



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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South Central MIRECC Anchor Sites:

LITTLE ROCK
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NEW ORLEANS
OKLAHOMA CITY

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VA Issues New Report on Suicide Data

In February, the VA released an in-depth report on Veterans who die by suicide. In the past, data on Veterans who died by suicide was only available for those who had sought VA health care services. This new report also includes state data for Veterans who had not received health care services from VA, which will help VA strengthen its aggressive suicide prevention activities. The report indicates that the percentage of Veterans who die by suicide has decreased slightly since 1999, while the estimated total number of Veterans who have died by suicide has increased.

This new report is the most comprehensive study of Veteran suicide rates ever undertaken by the VA. On June 16, 2010, Secretary Shinseki engaged governors of all 50 states, requesting their support in helping to collect suicide statistics. With assistance from state partners providing real-time data, VA is better able to assess the effectiveness of its suicide prevention programs and identify specific populations that need targeted interventions.

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NEW SC MIRECC CLINICAL EDUCATION PRODUCT AVAILABLE LGBTQ Conference Development: Recommendations for Organizing a Successful Training Event at Your VA

Angelic Chaison, Ph.D., Amy Cuellar, Ph.D., Quang (Charlie) X. Nguyen, Ph.D., Jennifer O'Neil, Ph.D., Ellen Teng, Ph.D., and Michael Kauth, Ph.D.

The Houston VA medical center Psychology Training Program Multicultural and Diversity Subcommittee has developed a new clinical education product featuring recommendations for organizing a Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) conference at VA facilities. This video is primarily directed towards VA clinicians, who are on the front line of healthcare service delivery to LGBTQ Veterans.

The inspiration to make the video was two-fold. First, the developers hope that this video will interest and motivate clinicians to organize a training conference at their VA on the topic of culturally competent care for LGBTQ Veterans, which is a great need for this underserved population. Secondly, this

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SUICIDE (continued from page 1)

This new information will allow VA to better identify where those Veterans at risk may be located and improve its ability to target specific suicide interventions and outreach activities in order to reach Veterans early and proactively. The data will also help VA continue to examine the effectiveness of suicide prevention programs being implemented in specific geographic locations or care settings in order to replicate them in other areas if they have been effective.

To download a copy of the full report visit <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>. A summary response to the report from Dr. Robert A. Petzel, the VA Under Secretary for Health, can be downloaded at <http://www.va.gov/opa/docs/Response-and-ExecSum-Suicide-Data-Report-2012-final.pdf>. ♦

New Resource: Moving Forward Program

Moving Forward was built by VA Mental Health Services in partnership with the Department of Defense National Center for Telehealth and Technology as part of a coordinated public health initiative to help Veterans and Service Members who are having difficulties. This free, online educational and life coaching program is based on a highly effective cognitive behavioral treatment program that has been used successfully with Veterans across the country.

Moving Forward teaches problem solving skills to help individuals to better handle life's challenges. The program features modules on the effects of stress on performance and the body, tools to problem solve successfully, and relaxation exercises to reduce stress and anxiety. It is designed to be especially helpful for Veterans, Military Service Members and their families. However, *Moving Forward* teaches skills that can be useful to anyone with stressful problems. To learn more about *Moving Forward*, visit <http://www.startmovingforward.org/>. ♦

The screenshot shows the homepage of the 'MOVING FORWARD' program. The header includes the logo 'MOVING FORWARD' with the tagline 'OVERCOMING LIFE'S CHALLENGES' and navigation links for Resources, Feedback, FAQs, and Get the Word Out. Social media sharing buttons for Facebook, Twitter, and LinkedIn are visible. The main content area features a video player with a thumbnail showing people on a monkey bar structure. The text next to the video asks 'What is Moving Forward?' and describes the program as a free, on-line educational and life coaching program. A prominent orange button labeled 'Start The Training' is present, with a note '(Flash Player Required)'. Below this, there is a section titled 'Interested in checking out Moving Forward?' with a link to various pages. At the bottom, there are three buttons: 'Meet the Cast', 'Does Stress Affect Your Performance?', 'Is Your Brain Overloaded?', and 'Relaxation Exercises'.

Pictured: Moving Forward Web site

LGBTQ (continued from page 1)

video provides clinicians with helpful information to consider when organizing a similar training event.

In this video, members of the Multicultural and Diversity Subcommittee provide a basis for conducting an LGBTQ educational meeting. They describe the planning process and offer tips for setting goals, identifying speakers, involving community organizations, and finding funding support. Viewers will also see a brief interview with Dr. Michael Kauth, the LGBT Program Coordinator for VA Central Office Patient Care Services, who shares his perspective about the issue of healthcare for LGBTQ Veterans and the importance of clinician training. The developers would like to thank the South Central MIRECC; Geri Adler, Ph.D.; Michael Kauth, Ph.D.; Veterans who participated in the video; and Superior Video Productions.

To request a copy of the DVD, contact Dr. Michael Kauth at (713) 794-8637 or Michael.Kauth@va.gov. To learn more about the SC MIRECC Clinical Education Grants program, visit <http://www.mirecc.va.gov/VISN16/ClinicalEducationGrantProgram.asp>. To view more clinical education products available from the SC MIRECC, visit <http://www.mirecc.va.gov/VISN16/ClinicalEducationProducts.asp>. ♦



CBOC Mental Health Rounds

2nd Wednesdays Monthly
8:00-9:00 AM CT
1-800-767-1750; 26461#

Sponsored by the South Central MIRECC

VISN 6, 11, 16, and 23 mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds session titled "Ethical Dilemmas Unique to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Combat Veterans" on Wednesday, March 13, 2013 at 8:00-9:00 a.m. (CT). This LiveMeeting session will be presented by Heather Kobel, Ph.D. and Kyle Liotta, M.S.W. At the conclusion of this educational program, learners will be able to:

1. Identify the unique situations that lead to ethical dilemmas for VA providers;
2. Discuss issues related to information sharing between the Veterans Health Administration, the Department of Defense, and the private sector;
3. Describe ethical practices in providing care to OEF/OIF/OND Combat Veterans; and
4. Define Veteran Health Administration guidelines regarding completion of "Fit for Duty".

Call 1-800-767-1750 and use access code 26461# to participate. E-mail Ashley.McDaniel@va.gov for registration and continuing education credit information.

SC MIRECC PUBLICATIONS

FAMILY COMMUNICATION ACROSS THE MILITARY DEPLOYMENT EXPERIENCE: CHILD AND SPOUSE REPORT OF COMMUNICATION FREQUENCY AND QUALITY, AND ASSOCIATED EMOTIONS, BEHAVIORS, AND REACTIONS.

Houston, JB, Pfefferbaum, B, **Sherman, MD**, Melson, AG, & Brand, MW

Journal of Loss and Trauma, 2013, March, 18, 103-119

In this study, frequency and quality of family deployment communication was assessed and examined in conjunction with emotions and behaviors reported by military children and spouses (N = 26) before, during, and after deployment. Child deployment communication with siblings was associated with positive child outcomes. Conversely, before and during deployment child communication with a deployed parent was related to more child emotional reactions and behavioral problems. For spouses, more and better communication with children and the deployed partner was related to the spouse's having less negative temper or stress reactions. Use of newer communication technology during deployment was related to negative child outcomes.

CONCORDANCE OF SELF- AND PROXY-RATED WORRY AND ANXIETY SYMPTOMS IN OLDER ADULTS WITH DEMENTIA.

Bradford, A, Brenes, GA, Robinson, RA, **Wilson, N**, Snow, AL, **Kunik, ME**, **Calleo, J**, Petersen, NJ, **Stanley, MA**, & Amspoker, AB

Journal of Anxiety Disorders, 2013, January, 27(1), 125-130

In this study, the psychometric performance of two validated self-report anxiety symptom measures when rated by people with dementia versus collaterals (as proxies) was compared. Forty-one participants with mild-to-moderate dementia and their respective collaterals completed the Geriatric Anxiety Inventory, the Penn State Worry Questionnaire-Abbreviated, and a structured diagnostic interview. Descriptive and nonparametric statistics to compare scores according to respondent characteristics was used. Receiver operating characteristic (ROC) curves were calculated to establish the predictive validity of each instrument by rater type against a clinical diagnosis of an anxiety disorder. Participant and collateral ratings performed comparably for both instruments. However, collaterals tended to give more severe symptom ratings, and the best-performing cut-off scores were higher for collaterals. Findings suggest that people with mild-to-moderate dementia can give reliable self-reports of anxiety symptoms, with validity comparable to reports obtained from collaterals. Scores obtained from multiple informants should be interpreted in context.

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.

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CBT COMPETENCE IN NOVEL THERAPISTS IMPROVES ANXIETY OUTCOMES.

Brown, LA, Craske, MG, Glenn, DE, Stein, MB, **Sullivan, G**, Sherbourne, C, Welch, SS, Lang, A., Roy-Byrne, P, & Rose, RD

Depression and Anxiety, 2013, February 30(2), 97-115.

This study explores the relationships between therapist variables (cognitive behavioral therapy [CBT] competence, and CBT adherence) and clinical outcomes of computer-assisted CBT for anxiety disorders delivered by novice therapists in a primary care setting. Participants were recruited for a randomized controlled trial of evidence-based treatment, including computer-assisted CBT, versus treatment as usual. Therapists (anxiety clinical specialists; ACSs) were nonexpert clinicians, many of whom had no prior experience in delivering psychotherapy (and in particular, very little experience with CBT). Trained raters reviewed randomly selected treatment sessions from 176 participants and rated therapists on measures of CBT competence and CBT adherence. Patients were assessed at baseline and at 6-, 12-, and 18-month follow-ups on measures of anxiety, depression, and functioning, and an average Reliable Change Index was calculated as a composite measure of outcome. CBT competence and CBT adherence were entered as predictors of outcome, after controlling for baseline covariates.

Higher CBT competence was associated with better clinical outcomes whereas CBT adherence was not. Also, CBT competence was inversely correlated with years of clinical experience and trended (not significantly, though) down as the study progressed. CBT adherence was inversely correlated with therapist tenure in the study. Therapist competence was related to improved clinical outcomes when CBT for anxiety disorders was delivered by novice clinicians with technology assistance. The results highlight the value of the initial training for novice therapists as well as booster training to limit declines in therapist adherence.

SECONDARY PSYCHOPATHY, BUT NOT PRIMARY PSYCHOPATHY, IS ASSOCIATED WITH RISKY DECISION-MAKING IN NONINSTITUTIONALIZED YOUNG ADULTS.

Dean, AC, Altstein, LL, Berman, ME, **Constans, JI**, Sugar, CA, & McCloskey, MS

Personality and Individual Differences, 2013, January, 54(2), 272-277.

Although risky decision-making has been posited to contribute to the maladaptive behavior of individuals with psychopathic tendencies, the performance of psychopathic groups on a common task of risky decision-making, the Iowa Gambling Task (Bechara, Damasio, Damasio, & Anderson, 1994), has been equivocal. Different aspects of psychopathy (personality traits, antisocial deviance) and/or moderating variables may help to explain these inconsistent findings. In a sample of college students (N = 129, age 18 to 27), we examined the relationship between primary and secondary psychopathic features and Iowa Gambling Task performance. A measure of impulsivity was included to investigate its potential as a moderator. In a joint model including main effects and interactions between primary psychopathy, secondary psychopathy and impulsivity, only secondary psychopathy was significantly related to risky Iowa Gambling Task performance, and this effect was not moderated by the other variables. This finding supports the growing literature suggesting that secondary psychopathy is a better predictor of decision-making problems than the primary psychopathic personality traits of lack of empathy and remorselessness. ♦

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