



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

August 2014 Vol 16, Issue 8

www.mirecc.va.gov/vision16

Communiqué

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*Co-Director and Associate Director
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RESEARCH TO PRACTICE

Understanding Sudden Changes in Depression Symptoms During Treatment for PTSD

By Patricia Dubbert, Ph.D.

Should providers be concerned when patients receiving psychotherapy or medication treatment for PTSD report sudden increases in depression? Conversely, should providers be encouraged when patients report sudden improvements in depression? From previous studies, we have learned that many patients experience sudden depression changes during psychotherapy, but these changes are not well understood, especially for PTSD treatment. Even less is known about sudden depression changes in patients receiving drug therapy for PTSD. In this study published in the *Journal of Consulting and Clinical Psychology*, the researchers aimed to increase understanding of rapid increases and decreases in depression symptoms in PTSD treatment.



See PRACTICE on page 2

SC MIRECC Strategic Planning Meeting Executive Summary

By the SC MIRECC Leadership Council

On May 14, 2014, SC MIRECC Leadership and guests met to discuss the priorities and goals of the Center over the next few years. The group discussed preparing for the next Center renewal, progress on technology projects, VISN 16 and VA Central Office priorities for mental health, the SC MIRECC research portfolio and fellowship and mentoring programs, and updates from the New Orleans and Oklahoma City anchor sites.

At the end of the meeting, attendees identified a number of action items

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PRACTICE (continued from page 1)

Keller and Feeny, from Case Western Reserve, and Zoellner, from the University of Washington, carefully evaluated week-to-week depression changes in 200 adults receiving 10 weeks of prolonged exposure (PE) or sertraline as treatment for PTSD. To be included in the study analyses, changes in depression from one week to the next had to meet several criteria that made them clinically meaningful. First, the changes in depression had to be at least 7 points on the Beck Depression Inventory (BDI) compared with the previous week. In addition, decreases in depression had to be at least 25% of the previous session's BDI score, and the improvement had to be sustained for several weeks. Depression increases in the study had to be spikes of at least 7 points that subsequently declined to pre-spike levels during the remaining weeks of treatment.

Findings showed:

- About one-third of the patients met these criteria.
- 18% had sudden decreases in depression.
- 22.5% had a sudden increase in depression.
- The average between-session drop in depression was 10.4 points on the BDI scale
- On average this drop was observed around week 7.
- The average increase in depression was 10.8 points on the BDI scale
- On average the depression spike was observed around week 5.
- There were no differences in these sudden depression increases or decreases between patients receiving PE and those receiving sertraline.
- Both PE and sertraline are effective treatments and the study results may indicate that both kinds of

treatment have some similar effects in the brain.

- Rapid improvements in depression were more frequent in those who completed treatment versus those who dropped out and therefore sudden drops in depression scores seem to be an encouraging sign.
- Treatment completers also had more depression spikes than dropouts.
- Having a depression spike was not related to post treatment PTSD.

The results of this study should be reassuring to providers who notice sudden changes in depression while treating patients for PTSD. Not only are these changes fairly common (in about one-third of patients overall), but sudden drops in depression are often associated with good treatment outcomes, while sudden spikes in depression were not associated with either better or worse outcomes. Tracking symptoms during treatment helps both patients and providers track progress. Providers can reassure patients that transient increases in depression do not mean that they will benefit less from treatment. However, depression spikes could prompt an exploration of what might be happening within or outside treatment that may have contributed to the symptom changes.

To access this article, visit <http://www.ncbi.nlm.nih.gov/pubmed/?term=24364793>.

Citation

Keller, S. M., Feeny, N. C., & Zellner, L. A. (2014). Depression sudden gains and transient depression spikes during treatment for PTSD. *Journal of Consulting and Clinical Psychology, 82*, 102-111. ♦

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 “**VHA Veterans Justice Programs: Mission and Overview**” on Wednesday, August 13 at 8:00-9:00 a.m. CT or Thursday, August 14 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Joel Rosenthal, Ph.D., Amy Earle, M.S.W., LCSW, and Sean Clark, J.D. At the conclusion of this educational program, learners will be able to:

1. Relate information regarding the value of targeted outreach to justice involved Veterans;
2. Interface and collaborate with Veterans Justice Programs staff in ensuring the provision of treatment to justice involved Veterans; and
3. Link justice involved Veterans to services responsive to needs ancillary to their basic treatment needs.

Call 1-800-767-1750 and use access code 26461# 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; 26461#

September 10 & 11, 2014
Evaluation of Cognitive Complaints in a Clinical Setting

October 8 & 9, 2014
Obstructive Sleep Apnea

November 12 & 13, 2014
Ethics



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://vawww.vision16.portal.va.gov/SiteDirectory/mhp/default.aspx>. Find resources on the homepage and a training calendar on the education page. Visit the SharePoint for details. Recent posts include:

- New from SAMHSA: 2 Publications on Understanding Substance Use and Mental Health Disorders
- EES Product of the Week: Cognitive Behavioral Therapy for Depression
- EES Product of the Week: Prolonged Exposure: Embrace Your Life Again
- TMS On Demand: Opioids: Pain, Addiction and Suffering
- TMS On Demand: Dementia, Drugs and Discharge

EXECUTIVE (continued from page 1)

and priority areas on which the Center needs to focus to continue to grow and fulfill its mission. A summary of those items is listed below. Action items are ranked by level of priority with highest on top. To learn more about SC MIRECC, visit us at www.mirecc.va.gov/visn16. ♦

Action Items

Recruit mid-level and senior investigators. Preferred areas of expertise for new investigators include Telehealth, implementation science, and mentoring. Expertise with families and Native Americans is also desirable.

Increase our research portfolio in using technology to increase access to evidence-based mental health treatment, especially in rural settings.

Provide focused training on implementation science to SC MIRECC investigators to expand our strength in this area.

Better communicate our findings to VISN 16 and VA Central Office through frequent, brief research summaries.

Provide guidelines to SC MIRECC investigators on what constitutes mission-focused research.

Important Areas to Consider

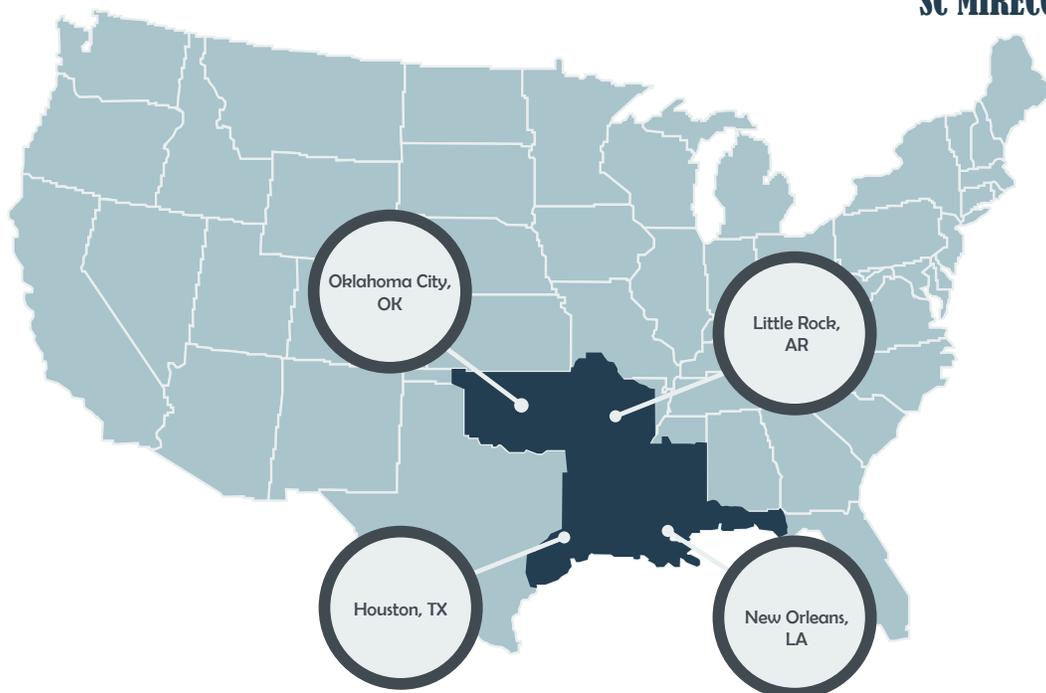
Explore expanding MIRECC Implementation, Design, and Analysis Support (MIDAS) services to include VA Informatics and Computing Infrastructure (VINCI) and Informatics expertise.

Training and mentoring clinicians interested in research and quality improvement methods.

The area of families is important to our Consumer Advisory Board and used to be a strength of our MIRECC. Explore recruiting an investigator in this area.

Explore educational opportunities with Native American Veterans.

SC MIRECC Anchor Sites



RECENT SC MIRECC PUBLICATIONS

PREDISPOSING, ENABLING, AND NEED FACTORS AS PREDICTORS OF LOW AND HIGH PSYCHOTHERAPY UTILIZATION IN VETERANS.

Hundt, N. E., Barrera, T. L., Mott, J. M., Mignogna, J., Yu, H. J., Sansgiry, S., Stanley, M. A., and Cully, J. A.
Psychological Services, May 2014, Advance online publication

This study used VHA national administrative data to examine predisposing, enabling, and need factors related to multiple levels of psychotherapy utilization in a sample of Veterans with PTSD, depression, or anxiety. The database was queried for all Veterans who were newly diagnosed with PTSD, depression, or anxiety during the 2010 fiscal year and received at least 1 outpatient psychotherapy session in the year following diagnosis (N = 130,331). Veterans were classified as low (51.0%; 1-3 sessions), moderate (38.3%; 4-18 sessions), high (8.7%; 19-51 sessions), or very high (1.9%; 52 or more sessions) psychotherapy users based on the total number of psychotherapy visits during the 1-year follow-up period. Multinomial logistic regression was used to examine predictors of utilization level. Predisposing factors of gender and marital status were modestly associated with utilization. Several need factors were strongly associated with utilization; very high users had higher rates of PTSD and substance use disorders, more comorbid psychiatric diagnoses, and more inpatient psychiatric visits. Very high users were also more likely to demonstrate enabling factors, including living closer to a VHA facility and seeking care at more complex facilities. Overall, need factors appeared to be most strongly linked to psychotherapy utilization. These results suggest many patients may not receive a clinically optimal dose of psychotherapy, highlighting the need to enhance retention in therapy for low utilizers and examine whether very high utilizers are benefitting from extensive courses of treatment.

UTILIZATION OF VA MENTAL HEALTH AND PRIMARY CARE SERVICES AMONG IRAQ AND AFGHANISTAN VETERANS WITH DEPRESSION: THE INFLUENCE OF GENDER AND ETHNICITY STATUS.

Davis, T. D., Deen, T. L., Fortney, J. C., Sullivan, G., and Hudson, T. J.

Military Medicine, May 2014, 179(5), 515-520

The objective of this study is to examine gender and ethnic differences in VA health services utilization among Iraq and Afghanistan military Veterans diagnosed with depression. With VA administrative data, sociodemographics, utilization of outpatient primary care, specialty mental health and mental health treatment modalities (psychotherapy and antidepressant prescriptions) were collected from electronic medical records of 1,556 depressed Veterans treated in one VA regional network from January 2008 to March 2009. Health care utilization patterns were examined 90 days following being diagnosed with depression. χ^2 and t-tests were used to evaluate unadjusted differences in VA service use by gender and ethnicity. Logistic regression was used to fit study models predicting VA service utilization. Study results indicate no ethnic or gender differences in the use of specialty mental health services or in the use of mental health treatments. However, women Veterans, especially those from ethnic minority groups, were less likely to use primary care than white and nonwhite male Veterans. Collectively, these findings signal a decrease in historically documented disparities within VA health care, especially in the use of mental health services. ♦

FY2015 Clinical Educator Grants Program Applications Due August 8

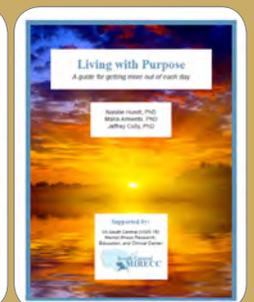
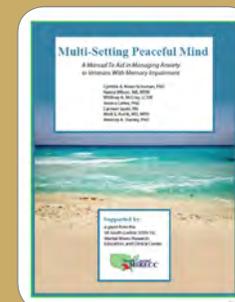
Don't miss your chance to submit a proposal for the fiscal year 2015 SC MIRECC Clinical Educator Grants program. We designed these small grants (up to \$10,000 for multi-site projects) to help VISN 16 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other under-served Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include a manual for conducting brief cognitive behavioral therapy in primary care clinics; a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues; and a DVD of ex-Prisoners of War telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge. Download or request products at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

If you have an idea for an educational tool to improve care delivery, this may be the opportunity for you! **The deadline for submitting a proposal is August 8, 2014.** For more information about the Clinical Educator Grants program, contact Dr. Geri Adler at Geri.Adler@va.gov.

- Download Application at http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf.
- Download Example Application 1 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf.
- Download Example Application 2 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf. ♦

SC MIRECC Educational products are available to clinicians and consumers free of charge. Visit www.mirecc.va.gov/visn16/clinicalEducationProducts.asp to download or order.



Published by the South Central MIRECC
 Editor: Ashley McDaniel, M.A.
 Reviewer: Carrie Edlund, M.S., M.A.



U.S. Department of Veterans Affairs

Veterans Health Administration
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