Kauth@va.gov](mailto:Michael.Kauth@va.gov). ♦



**VISN 16 mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds titled "Ethics in Rural Settings" on Wednesday, December 14, 2011 at 8:00-9:00 a.m. (CST). This session is presented by Beth Jeffries, Ph.D. and Jody Baudion, L.C.S.W.**

**VISN 16 providers should visit [https://www.tms.va.gov/plateau/user/deeplink\\_redirect.jsp?linkId=REGISTRATION&scheduleID=1048468](https://www.tms.va.gov/plateau/user/deeplink_redirect.jsp?linkId=REGISTRATION&scheduleID=1048468) to register.**

**For more information, contact Geri Adler, Ph.D. at (713) 794-8660 or [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov).**

## **CBOC (continued from page 1)**

community outreach, family involvement in Veteran care, and Veteran reintegration issues. The SC MIRECC worked with the VISN 16 Mental Health Product Line (MHPL) and network mental health leadership to select retreat attendees.

After introductions from Kathy Henderson, M.D., the MHPL Manager, and Patricia Dubbert, Ph.D., the SC MIRECC Associate Director for Improving Clinical Care, the retreat began with a presentation from Geri Adler, Ph.D. on current issues and trends in rural and mental health. Dr. Adler discussed rural Veteran physical and mental health care problems and treatment, telemental health challenges and opportunities, homelessness, and issues affecting rural health care providers.

Tom Teasdale, Dr.P.H. and Ashley McDaniel demonstrated the Mental Health Community of Practice website and discussed how to improve it for providers. Greer Sullivan, M.D., M.S.P.H. and Sandy Sanders, L.C.S.W. led a focus group on evidence-based psychotherapy and demonstrated the Coordinated Anxiety Learning and Management (CALM) study computer-assisted cognitive behavioral therapy program. The focus group explored the SC MIRECC's role in disseminating evidence-based psychotherapies in the network and the possibility of piloting the CALM study program in CBOCs.

Michael Kauth, Ph.D. and David Graham, M.D. gave an update on the SC MIRECC Clinical Education Product program and previewed the "After the Dust Settles: Traumatic Brain Injury Assessment" DVD. Dr. Kauth also moderated a focus group on continuing education needs in VISN 16.

Finally, Dianne Graham, the Network Suicide Prevention Coordinator, updated the group on the VA suicide prevention program and discussed implementation challenges and successes in the CBOCs.

### ***There and Back Again***

Turning the knowledge gleaned from the retreat into action was the SC MIRECC's first priority. As a result, the SC MIRECC was able to make several changes in its program activities:

#### **Addressing Continuing Education Needs in VISN 16**

The SC MIRECC Education Core revised its programs and services to address needs specific to CBOC providers. The *CBOC Mental Health Rounds: Sponsored by the SC MIRECC* education series launched in November. These

convenient live sessions, conducted by phone and online, offer continuing education credit to providers on mental health topics such as suicide prevention, ethics, traumatic brain injury, and spiritual issues. While the primary audience for the series is CBOC mental health providers, medical center and transition center providers are welcome to attend. For more information about the education series, contact Dr. Adler at (713) 794-8660 or Geri.Adler@va.gov.

Dr. Teasdale and Ms. McDaniel relaunched the community of practice website under a new name, the VISN 16 Mental Health Providers Practice, Research and Education Portal (MH PREP), to serve as exchange vehicle between providers and the SC MIRECC. The renovated website includes new areas with information for upcoming continuing education opportunities and surveys about issues affecting mental health providers and the populations they serve. To view the website, visit <https://vawww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx> from a VA computer.

### **Supporting the Dissemination of Evidence-Based Psychotherapies into CBOCs**

Drs. Sullivan and Dubbert submitted a letter of intent to VA Health Services Research and Development to gauge its interest in supporting the development of the computer-assisted CBT program in CBOCs. If this project is viewed favorably, the SC MIRECC will move forward with applying for funding and approaching CBOC providers to pilot the program. Drs. Henderson and Dubbert also created a VA evidence-based psychotherapy series for the *Communiqué* newsletter. To read this series, visit <http://www.mirecc.va.gov/VISN16/providers/communiques.asp>.

### **Homelessness**

In response to feedback from the retreat and the MH PREP, a workgroup was convened to explore the possibilities of implementing a research project or intervention focused on rural homelessness. Drs. Sullivan, Kauth and Adler are working with network and national leadership, as well as non-VA organizations, to discuss possible approaches to improve outcomes for rural homeless Veterans. For more information about the SC MIRECC's work on homelessness, contact Dr. Adler at (713) 794-8660 or Geri.Adler@va.gov.

### **CBOC Partnership Project Phase Two**

In 2008, the VISN 16 Office of Rural Health funded the CBOC Partnership Project to build collaborative relationships

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between the SC MIRECC and network CBOCs through site visits and interviews. The SC MIRECC is building on this project by strengthening relationships with previously visited CBOCs and initiating relationships with new CBOCs established in the past two years. Dr. Adler joined phase two of this project as the new director.

Approximately 20 CBOCs have been established since the initial site visits; about 10 of these sites will be visited in 2012. During these visits, SC MIRECC representatives will discuss “lessons learned” from phase one and give an overview of phase two of the project. CBOC staff will be asked about their experience with best practices, clinical education needs, barriers to participation in educational activities, local clinical priorities, and organizational structure. The traumatic brain injury assessment video will be highlighted along with other clinical educational

products tailored to the needs of rural providers. Finally, the SC MIRECC will lay the groundwork for phase three of the project that will focus more on research, particularly the development of replicable evidence-based therapies tailored to the needs of rural Veterans and translatable to a range of rural settings. For more information about the CBOC partnership project, contact Dr. Adler at (713) 794-8660 or [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov).

*The SC MIRECC thanks all providers who participated in the June 2011 CBOC mental health providers’ retreat. We appreciate your taking time out of your busy work schedule and time away from your families to meet with us in Houston. We learned a great deal from you and your input will be extremely helpful to us going forward in our mission to improve mental health care for rural Veterans. ♦*

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## November TBI Assessment DVD Q&A Wrap-Up



The SC MIRECC distributed a DVD titled “After the Dust Settles: Traumatic Brain Injury Assessment” to VISN 16 VAMCs and CBOCs. This DVD was funded by the SC MIRECC and developed by Dr. Kim Arlinghaus, a neuropsychiatrist, and Dr. Nicholas Pastorek, a neuropsychologist, at the Michael E. DeBakey VA Medical Center in Houston, Texas.

This one-hour program illustrates how to conduct an assessment interview with a Veteran patient who has experienced concussion blasts during deployment. This DVD may be shown during staff meetings. Although this program was designed for mental health clinicians, any clinician who has responsibility for treating Veterans with a history of head injury may find it useful.

The SC MIRECC thanks all providers who participated in the November 15 and 16, 2011 Q&A sessions with Dr. Pastorek, the interviewer in the DVD. Dr. Pastorek referred to two sets of materials on both calls. One is a set of interactive worksheets (Team Up to Facilitate Functioning [TUFF]) for providers and patients for treatment of postconcussive symptoms in Veterans with a history of head injury. These are really excellent materials! The other is a link to the VA/DoD Clinical Practice Guidelines on management of mild TBI. To download these materials visit:

### **TUFF materials**

<http://www.mirecc.va.gov/MIRECC/VISN16/providers/TUFF.asp>

### **CPG on Management of Concussion / Mild Traumatic Brain Injury**

[http://www.healthquality.va.gov/management\\_of\\_concussion\\_mtbi.asp](http://www.healthquality.va.gov/management_of_concussion_mtbi.asp)

Dr. Pastorek will respond to questions by email from providers who could not join the sessions. Please email him directly at [Nicholas.Pastorek@va.gov](mailto:Nicholas.Pastorek@va.gov). For more information, contact Michael Kauth, Ph.D. at [Michael.Kauth@va.gov](mailto:Michael.Kauth@va.gov). ♦

# The REACH Program: Manual for Multifamily Psychoeducational Groups for PTSD

Michelle D. Sherman, Ph.D., Dutch Doerman, Psy.D., and Lee Thrash, Ph.D.

The Oklahoma City VA Medical Center's Family Mental Health Program modified William McFarlane's multifamily group model, an evidence-based model of family psychoeducation, for a VA setting and for Veterans living with PTSD and their family members. Phase I of the three-phase REACH Program (Reaching out to Educate and Assist Caring, Healthy Families) includes four single-family sessions focused on rapport building and goal setting. Phase II consists of six weekly sessions for cohorts of 4-6 Veterans and their families focused on problem-solving, psychoeducation about symptom management, communication, managing symptoms of depression, stress management, and anger/conflict resolution. In Phase III, Veterans/families attend six monthly multi-family groups to support maintenance of gains.

Since 2006, over 30 cohorts of largely Vietnam-era Veterans with PTSD and their families have participated in REACH. To date, most of our participants have experienced combat. However, because the program does not involve any trauma processing, the groups can be heterogeneous regarding the specific traumatic events. Program retention rates and satisfaction are high. Veterans/support persons who choose to participate in the voluntary REACH evaluation study complete self-report measures at four intervals across the nine-month intervention. Preliminary data analyses found significant improvements in interpersonal relationships, problem solving and communication, family coping, Brief Symptom Inventory General Severity Index scores, empowerment, and PTSD knowledge for both Veterans and family. Improvements in perceived social support approached significance. Improvements in REACH-targeted-skills predicted improvements in functional outcomes.



The complete manual and student workbook are now available for free download at: [www.ouhsc.edu/REACHProgram](http://www.ouhsc.edu/REACHProgram). We greatly appreciate the support of a Clinical Educator grant from the South Central Mental Illness Research, Education and Clinical Center (MIRECC) that funded the manualizing of our intervention.

We hope that this manual piques other sites' interest in implementing multifamily groups for PTSD, and would enjoy discussing the treatment approach with interested colleagues.

*Michelle D. Sherman, Ph.D., is a clinical psychologist at the Oklahoma City VAMC, and is a clinical professor at the University of Oklahoma Health Sciences Center, Department of Psychiatry and Behavioral Sciences. She is also a research investigator with the South Central MIRECC. She can be contacted at [Michelle.Sherman@va.gov](mailto:Michelle.Sherman@va.gov).*

*Dutch Doerman, Psy.D., ABPP (clinical psychology) is a clinical psychologist in Family Psychology at the VAMC Oklahoma City. Dr. Doerman served 23 years in both the US Army and the USAF. He can be reached at [Alan.Doerman@va.gov](mailto:Alan.Doerman@va.gov).*

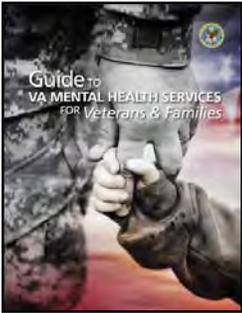
*Lee Thrash, Ph.D. is a clinical psychologist at the Oklahoma City VAMC, and is a clinical assistant professor at the University of Oklahoma Health Sciences Center, Department of Psychiatry and Behavioral Sciences. He can be contacted at [Lee.Thrash@va.gov](mailto:Lee.Thrash@va.gov). ♦*

## **ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT**

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

## Guide to VA Mental Health Services for Veterans & Families

Greer Sullivan, M.D., M.S.P.H., Kimberly Arlinghaus, M.D., Carrie Edlund, M.S., Michael Kauth, Ph.D.



The Guide was developed for Veterans and their family members, Veterans service organization members, or members of other groups interested in VA mental health care to describe what mental health services their local or regional VA health care facility has pledged to provide. It outlines the guiding principles of mental health care, explains how to find treatment, and describes VA treatment settings, such as hospitals, clinics, and telemedicine. It provides information about the types of treatments available for Veterans' most common mental health problems (e.g., depression, substance abuse, PTSD) and describes the special programs offered for particular groups of Veterans (e.g., women, homeless Veterans, or older Veterans). To download the Guide, visit [http://www.mirecc.va.gov/VISN16/docs/Guide\\_to\\_VA\\_Mental\\_Health\\_Srvcs\\_FINAL12-20-10.pdf](http://www.mirecc.va.gov/VISN16/docs/Guide_to_VA_Mental_Health_Srvcs_FINAL12-20-10.pdf). ♦

## Resource for VA Clinicians and Providers

The National Center for PTSD has a consultation resource for VA providers and clinicians. The VA PTSD Consultation Program gives VA staff members the opportunity to ask an expert any question they may have about PTSD in a one-on-one prompt consultation. The consultations are free and clinicians can speak with a staff psychiatrist or a clinical psychologist to help with treatment or assessment questions, clinical practice or programmatic issues, general PTSD questions, finding resources or improving patient care.

Request a consultation by calling 1-866-948-7880, visiting [http://vaww.ptsd.va.gov/consultation/ptsd\\_consult\\_req.asp](http://vaww.ptsd.va.gov/consultation/ptsd_consult_req.asp), or by sending an e-mail to [ptsdconsult@va.gov](mailto:ptsdconsult@va.gov). When requesting a consultation by phone, callers will be asked a few questions before being referred to a consultant who will generally return the call within 24 hours. Consultations last approximately 30 minutes and may include a follow-up depending on the nature of the call. For more information about the program, contact the PTSD Consultation Program Administrator, Cathy J. Lombardo, at [Cathy.Lombardo@va.gov](mailto:Cathy.Lombardo@va.gov). ♦

**VA PTSD CONSULTATION PROGRAM**

**(866) 948-7880**  
One-on-one consultation at no charge for VA providers with questions about PTSD.

**For VA clinicians and providers:**  
speak directly with staff psychologists and physicians about:

- ✓ TREATMENT
- ✓ CLINICAL MANAGEMENT
- ✓ RESOURCES FOR PTSD TREATMENT
- ✓ ASSESSMENT
- ✓ PROGRAMMATIC ISSUES
- ✓ IMPROVING CARE FOR THOSE WITH PTSD

**Who can call?**  
ANY VA CLINICIAN working with persons diagnosed with PTSD. Non-VA clinicians may be referred to primary care providers. See request form.

**How does it work?**  
STEP 1: CALL 1-866-948-7880 TO REQUEST A CONSULTATION. You'll receive a free first appointment and provide your contact information to meet.  
STEP 2: DISCUSS YOUR QUESTIONS. Consultants are VA or VA-licensed clinicians, M.D. or Ph.D. in any specialty to assist.  
STEP 3: RECEIVE RECOMMENDATIONS & GIVE FEEDBACK. The lead VA clinician will review the consultation. Letters are available upon feedback at the program.

**Consultation Program Team:**  
Barbara Bravely, PhD • Matt Jefferys, MD • Elaine Kinsley, PhD • Matthew Friedman, MS, PhD

Published by the South Central MIRECC

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South Central MIRECC Internet Site:  
[www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

National MIRECC Internet Site:  
[www.mirecc.va.gov](http://www.mirecc.va.gov)