



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

www.mirecc.va.gov/visn16

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VISN 16 Training on Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)

By Geri Adler, Ph.D.

Chronic pain is the most common reason that people seek medical care (IOM, 2011). It affects more than 100 million Americans and often results in significant social, physical, and vocational impairment (Gatchel, Peng, Fuchs & Turk, 2007). Veterans are more likely to experience chronic pain conditions than the general population (Kazis et al., 1999). In fact, about 50% of male Veterans and nearly 75% of female Veterans treated in the VA report experiencing chronic pain (Haskell, Heapy, Reid, Papas & Kerns, 2006; Kerns, Otis, Rosenberg & Reid, 2003). Veterans with chronic pain can be treated in a variety of ways including medications, rehabilitative therapy, surgery, and psychotherapy (IOM, 2011).

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Now Available: Clinical Video Telehealth into the Home Provider Toolkit

Developed by Jessica L. Larsen, Ph.D., M.A.; Kristen H. Sorocco, Ph.D.; Jan Lindsay, Ph.D.; Lindsey A. Martin, Ph.D.; and Kathy L. Henderson, M.D.

Telemental health, a use of telemedicine to provide mental health assessment and treatment at a distance, has solidified itself as a well-known practice in the medical field. It refers to telepsychiatry and other telecommunication forms of mental health services, including psychotherapy, medication management, and diagnostic assessment. Clinical videoconferencing into the home (CVTHM) is an extension of efforts in general telemedicine and telemental health to bring services into the patient's home via video-teleconferencing technologies. It has been strongly



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Over the past thirty years, cognitive behavioral therapy (CBT) has been found to be one of the most effective psychotherapeutic treatments of chronic pain (Ehde, Dillworth & Turner, 2014). It has been shown to improve functioning and quality of life for patients (Eccleston, Williams & Morley, 2009; Hoffman, Papas, Chatkoff & Kerns, 2007). CBT for chronic pain (CBT-CP) is one of the evidence-based practices being disseminated nationally in VA (Karlin & Cross, 2014). Training in delivering CBT-CP treatment was identified as a need by VISN 16 clinicians in the SC MIRECC annual education needs assessment. As a result, the VISN 16 Mental Health Product Line Advisory Council (MHPLAC) requested SC MIRECC support for training additional clinicians in CBT-CP. The VISN 16 Chiefs of Mental Health selected 15 participants for this training.

On June 3 and 4, 2015, participants met in person at the Michael E. DeBakey VA Medical Center in Houston, Texas to complete the training. The course was taught by Jennifer Murphy, Ph.D. Dr. Murphy is the Clinical Director of the inpatient Chronic Pain Rehabilitation Program and the pain section supervisor at the James A. Haley Veterans Hospital in Tampa, FL. She is the lead author of the VA's Cognitive Behavioral Therapy for Chronic Pain Therapist Manual and has served as the trainer for all CBT-CP cohorts since the treatment's inception.

The training provided an overview of essential chronic pain education and an introduction to the CBT-CP protocol. It highlighted aspects of treatment that can be applied most readily in settings where shorter-term therapy may be required, such as in Primary Care and at community-based outpatient clinics (CBOCs). Training participants gained the necessary knowledge to discuss the chronic pain cycle and how it affects physical and emotional functioning with their patients. They also learned basic skills to assist Veterans in the facilitation of pain self-management.

Ten participants, five social workers and five psychologists, completed an evaluation following the training and claimed continuing education units. Six of these participants were located at a CBOC. Each saw Veterans with chronic pain in their practices, comprising 30-90% of their caseloads. Almost all (90%) participants were satisfied with training. Participants found the content relevant and up-to-date and plan to apply the knowledge and skills learned to their current positions. Almost all found Dr. Murphy an engaging presenter who was effective in conveying the information and knowledgeable about



CBT-CP.

Participants also had these comments about the training:

“Provided new skills and practical applications with tangible worksheets/information that I may also [provide] to Veterans [I] serve”

“The materials, handouts, the manual all has been [a] useful resource. I also appreciate the structure of the sessions”

For more information about SC MIRECC education resources and opportunities, email Ali.Asghar-Ali@va.gov or Geri.Adler@va.gov. You can also visit our website at <http://www.mirecc.va.gov/visn16/education.asp>.

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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 “**American Indian Veterans Mental Health**” on Wednesday, September 9 at 8:00-9:00 a.m. CT or Thursday, September 10 at 11:00-12:00 p.m. CT. This Adobe Connect session will be presented by Jay H. Shore, M.D., M.P.H. At the conclusion of this educational program, learners will be able to:

1. Describe Native Veterans and their communities with attention to the diversity found in this population;
2. Explain important aspects of working clinically with Native Veterans including attention to cultural issues and traditional healing; and
3. Identify innovative outreach models to provide care and increase access in the area of Mental Health for Native Veterans, including telepsychiatry and the Tribal Veterans Representative Training program.

Call 1-800-767-1750 and use access code 37009# 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; 37009#

October 14 & 15, 2015
Mild TBI/PTSD/Depression

November 11 & 12, 2015
Ethics and Social Media

December 9 & 10, 2015
Parenting with PTSD

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recommended by the VA Central Office as a viable means of delivering mental health treatment to Veterans. CVTHM extends the existing VHA clinical videoconferencing network for VHA clinicians into the homes of Veteran patients, providing an unparalleled level of access and efficiency in mental health care.

Developed with funding from the South Central MIRECC, the purpose of the *CVTHM Toolkit* is to equip facilities, mental health providers and clinical champions with the necessary skills and procedures to deliver mental health care to Veterans through CVTHM. The *Toolkit* is designed to assist facilities in the implementation of CVTHM by having a clinical champion work with frontline providers to facilitate adoption of CVTHM national guidelines and standards. The *Toolkit* supplements the mandatory trainings found on the Office of Telehealth Services website.

The *Toolkit* includes:

- An overview of CVTHM, its benefits, and history at the VHA
- Steps on how to become a certified provider
- Tips on technical troubleshooting
- Instructions for developing a community of practice
- Resources
- Contacts
- An implementation checklist
- A sample CVTHM session note

The *Toolkit* is intended for VA facilities and clinicians interested in expanding their skillset to include the use of CVTHM. To best use the *Toolkit*, it is recommended that facilities first conduct a self-assessment, using the CVTHM Implementation Checklist (Appendix A) to assess areas of strength and need in their current programs. Following identification of areas of need and after addressing the issues, the *Toolkit* can provide facilities and individual providers with guidance to assist with the transition to CVTHM service provision.

To download the *CVTHM Toolkit*, visit <http://www.mirecc.va.gov/visn16/clinical.asp>. ♦

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.

NEW CLINICAL EDUCATION PRODUCT AVAILABLE

A Veteran's Guide to Talking with Kids about PTSD

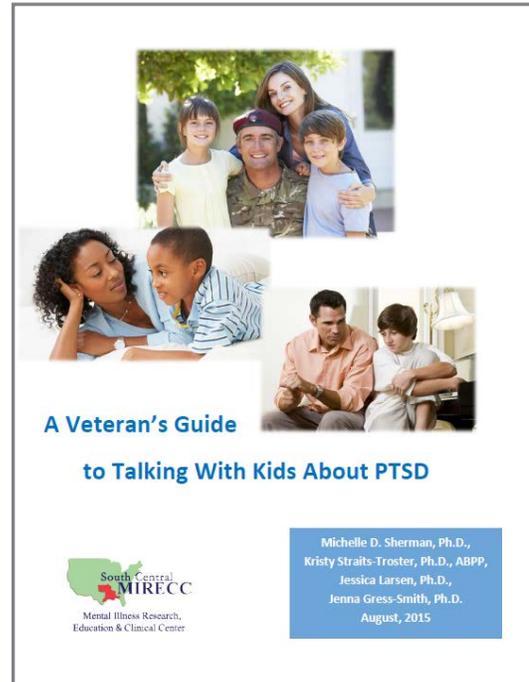
Developed by Michelle D. Sherman, Ph.D., Kristy Straits-Troster, Ph.D., ABPP, Jessica Larsen, Ph.D., and Jenna Gress-Smith, Ph.D.

A clinical education grant from the South Central MIRECC funded a mixed methods research project spanning three VISNs. The research was conducted at three VA medical centers, in Oklahoma City, Oklahoma; Phoenix, Arizona; and Minneapolis, Minnesota; and was led by Principal Investigator Michelle Sherman, Ph.D. Project staff included John Tassej, Ph.D. and Jessica Larsen, Ph.D. (Oklahoma City), Kristy Straits-Troster, Ph.D., ABPP and Jenna Gress-Smith, Ph.D. (Phoenix) and Christopher Erbes, Ph.D. (Minneapolis).

We conducted ten interviews (focus groups and individual interviews) with 19 Veteran parents living with PTSD examining their motivations for talking with their children about PTSD, barriers to sharing, positive outcomes of disclosure, experience at VA as a parent, and desired VA services. Parents reported uncertainty about how to talk with their children about PTSD and a desire for support from VA providers in doing so. Notably, one-fifth of the Veterans reported that none or few of their VA mental health providers had asked if they had children; further over 40% indicated that none or few of their mental health providers talked with them about parenting or their children. One fifth of the Veterans described the VA as not welcoming to Veterans with children.

Based on these findings and a review of the literature, we developed a 25-page interactive pamphlet for Veteran parents entitled “**A Veteran's Guide to Talking With Kids About PTSD.**” The pamphlet can be used independently by a Veteran or in conjunction with a therapist as part of a therapy group, class, or workshop.

The resource is honest, yet gentle in encouraging Veterans to consider their hopes and fears in talking with their kids about PTSD. Parents' strengths are emphasized, and readers are encouraged to draw upon support from family members, friends, other Veterans, and mental health professionals. Numerous interactive activities are offered throughout the pamphlet to encourage reflection and personalizing the information. Quotes from participants in the Veteran focus groups and interviews are also



included. The resource is rooted in a recovery approach and instills hope in Veteran parents, both for themselves and their children.

The pamphlet is organized in the following sections:

- What Do You Enjoy About Parenting?
- How Can PTSD Affect Families?
- Should I Tell My Kids About PTSD?
- How Might I Prepare To Have These Conversations With My Kids?
- How Might I Approach the Discussion?
- What Should I Tell My Kids?
- What Should I Do If I Get Upset When Talking With My Kids About PTSD?

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- What Should I Do If My Child Becomes Upset During the Discussion?
- How Do I Deal With Questions My Child Asks?
- How Can I Be an Effective Parent?
- Resource List

We are deeply grateful to our project Expert Advisory Board, including Harold Kudler, M.D. (VA Central Office), Abigail Gewirtz, Ph.D. (University of Minnesota), and Joanne Nicholson, Ph.D. (Dartmouth). We also sincerely appreciate the helpful feedback we received on the pamphlet from many Veterans and mental health professionals, including the VISN 16 Consumer Advisory Board (CAB) and the Phoenix VA's Veterans Mental Health Advisory Council.

The pamphlet is available for free download on the MIRECC website: <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

An article based on this research is also available:

Sherman, M. D., Larsen, J. L., Straits-Troster, K. A., Erbes, C., & Tassej, J. (2015). Veteran-child communication about parental PTSD: A mixed methods pilot study. *Journal of Family Psychology, 29*(4), 595-903. ♦

What Do You Enjoy About Parenting? What Are Your Strengths?

Being a good parent is a big job and can be challenging. Children can provide incredible joy, but can also be a source of stress, anxiety, and worry. If you find yourself feeling overwhelmed at times, not sure about what to do, or even ashamed about some of your parenting behaviors, know that you're in good company. All parents feel that way sometimes! Parenting involves a wide range of skills and activities, and some are more fun or easier than others. For example, changing dirty diapers, soothing a screaming toddler, or dealing with an angry teen who came home late may not be your favorite parts of parenthood! It's important to remember the things about being a parent that you really enjoy, especially during the hard times. Although this booklet focuses on challenges related to parenting with PTSD, we also want to consider what's working well in your family.

Consider Cory, an Operation Enduring Freedom Veteran and father of three children, ages 3 to 14. His favorite things about being a dad include:

- Shooting hoops at the park with my son
- Watching my kids sleep
- Reading stories at bedtime

What are your favorite things about being a parent? What activities do you enjoy doing with your child? Please list them below. You may wish to keep this booklet handy for times that you feel stressed or want to think of a way to enjoy time with your child.

All parents have unique strengths and abilities. Some parenting activities come easier than others. Your military training and experience have given you skills that work well in parenting. For example, perhaps your ability to be organized, meet deadlines, and stick to schedules helps you support your children with their homework.

Cory tends to feel badly about himself as a parent, sometimes focusing on what is tough for him with his kids because of his PTSD symptoms. However, when he took some time to think about it and talked with his wife, he was able to identify that he's really good as a parent in the following ways:

- ✓ Good sense of humor: I can get my kids smiling and laughing in no time!
- ✓ I've got their back: I will advocate for them if they ever need me, such as at school or on their soccer team.
- ✓ I'm good at keeping routines: I learned in the military the importance of having regular schedules, and know that having predictable routines really helps my kids. Every night before they go to bed, I help them get everything prepared for the next day, which sets all of us up for a good morning and start to the day.
- ✓ I spend time with my kids regularly. Even if it's just playing with the dog or doing video games together, I make it a priority to hang out with them as often as I can.

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How Can PTSD Affect Families?

Parenting can be especially challenging when you're managing PTSD. Some days everything may go smoothly, and you feel comfortable being with your kids. You love being a parent and are proud of your children. Other days, however, parenting may be tough, and may you feel overwhelmed by the basic tasks of caring for your children's needs.

It is normal to feel irritated with your kids sometimes, and you may even find it hard to be around them. Some days your frustration probably has nothing to do with PTSD but is just the normal stress of parenting. On other days, managing your memories and strong feelings related to PTSD makes dealing with your children more challenging. You might feel frustrated with yourself as a parent. Your desire to be a good parent may even be part of what made you want to seek treatment.

Although every person's experience of PTSD is different, consider the following situations. You may relate to some of these common parenting challenges associated with PTSD.

The one most positive in my life is my kids...they are the motivation for everything!

- Male OEF (Afghanistan) Veteran

Joe

Ever since his deployment to Iraq, Joe has dealt with serious depression related to his PTSD. Just taking care of his daily activities gets his energy. Doing anything other than relaxing on the couch is overwhelming. His children have noticed that Dad really struggles with more enjoyment, so they usually don't ask him to join their activities. They miss the dad that he used to be, but don't laugh, joke, and tease with his kids anymore; he seems sad and much of the time his kids always go to their room when they have a problem or need to talk.

Ottavia

Ottavia is pretty cranky and doesn't have much patience for her kids' misbehavior. She cranks a lot of how in her room sleeping, watching TV, playing games on her phone, and reading books on Facebook. She yells at her kids for little things and then looks guilty later for being so hard on them. Her children hate seeing their mom so upset and mad. They try hard to do well in school, stay out of the way at home, and not do anything to upset her.

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What Should I Tell My Kids?

Depending on your child's age, he/she may have already learned some things about PTSD. He/she may have talked to friends at school, searched for information on the internet, or read books about it. Although such general information can be helpful, each person's experience of PTSD is different, and there's a lot of inaccurate information written about it. Also, even correct information may not be relevant to your situation. What's important is for your child to understand your symptoms, and hearing something directly from you is the best way for him/her to learn.

Sometimes parents don't know how to begin these conversations. You may find one of these approaches helpful.

I'd like to talk with you about some tough things I'm dealing with right now. Just as I ask you to be open and honest with me, I want to share something personal with you.

I've been dealing with some difficult stuff lately, and I would like to talk with you for a few minutes. How do you feel things are going in our family?

I've been a bit cranky these days, grumpy, etc.) lately. I want to tell you a little bit about what's going on for me.

As you talk with your children about PTSD, you may share some of the messages listed below. How you share the information and what you share depend on your family's situation and your child's developmental stage. Adjust your language to match your child's level of understanding.

Describe PTSD, explaining that it stands for Post-Traumatic Stress Disorder. About 8% of people in the United States develop it after an upsetting event. It can affect how a person thinks, feels and behaves.

Explain that you experienced an upsetting event but won't be sharing the details.

When I was in Iraq, I had a bad experience that still bothers me today.

A long time ago, I had a really scary thing happen to me. When I think about it, I sometimes feel upset.

I won't be sharing the details with you because talking about this event is hard for me. I'm working on moving forward in my life with you and our family. I hope that knowing about PTSD and how I feel will help you understand me better.

"My life with PTSD can be okay; that you can live and have a fulfilling life and have pursuits and dreams and change your life and be okay."

- Female Veteran

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Pages from the "A Veteran's Guide to Talking with Kids About PTSD" pamphlet.

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