



*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

### Clinical Trial of Mindfulness-Based Stress Reduction for PTSD

Summary by Patricia Dubbert, Ph.D.

Many Veterans with PTSD have benefited from prolonged exposure, cognitive processing therapy, and other evidence-based interventions that have been made widely available in VA during the past few years. However, about one-third to one-half of Veterans who participate in these treatments do not show clinically significant improvement, and about



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### SC MIRECC Welcomes New and Returning Fellows

The SC MIRECC Advanced Fellowship Program in Mental Illness Research and Treatment trains postdoctoral health professionals and scientists 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.



**Chelsea Ratcliff, Ph.D.** is a first-year fellow in Houston. She received a Ph.D. in Clinical Psychology from the University of Houston and completed a clinical internship at the Houston VA Medical Center. Dr. Ratcliff was awarded National Institutes of Health/ National Cancer Institute predoctoral funding to study the effect of brief guided mindfulness-meditation on anxiety, pain, and brain activity during stereotactic breast biopsy at the University of Texas MD Anderson Cancer Center. As a fellow, she plans to continue studying practical ways to integrate

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## RESEARCH (continued from page 1)

one-third of those who start treatment drop out. In addition, some Veterans do not wish to try these treatments because they do not want to talk about their trauma. Researchers at the Minneapolis VA Medical Center recently conducted a study to learn whether mindfulness-based stress reduction (MBSR), a very different approach, could benefit Veterans with PTSD.

MBSR has been growing in popularity and respect among healthcare providers as evidence accumulates from research showing benefits for many stress-related problems, but there has been no strong evidence about whether MBSR could help Veterans with PTSD. MBSR teaches participants to attend to their thoughts, feelings, and experiences in the present moment, and to do this in an accepting and nonjudgmental way. In the Minneapolis VA study, MBSR treatment was provided in the same manner as it is offered in the community. Veterans participating in MBSR treatment learned and practiced 3 meditation techniques that encouraged them to pay attention to thoughts and emotions as well as breathing and other body sensations. The treatment also included mindful yoga with stretching and body awareness.

Veterans in the Minneapolis study completed diagnostic interviews to confirm their PTSD diagnosis and were then randomly assigned to either the MBSR or a comparison treatment. The comparison, present-centered group therapy, has previously been shown to help Veterans with PTSD. Both forms of treatment began with an orientation session that explained the treatment and educated the participants about PTSD. The orientation was followed by 8 group sessions, with MBSR participants meeting for 2.5 hours weekly and present-centered therapy groups meeting for 1.5 hours weekly. The weekly MBSR treatment included the meditation, mindful yoga, and stretching and body awareness techniques described above, and also included

one 6.5 hour silent retreat for practicing the skills.

Study measures included the PTSD Checklist (PCL), the Clinician-Administered PTSD Scale (CAPS), and measures of depression and quality of life. From beginning of treatment to 2 month follow-up, PCL scores improved more for Veterans in MBSR, and the CAPS interview also showed more improvement for MBSR participants. Similarly, quality of life scores improved more for MBSR participants, and depression scores showed the same trend, although the differences between groups on this measure were not statistically significant.

This study provided a carefully designed and executed evaluation of the effectiveness of MBSR for Veterans with PTSD. The assessments were completed by staff who did not know the treatment assignment of the Veterans, and the treatment providers were well trained and had all sessions videotaped to confirm their fidelity to the protocol. Study highlights for clinicians:

- Veterans receiving MBSR treatment showed significantly greater improvements in PTSD symptoms on the PCL and the CAPS, but the amount of improvement was modest.
- At the end of treatment, 49% of Veterans in MBSR improved at least 10 points on the PCL, 67% improved at least 10 points on the CAPS, and 53% no longer met diagnostic criteria for PTSD at follow-up.
- Both treatments were well tolerated by Veterans.
- Drop out was greater for MBSR (22%) versus present-centered group therapy (6%) but these rates are both lower than drop out rates for prolonged exposure and cognitive processing therapy.

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### 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.

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Mental health providers who are interested in mindfulness-based interventions for Veterans can be encouraged by the study results, but should take note of the intensive training of the MBSR instructors and the clinical time required for the standardized treatment offered in this study. More research is needed to confirm the amount of improvement that can be expected from this kind of treatment, to determine if less intensive treatments also produce clinically meaningful effects, and to determine if the improvements that were observed at 2 months follow-up will be retained over time.

This article may be viewed at <http://www.ncbi.nlm.nih.gov/pubmed/26241597>.

Citation

Polusny, M. A., Erbes, C. R., Thuras, P., Moran, A., Lamberty, G. J., Collins, R. C., Rodman, J. L., & Lim, K. O. (2015). Mindfulness-based stress reduction for posttraumatic stress disorder among Veterans: A randomized clinical trial. *Journal of the American Medical Association, 314*(5), 456-465. ♦

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# 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 “**Cognitive Functioning: Assessment and Treatment of the Crossroads of PTSD, Postconcussive Syndrome, and Chronic Pain**” on Wednesday, October 14 at 8:00-9:00 a.m. CT or Thursday, October 15 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Michelle A. Bosco, Psy.D. At the conclusion of this educational program, learners will be able to:

1. Define PTSD, traumatic brain injury stratigraphy (emphasizing mild TBI), postconcussive syndrome and chronic pain, and highlight interaction and shared symptomology;
2. Explain the challenges in (and limits to) analyzing symptoms into discrete diagnoses upon assessment (e.g., “is this TBI or PTSD?” “What do we treat first?”) and in terms of treatment options; and
3. Describe an outpatient behavioral health program and discuss how to implement similar elements into a clinic format.

Call 1-800-767-1750 and use access code 37009# to participate. Email [Ashley.McDaniel@va.gov](mailto: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; 37009#**

November 18 & 19, 2015  
*Ethics and Social Media*

December 9 & 10, 2015  
*Parenting with PTSD*

January 13 & 14, 2015  
*Driving and Dementia*

## FELLOWS (continued from page 1)

mental health care in medical settings, with mentorship from Dr. Jeffrey Cully. She is particularly interested in studying brief, pre-surgical psychosocial interventions for individuals at risk for compromised postoperative recovery.



**John Ray, Ph.D.** is a second-year fellow in Little Rock. He received a Ph.D. in Clinical Psychology from the University of South Florida and completed a clinical internship in the VA St. Louis Health Care System Psychology Training Program. His research interests center on co-occurring PTSD and substance use disorders, including the cognitive, affective and biological mechanisms that underlie these disorders, as well as the use of technology and peer support strategies to improve access to care. Dr. Ray is active in the mental health clinic at the Eugene J. Towbin Healthcare Center in North Little Rock, providing evidence-based therapy to Veterans with PTSD and co-occurring disorders. Outside of this important work, he enjoys time with his wonderful family (Carol, Janie and Jackson), heavy metal music, baseball, grilling, craft beer, and running, pretty much in that order.



**Elyse R. Thakur, Ph.D.** is a first-year fellow in Houston. She received a Ph.D. in Clinical Psychology, with a specialization in health psychology from Wayne State University in Detroit. She completed a pre-doctoral internship at Baylor College of Medicine in Houston. Dr. Thakur's research has focused on developing efficient and effective interventions for patients with functional bowel disorders and pain-related problems. During graduate school, she developed and tested novel emotional exposure (awareness and expression) interventions for people with irritable bowel syndrome in one study, and for people with chronic headaches in another. In two randomized, controlled trials, she compared these interventions to standard cognitive behavioral therapy-based techniques (i.e. relaxation training). Moving forward, she plans to expand the focus of her research to adapt brief interventions for Veterans with functional bowel disorders and other gastrointestinal conditions to real-world gastroenterology clinics. She also plans to develop training programs for psychologists and other professionals to improve the adoption and dissemination of evidence-based psychological interventions in this setting. Her mentoring team includes Drs. Melinda Stanley, Hashem El-Serag, Lilian Dindo, and Mark Kunik.



**Eva Woodward, Ph.D.** is a first-year fellow in Little Rock. Trained as a clinical health psychologist, her core professional value is improving the physical and mental health of marginalized people. She learned a lot from her diverse advisors, peers, and patients in her training at Oklahoma State University (B.S.), Suffolk University in Boston (Ph.D.), and Brown University medical school in Providence, Rhode Island (residency). Dr. Woodward has clinical and research experience in sexual minority (LGBTQ) health research, HIV, and integrated primary care. She is excited to unify her research program to include cultural competence in integrated primary care through dissemination and implementation science, especially in medical centers that serve socially marginalized individuals. ♦

## Updated VHA Bibliotherapy Guide Website Identifies Resources to Empower Veterans Mental Health

The *VHA Bibliotherapy Guide* details self-help materials that are intended to help Veterans in their recovery. These materials offer education about mental health conditions as well as tips and coping strategies for success in regaining wellness. Although not a substitute for direct mental health care, these materials are additional resources that can support and enhance care. The *Guide* lists a variety of books, web-resources, and mobile applications that have been reviewed and used by VA experts.

The *Guide* is updated periodically but may not reflect “state of the art” changes in a particular topic area. The *Guide* is not intended to be exhaustive and is not an official endorsement of any specific commercial product. The resources are intended to provide additional support for Veterans facing common mental health concerns.

The materials in the *Guide* have been reviewed and recommended by experts and researchers at Mental Illness Research, Education and Clinical Centers (MIRECCs) nationwide, VHA Centers of Excellence, and the VHA Office of Mental Health Services. All materials were rated against standard questions of perceived effectiveness, support for the condition, and ease of access. Where available, information on alternative options for accessibility of materials are provided. To access the *Guide*, visit [http://www.mentalhealth.va.gov/self\\_help.asp](http://www.mentalhealth.va.gov/self_help.asp).

**Mental Health**

- ▼ Mental Health
  - Mental Health Home
  - Get Help
  - Self-Help Resources
  - Conditions
  - I am a...
  - About VA Mental Health
  - Resources and Support
  - Site Map
  - More Health Care

**QUICK LINKS**

- Hospital Locator
  - Zip Code
  - Go
- Health Programs
- Protect Your Health
- A-Z Health Topics

**Veterans Crisis Line**  
1-800-273-8255 PRESS 1

**My healthvet**  
My Health, My Care: 24/7 Access to VA

### Self-Help Resources

Home | How to Use | About the Guide | Credits

#### Resources to Empower Veterans Mental Health

Self-help materials can provide valuable education and support for Veterans who may be facing mental health challenges, their friends, and family members. There are a wide variety of self-help materials available and it can sometimes be difficult to select the most useful. VA has assembled a list of reviewer-recommended materials that may be helpful in finding the right option for you. For help in finding these materials, please click the "How to Use" tab.

#### Resource Topics

These self-help materials are intended to help Veterans in their recovery by offering education about mental health conditions as well as tips and coping strategies for success in regaining wellness. Although not a substitute for direct mental health care, these materials are additional resources that can support and enhance care. This brief guide lists a variety of books, web-resources, and mobile applications that have been reviewed and used by VA experts.

- General Mental Health
- Depression & Anxiety
- PTSD
- Substance Abuse

Screenshot of the VHA Bibliotherapy Guide Self-Help Website

# SC MIRECC ANNOUNCEMENTS

## SC MIRECC Welcomes New Employee



Wendell “Dale” Perkins is originally from Northern Arizona and joined the U.S. Air Force in 1992. In 2003, Dale accepted his fourth assignment to the Little Rock Air Force Base where he was assigned to an Air Craft Maintenance squadron as a Finance and Resource Advisor. He decided to retire from the Air Force in 2012 after 20 years of service. Entering the civilian sector, Dale sought a position where he could use his experience in finance and Bachelor of Science in Business Management. He accepted a position with the State of Arkansas Division of Medical Services as the Financial Activities Program Manager. In this position he developed, analyzed and reported the state’s annual Medicaid budget.

Desiring to return to the military family, Dale pursued and accepted the position of Budget Analyst at the SC MIRECC Little Rock anchor site. He is excited to do his part to help Veterans seeking access to care. During his short time here, he has found and appreciates coworkers who share a common goal and are committed to doing their part to help Veterans.

Dale is married with two daughters, whom he enjoys spending time with on their houseboat at Lake Ouachita. The lake is the main reason his family chose to call Arkansas home. He has also become a huge Arkansas Razorbacks fan and enjoys running.

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