



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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RESEARCH TO PRACTICE

Cognitive Processing Therapy for PTSD: Outpatient vs. Residential Care

Summary by Patricia Dubbert, Ph.D.

Many patients in VA outpatient and residential care treatment settings receive cognitive processing therapy (CPT), one of the most widely disseminated evidence-based treatments for PTSD. How are Veterans in these two settings similar and different, and do Veterans in both treatment settings receive equal benefits from treatment? A group of VA investigators recently reported the results of a study addressing these questions in the *Journal of Consulting and Clinical Psychology*. The study included 514 Veterans who received outpatient CPT and 478 Veterans who received CPT during residential treatment at the



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SC MIRECC Welcomes New and Returning Fellows

The SC MIRECC Advanced Fellowship Program in Mental Illness Research and Treatment trains professional psychiatrists and psychologists for leadership roles in research, education, and clinical services, particularly in academic and medical care settings. This month, we welcome our new and returning fellows to the program.

Terri Barrera, Ph.D. is a second-year fellow in Houston. She received her Ph.D. in clinical psychology from the University of Houston and completed her clinical internship at Baylor College of Medicine with an emphasis in geropsychology. Dr. Barrera has a strong background in the delivery of evidence-based treatments for anxiety disorders and is using her time in the fellowship to obtain additional training in health services research methods. Her career goal is to become an independent VA health services researcher with a dedicated focus on improving access to and quality of care for Veterans with anxiety disorders. Currently, Dr. Barrera is working on a locally initiated MIRECC pilot project to clarify the diagnostic presentation

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same VA facility. The researchers expected to find that residential care Veterans would report more severe PTSD and depression symptoms prior to treatment, compared with outpatients, but that both groups would benefit from treatment.

All Veterans in the study met the diagnostic criteria for PTSD and attended at least one, but not more than 15, sessions of individual CPT in either the outpatient or residential care program. Veterans with active substance abuse, unmanaged psychosis, suicidal or homicidal ideations with intention, or significant interfering medical conditions were excluded. Women were about 12% of the outpatient and 37% of the residential care groups; about 19% of outpatient and 38% of residential care Veterans were racial or ethnic minorities. The evaluation data were collected as part of routine clinical care; human subjects committee approval was obtained to analyze the data for the study.

As expected, the researchers found significant differences between the Veterans who had received outpatient and residential care CPT. Findings showed:

- Outpatients were younger, less well educated, more likely to be male, white, employed, married, and from a more recent service era.
- Residential care Veterans were more likely to have a service connected disability.
- On measures of treatment outcome, the symptom severity of patients in both settings improved over time from pre- to post-treatment.
- Veterans in outpatient CPT, who on average reported lower levels of symptoms before beginning treatment, showed more improvement in PTSD symptoms than those in residential care. However, both groups improved similarly on depression.

Other analyses in this study revealed that Veterans who were actively seeking an increase in service-connection rating reported less improvement in PTSD and depression ratings. The data from the study could not answer questions clinicians sometimes ask about whether the process of seeking increased service connection influences treatment choices and the amount of improvement reported. The study investigators pointed out that it is equally possible that Veterans with the most severe symptoms are also the ones who experience less improvement and then seek financial compensation.

In summary, the study results confirm that there are differences between groups of Veterans who receive outpatient and residential CPT for PTSD. Those with more severe pre-treatment PTSD improve somewhat less, but overall, Veterans in both treatment settings experience significant PTSD and depression symptom improvement after treatment.

This article may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/24911422>.

Citation

Walter, K. H., Varkovitzky, R. L., Owens, G. P., Lewis, J., & Chard, K. M. (2014). Cognitive processing therapy for Veterans with posttraumatic stress disorder: A comparison between outpatient and residential treatment. *Journal of Consulting and Clinical Psychology, 82*(4), 551-61. ♦

ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure 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 SC MIRECC if they receive either direct or indirect SC MIRECC support. 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 SC MIRECC, you should list SC MIRECC as an affiliation.

CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “**Obstructive Sleep Apnea: A Review for Mental Health Providers**” on Wednesday, October 8 at 8:00-9:00 a.m. CT or Thursday, October 9 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Imran Khawaja, M.D. At the conclusion of this educational program, learners will be able to:

1. Define sleep apnea syndromes;
2. Identify symptoms and signs which put patients at increased risk of having obstructive sleep apnea;
3. Direct the Veteran for appropriate care for obstructive sleep apnea; and,
4. Problem solve if the Veteran is not able to use Continuous Positive Airway Pressure (CPAP).

Call 1-800-767-1750 and use access code 69723# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750; 69723#

November 12 & 13, 2014
Ethics

December 10 & 11, 2014
Spirituality

January 14 & 15, 2015
ADHD



Other Resources and Continuing Education

We regularly post details for resources, training and continuing education opportunities from across the VA and the community on the Mental Health Practice, Research and Education Portal (MH PREP) SharePoint. The MH PREP is accessible from a VA computer at <https://vaww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx>. Find resources on the home page and a training calendar on the education page. Visit the SharePoint for details. Recent posts include:

- EES Product of the Week: VA/DOD Clinical Practice Guideline Shared Decision Making
- October 15 at 1:00 CT: PTSD and Dissociation: Clinical and Neurobiological Perspectives - Presented by Ruth Lanius, M.D, Ph.D., NCPTSD Lecture Series

FELLOWSHIP (continued from page 1)

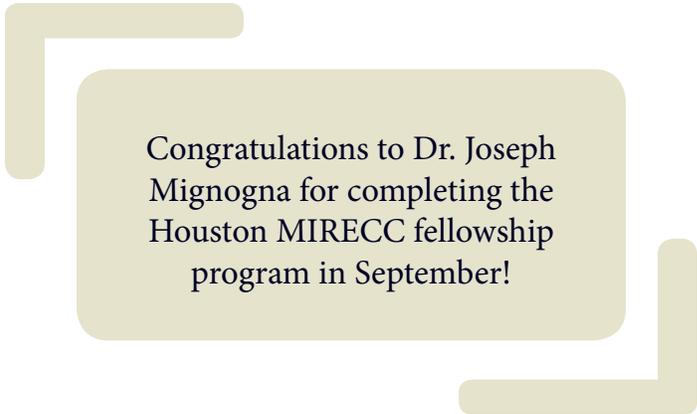
and treatment needs of Veterans in primary care diagnosed with an unspecified anxiety disorder. Dr. Barrera plans to submit a VA Health Services Research and Development (HSR&D) Career Development Award proposal in December that focuses on linking Veterans diagnosed in primary care with an unspecified anxiety disorder to appropriate evidence-based mental health services.

Kathleen Grubbs, Ph.D. is a third-year fellow in Little Rock. She received her Ph.D. in clinical psychology from the University of Hawaii, Manoa in August 2011 and completed her clinical internship and postdoctoral fellowship training at the Michael E. DeBakey VAMC in Houston. Dr. Grubbs' VA research interests focus on developing and testing innovative strategies to deliver evidence-based treatments to rural Veterans with PTSD. She is currently completing a MIRECC and HSR&D pilot trial testing the *Moving Forward* Smartphone app with Veterans receiving mental health treatment for anxiety and depression in Primary Care Mental Health Integration.

Elizabeth McIngvale-Cegelski, Ph.D. is a first-year fellow in Houston. She received her Ph.D. in social work from the University of Houston in May of 2014. She received her bachelor's and master's degrees in social work at Loyola University Chicago. Dr. McIngvale-Cegelski completed her internships at the obsessive-compulsive disorder residential treatment program at Rogers Memorial Hospital in Oconomowoc, Wisconsin and at Children's Research Triangle in Chicago, Illinois focusing on child trauma. Dr. McIngvale-Cegelski's research interests focus on anxiety disorders, specifically obsessive-compulsive disorder, mental health stigma and access to care. She hopes to make evidence-based treatments for obsessive-compulsive disorder more accessible within VA during her fellowship.

Shannon Miles, Ph.D. is a second-year fellow in Houston. She received her Ph.D. in clinical psychology from the University of Tulsa in 2013. Dr. Miles completed her predoctoral internship at the Michael E. DeBakey VAMC in Houston. Her previous research focused on personality and emotion systems, and her goal is to apply that knowledge to improve treatment outcomes for Veterans with PTSD. Dr. Miles is currently piloting a brief emotion-regulation training for Veterans with PTSD and impulsive aggression. The emotion regulation training is provided prior to traditional PTSD treatments with the goals of reducing Veterans' general negative affect, teaching them how to manage their impulsive aggression, and prepare them for trauma-specific treatments.

Christopher Rodgman, M.D. is a second-year fellow in Houston. Dr. Rodgman served as Chief Resident in the Tulane University Department of Psychiatry and Behavioral Sciences. He was mentored by Dr. Daniel K. Winstead at Tulane and works under Dr. Thomas Newton in Houston. Drs. Rodgman and Newton's research interests involve the study of potential pharmacological treatments for addiction and PTSD. Currently, Dr. Rodgman is working on a human laboratory study involving the use of doxazosin XL in the treatment of PTSD in Veterans exposed to virtual reality sessions. He plans to submit a VA HSR&D Career Development Award proposal on the use of doxazosin XL for the treatment of PTSD and to continue working at Michael E. DeBakey VA Medical Center and Baylor College of Medicine after the completion of his fellowship. He is also working on a three-book series of non-fiction memoirs. He has completed the first book and is working on the second. ♦



Congratulations to Dr. Joseph Mignogna for completing the Houston MIRECC fellowship program in September!

RECENT SC MIRECC PUBLICATIONS

MENTAL HEALTH STIGMA AND PRIMARY HEALTH CARE DECISIONS

Corrigan, P. W., **Mittal, D.**, Reaves, C. M., **Haynes, T. F.**, Han, X., Morris, S., & **Sullivan, G.**

Psychiatry Research, 2014, 218(1-2), 35-38.

People with serious mental illness have higher rates of mortality and morbidity due to physical illness. In part, this occurs because primary care and other health providers sometimes make decisions contrary to typical care standards. This might occur because providers endorse mental illness stigma, which seems inversely related to prior personal experience with mental illness and mental health care. In this study, 166 health care providers (42.2% primary care, 57.8% mental health practice) from the VA medical system completed measures of stigma characteristics, expected adherence, and subsequent health decisions (referral to a specialist and refill pain prescription) about a male patient with schizophrenia who was seeking help for low back pain due to arthritis. Research participants reported comfort with previous mental health interventions. Path analyses showed participants who endorsed stigmatizing characteristics of the patient were more likely to believe he would not adhere to treatment and hence, less likely to refer to a specialist or refill his prescription. Endorsement of stigmatizing characteristics was inversely related to comfort with one's previous mental health care. Implications of these findings will inform a program meant to enhance VA provider attitudes about people with mental illness, as well as their health decisions.

IMPLEMENTING BRIEF COGNITIVE BEHAVIORAL THERAPY IN PRIMARY CARE: A PILOT STUDY

Mignogna, J., Hundt, N. E., Kauth, M. R., Kunik, M. E., Sorocco, K. H., Naik, A. D., Stanley, M. A., York-Ward, K. M., & Cully, J. A.

Translational Behavioral Medicine, 2014, 4(2), 175-183

Effective implementation strategies are needed to improve the adoption of evidence-based psychotherapy in primary care settings. This study provides pilot data on the test of an implementation strategy conducted as part of a multisite randomized controlled trial examining a brief cognitive-behavioral therapy versus usual care for medically ill patients in primary care, using a hybrid (type II) effectiveness/implementation design. The implementation strategy was multifaceted and included (1) modular-based online clinician training, (2) treatment fidelity auditing with expert feedback, and (3) internal and external facilitation to provide ongoing consultation and support of practice. Outcomes included descriptive and qualitative data on the feasibility and acceptability of the implementation strategy, as well as initial indicators of clinician adoption and treatment fidelity. Results suggest that a comprehensive implementation strategy to improve clinician adoption of a brief cognitive-behavioral therapy in primary care is feasible and effective for reaching high levels of adoption and fidelity. ♦

SC MIRECC ANNOUNCEMENTS

VA Community Mental Health Points of Contact

Meeting the mental health care needs of Veterans and their families is important to VA. While many returning Servicemembers and their families recover from the stresses of war and successfully readjust to life after deployment, there are those who need additional assistance. While VA continues to expand mental health resources to meet the needs of Veterans, truly Veteran-centric, recovery-oriented care requires active collaboration and coordination with partners in the community. Through collaboration with public and private organizations, VA can promote awareness and use of VA mental health resources, help Veterans gain access to community services, and build healthy communities for Veterans and their families.

To promote community collaboration, each VA medical center has appointed a Community Mental Health Point of Contact (MH POC) whose mission it is to provide ready access to information about VA eligibility and available clinical services, ensure warm handoffs at critical points of transition between systems of care, and serve as a liaison between VA and community partners. MH POCs will strengthen engagement of Veterans in mental health care and encourage community support for their health and well-being. Each MH POC will reach out to relevant Veterans Service Organizations, community-based organizations, health care providers, and local governments to bring together complementary resources to address the needs of our Nation's Veterans and their families. The list of VA Community MH POCs is available at <http://www.mentalhealth.va.gov/communityPOC.asp>. ♦

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