



*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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HOUSTON  
NEW ORLEANS

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## EYE ON A SC MIRECC RESEARCHER

### C. Laurel Franklin, Ph.D.

SC MIRECC New Orleans Site Leader  
Clinical Psychologist  
Evidence-Based Psychotherapy Coordinator  
Southeast Louisiana Veterans Health Care System

*Q. Tell us a bit about your background and when you joined the SC MIRECC.*

I spent the majority of my graduate school training working toward being a full-time clinician. While on internship at the New Orleans VA, now Southeast Louisiana Veterans Health Care System (SLVHCS), I began asking clinical questions that had not been investigated in the research literature, such as how PTSD-symptom presentation differed across assessment settings. Finding answers to my clinical questions was what sparked my interest in becoming a clinician- researcher. After completing a research fellowship at a private hospital, I returned to SLVHCS because of the VA mission to advance the care of Veterans through best practices, and the emphasis on improving best practices through research.



When I joined the New Orleans PTSD clinical team as a staff member in 2002, I was fortunate to immediately be able to affiliate with SC MIRECC. My first grant was a SC MIRECC clinical educator grant, which gave me the experience of writing a proposal and seeing an idea from concept to product. Since that time, SC MIRECC has continued to support me and my research, which includes examining the effectiveness of novel modes of psychotherapy delivery to rural Veterans. I have felt privileged to be a part of SC MIRECC and have so many resources at my disposal to help cultivate my research career.

**See RESEARCHER on page 2**

## RESEARCHER (continued from page 1)

*Q. How has your relationship with SC MIRECC influenced your research career?*

When I first affiliated with SC MIRECC the mission was PTSD, which was a natural fit for me, given my clinical background focus on treatment of trauma-related disorders. When the mission evolved to focus on improving barriers to mental health services, it challenged me to take my interests and think about how I could help Veterans in new ways. Applying my research to improve access to care, particularly for rural/underserved Veterans, has helped me reach more individuals than I may have otherwise; and I find that highly rewarding as a clinician and researcher.

*Q. What are your priorities as the new leader of the SC MIRECC New Orleans anchor site?*

With the opening of the new facility, SLVHCS has an exciting opportunity to better serve Veterans and to foster a work environment that actively supports the important role and contributions of clinical research to patient care. As the site leader of the SC MIRECC in New Orleans, I hope to encourage and help anyone with interest to pursue a career in research. In order to grow and develop the program, I also want to recruit from the talented clinicians we have now and to hire new researchers to our facility.

*Q. New Orleans is a unique city and the experiences of this Veteran population are important to the SC MIRECC mission of improving mental health care for Veterans who encounter barriers to care. What research focus areas are you exploring with this population?*

The SC MIRECC mission to improve access to mental health services is particularly salient to Southeast Louisiana. SLVHCS provides services for a large catchment area of Veterans for whom traveling to receive treatment and participate in research studies is difficult.

This challenge is not unique to SLVHCS; access to care and mental health services is a challenge Veterans and VAs face nationwide.

The work of the SC MIRECC is addressing this challenge by better understanding what barriers to care exist and finding innovative, resource-efficient ways to ensure that Veterans receive the care they need and deserve. Clinician-researchers have a unique perspective and opportunity to address these barriers to effect change for their patients. For example, my most recent SC MIRECC-supported research examined use of smart phone technology to provide prolonged exposure therapy to PTSD-diagnosed Veterans, who otherwise would not have had access to the treatment.

*Q. How can people get in touch with you if they have questions about your work?*

I welcome questions and hope that anyone with interest in my work or the SC MIRECC will reach out to me. I can be reached at [Laurel.Franklin@va.gov](mailto:Laurel.Franklin@va.gov) or (504) 571-8294.

*Q. Is there anything I haven't asked you that you think our readers should know?*

It is never too early or late to take an interest in research. Being a part of a VA that is affiliated with the SC MIRECC is a rewarding professional development opportunity. The SC MIRECC has many resources to offer, including grant writing scholarship programs and statistical consultation, in addition to grant funding mechanisms. I hope that readers will take advantage of the resources and expertise we have to offer. ♦

### 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.





# PACERS

Program for Advancing Cognitive  
disorders Education for Rural Staff

## New Video to Help Veterans and Families Manage Driving and Dementia Now Available

Cognitive disorders gradually affect a person's ability to take care of him or herself, first with instrumental activities of daily living such as shopping, maintaining finances, and driving, and later with activities of daily living such as grooming and feeding. Providing care for people with dementia can be intellectually and emotionally demanding. As the abilities of individuals with dementia change, so do their needs and the needs of their caregivers. As a part of PACERS (Program for Advancing Cognitive Disorders Education for Rural Staff), with funding from the VA Office of Rural Health and in collaboration with the VA Employee Education System, Drs. Geri Adler and Ali Asghar-Ali developed a training video to help providers and Veterans and their caregivers to help address driving for those with dementia. This video, "**Driving with Dementia: Hanging Up the Keys,**" helps providers identify and address driving and can also be used to educate families and Veterans and provide strategies about stopping driving. The video is available through the VA Talent Management System. **To view the video, visit [https://www.tms.va.gov/learning/user/deeplink\\_redirect.jsp?linkId=ITEM\\_DETAILS&componentID=28017&componentTypeID=VA&revisionDate=1442844240000](https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=28017&componentTypeID=VA&revisionDate=1442844240000).** To learn more about PACERS, contact the project directors at [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov) or [Ali.Asghar-Ali@va.gov](mailto:Ali.Asghar-Ali@va.gov). ♦



Scenes from "Driving with Dementia: Hanging Up the Keys."

# RECENT SC MIRECC PUBLICATIONS

## PROVIDERS PERSONAL AND PROFESSIONAL CONTACT WITH PERSONS WITH MENTAL ILLNESS: RELATIONSHIP TO CLINICAL EXPECTATIONS

**Mittal, D.**, Ounpraseuth, S. T., Reaves, C., Chekuri, L., Han, X., Corrigan, P., & **Sullivan, G.**

*Psychiatric Services, Advance online publication*

Providers share many stigmatizing attitudes with the general public regarding persons with mental illness. These attitudes may contribute to suboptimal general medical care for patients with schizophrenia. This study tested the hypothesis that provider contact (personal and professional) with persons with mental illness would be associated with clinical expectations and that this relationship would be mediated by provider stigmatizing attitudes.

Between August 2011 and April 2012, 192 health care providers from five VA medical centers responded to a clinical vignette describing a patient with schizophrenia who is seeking treatment for back pain. Providers completed a survey to determine their expectations regarding the vignette patient's treatment adherence, ability to read and understand health education materials, and social and vocational functioning. Self-report data on the amount of contact each provider had with persons with mental illness in their practices and in their personal lives were also collected.

Structural equation modeling showed that providers with greater professional contact with patients with mental illness in their clinical practice and greater personal contact with individuals with mental illness exhibited significantly lower stigmatizing attitudes toward the patient with schizophrenia in the vignette and were more likely to expect the vignette patient to have better treatment adherence, a better understanding of educational material, and higher social and vocational functioning. Greater personal and professional contact with persons with mental illness was associated with lower provider stigma and higher expectations of patient adherence, increased ability to understand educational material, and higher social and vocational functioning. It is possible that interventions involving contact with persons with mental illness could reduce providers' stigma.

## PERSPECTIVES OF FAMILY AND VETERANS ON FAMILY PROGRAMS TO SUPPORT REINTEGRATION OF RETURNING VETERANS WITH PTSD

**Fischer, E.**, **Sherman, M. D.**, McSweeney, J. C., **Pyne, J. M.**, **Owen, R. R.**, & Dixon, L. B.

*Psychological Services, 12(3), 187-198*

Combat deployment and reintegration are challenging for Servicemembers and their families. Although family involvement in mental health care is increasing in the U.S. Department of Veterans Affairs system, little is known about family members' preferences for services. This study elicited the perspectives of returning Afghanistan and Iraq war Veterans with PTSD and their families regarding family involvement in Veterans' mental health care.

Semistructured qualitative interviews were conducted with 47 Veterans receiving care for PTSD at the Central Arkansas Veterans Healthcare System or Oklahoma City VA Medical Center and 36 Veteran-designated family members. Interviews addressed perceived needs related to Veterans' readjustment to civilian life, interest in family involvement in joint Veteran/family programs, and desired family program content. Interview data was analyzed using content analysis and constant comparison. Both groups strongly supported inclusion of family members in programs to facilitate Veterans' postdeployment readjustment and reintegration into civilian life. Both desired program content focused on information, practical skills, support, and gaining perspective on the other's experience.

Although family and Veteran perspectives were similar, family members placed greater emphasis on parenting-related issues and the kinds of support they and their children needed during and after deployment. To our knowledge, this is the first published report on preferences regarding VA postdeployment reintegration support that incorporates the perspectives of returning male and female Veterans and those of their families. Findings will help VA and community providers working with returning Veterans tailor services to the needs and preferences of this important-to-engage population. ♦

# SC MIRECC ANNOUNCEMENTS

## Dr. Teresa J. Hudson Named Director of UAMS Division of Health Services Research



We would like to congratulate Teresa J. Hudson, PharmD, Ph.D., on her recent selection as Director of the University of Arkansas for Medical Sciences (UAMS) Division of Health Services Research (DHSR), which is a part of the Department of Psychiatry and the Psychiatric Research Institute (PRI). Dr. Hudson was selected after a year-long national search. Dr. Hudson is an Associate Professor of Psychiatry with secondary appointments in the UAMS College of Pharmacy and the Graduate School. She earned a B.S and PharmD from the St. Louis College of Pharmacy and a Ph.D. in Health Systems and Services Research from the UAMS College of Public Health.

Dr. Hudson brings strong leadership and research skills to her new position. Her leadership experience includes serving as Associate Director of DHSR for the last year and as Associate Director of the VA Center for Mental Healthcare and Outcomes Research (CeMHOR), located at the Central Arkansas Veterans Healthcare System (CAVHS), for the last 8 years. She is a past Chair of the CAVHS Institutional Review Board and a past President of the Arkansas Association of Health System Pharmacists. Her research interests include developing strategies to identify persons at risk for opioid misuse and abuse, improving the safe and effective use of antipsychotic medications, and measuring quality of care for treatment of mental health and substance use disorders.

Dr. Hudson has extensive experience in health services research and has served as an affiliate investigator with the SC MIRECC for many years. She has served as principal investigator on grants funded by the National Institute of Drug Abuse (NIDA), the VA Quality Enhancement Research Initiative (QUERI), the VA Health Services Research and Development Service (HSR&D), SC MIRECC, and several pharmaceutical companies and private foundations. ♦

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