

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

South Central MIRECC

COMMUNIQUE

October 2016 Volume 18 Issue 10

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Research to Practice: Childhood Trauma Associated with Dropout in PTSD Treatment

Summary by Sonora Hudson, MA

An article by Shannon R. Miles and Karin E. Thompson, published this year in *Psychological Trauma: Theory, Research, Practice and Policy*, sheds new light on a controversial issue regarding treatment of posttraumatic stress disorder (PTSD) in Veterans: Why do so many reject treatment or begin treatment and then drop out? Findings are especially meaningful in that the study involved medical-record review of Veterans treated at a Veterans Health Administration clinic, rather than an examination of



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PACERS Program E-Learning Modules and Video Available

Developed by Geri Adler, PhD and Ali Asghar-Ali, MD

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

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**South Central MIRECC
Communique**

October 2016

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www.mirecc.va.gov/visn16

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individuals in the research setting.

The authors looked at records of 199 Veterans referred to a PTSD Clinical Team for individual PTSD evidence-based psychotherapies (such as cognitive processing therapy [CPT] or prolonged exposure [PE]) between August 2012 and November 2013. After completing a semistructured evaluation with a clinical psychologist or social worker, Veterans meeting criteria for a primary diagnosis of PTSD were enrolled for treatment. Veterans selected the type of treatment they would like in an individual planning session, and those opting for nontrauma-focused treatment or supportive counseling, rather than individual evidence-based psychotherapies, were referred to another clinic.

Veterans completed the PTSD Checklist – Stressor Specific measure before and after participating in treatment, and clinicians completed the PTSD Status Form after meeting with the Veteran. Results of these measures were evaluated along with variables from the medical-record review, which included factors such as Veteran’s treatment preference and treatment outcomes (whether he/she initiated treatment, attended two or more sessions or completed treatment [determined by the therapist, as some individuals require more sessions than others]). Age, race and sex were also noted.

Study highlights for clinicians include the following:

- 48% initiated individual CPT or PE, 11% participated in group, 15% initiated nontrauma-focused psychotherapy, and 26% did not initiate any psychotherapy.
- The most common trauma was combat (78%), followed by childhood trauma (33%), and military sexual trauma (16%).
- About 61% had experienced one type of trauma, 35% had experienced two types of trauma, and 3% had experienced three types.
- Men had experienced more combat trauma; women had experienced more childhood, military sexual trauma and other traumas.

- Treatment preference groups did not differ in types of trauma experienced.
- 54% of those initiating CPT or PE completed treatment, with completers having higher rates of combat trauma (88%) than noncompleters (70%).
- Noncompleters had significantly higher rates of childhood trauma.

The authors theorize that the large percentage choosing not to initiate individual therapy may have been put off by the time commitments (weekly sessions and daily homework) and/or a fear of being emotionally overwhelmed by the treatment, suggesting that motivational interviewing and shared decision making might warrant further study. They also suggest that assessing Veterans with PTSD for childhood trauma might be beneficial and that emotion-regulation skills training and providing information about emotional experiences expected during treatment might engage more in treatment. On a positive note, most completing the individual evidence-based psychotherapies realized "substantial" symptom reduction, no matter the type of their trauma.

This article may be accessed at <http://dx.doi.org/10.1037/tra0000132>.

Citation

Miles, S. R., Thompson, K. E. (2016). Childhood trauma and posttraumatic stress disorder in a real-world Veterans Affairs clinic: Examining treatment preferences and dropout. *Psychological Trauma: Theory, Research, Practice and Policy*, 8, 464-7.

Attribution: Acknowledgement of SC MIRECC Research Support/ Employment

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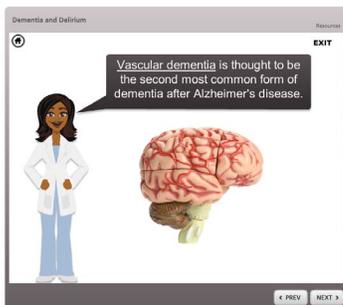
For example, "This work was supported in part by the VA South Central Mental Illness Research, Education and Clinical Center." If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.

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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 have developed a training curriculum to aid providers in the care of Veterans with dementia. Two e-learning modules are available to VA providers in the VA Talent Management System (TMS). Each module is accredited for one hour of CE. A video on dementia and driving is available to the public on YouTube. For the latest information on the PACERS program, visit <http://www.mirecc.va.gov/VISN16/PACERS.asp>.

Dementia and Delirium VA TMS E-Learning Module (TMS ID 29817)



Dementia is a major public health concern, affecting over 5 million Americans, of whom over 560,000 are Veterans.

The incidence of dementia increases with age, with more than 90% of those affected aged over 60 years. It is one of the most costly chronic conditions that the VA treats and its financial impact is expected to grow with the increasing number of aging Veterans. This course describes two of the most common neurocognitive disorders that occur among elderly Veterans, delirium and dementia. Available at https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=29817&componentTypeID=VA&revisionDate=1469553180000.

Dementia and Driving VA TMS E-Learning Module (TMS ID 28776)



One of the most challenging issues clinicians must address when working with Veterans with dementia is declines in driving skills.

Clinicians have recognized a gap in knowledge regarding how to address diminished driving skills and decision-making for drivers with dementia. This course provides practical information that clinicians and health care teams can use in their work with older drivers with dementia and their families. Available at https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=28776&componentTypeID=VA&revisionDate=1455739740000.

Dementia and Driving: Hanging Up the Keys YouTube Video



This video 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 at <https://www.youtube.com/watch?v=IWGwqUFHMcc>.

Mood Management. Each interactive brochure contains several 'Team Up' sections designed specifically to encourage clinicians to personalize the administration of each brochure and practice new skills through collaboration with the Veteran. A pre- and post-symptom assessment is paired with each interactive brochure, allowing clinicians to determine the effectiveness of the intervention.

To download the tuff brochures, visit http://www.mirecc.va.gov/VISN16/new_and_featured_products.asp.

CBOC Mental Health Rounds

Toolkit for Community Mental Health Providers: Treating Traumatic Brain Injury

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**Toolkit for Community Mental Health Providers: Treating Traumatic Brain Injury**" on Wednesday, October 12 at 8:00-9:00 am CT or Thursday, October 13 at 11:00-12:00 pm CT. This Microsoft Lync session will be presented by Dr. Lisa Brenner. At the conclusion of this educational program, learners will be able to:

1. Discuss co-occurring traumatic brain injury and mental health concerns
2. Describe the design and implementation of the "Traumatic Brain Injury and Co-occurring Mental Health Problems Toolkit"

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#**

November 9 & 10, 2016
*Ethics and Service
Animals*

December 14 & 15, 2016
PTSD and Insomnia

Prevalence of Probable Mental Disorders and Help-Seeking Behaviors Among Veteran and Non-Veteran Community College Students

Fortney, JC, Curran, G, Hunt, JB, Cheney, AM, Lu, L, Valenstein, M, & Eisenberg, D

General Hospital Psychiatry, 2016, 38, 99-104

Millions of disadvantaged youth and returning Veterans are enrolled in community colleges. Our objective was to determine the prevalence of mental disorders and help-seeking behaviors among community college students.

Veterans (n=211) and non-Veterans (n=554) were recruited from 11 community colleges and administered screeners for depression (PHQ-9), generalized anxiety (GAD-7), PTSD (PC-PTSD), non-lethal self-injury, suicide ideation and suicide intent. The survey also asked about the perceived need for, barriers to and utilization of services. Regression analysis was used to compare prevalence between non-Veterans and Veterans adjusting for non-modifiable factors (age, gender and race/ethnicity).

A large proportion of student Veterans and non-Veterans screened positive and unadjusted bivariate comparisons indicated that student Veterans had a significantly higher prevalence of positive depression screens (33.1% versus 19.5%, $P < .01$), positive PTSD screens (25.7% versus 12.6%, $P < .01$) and suicide ideation (19.2% versus 10.6%, $P = .01$). Adjusting for age, gender and race/ethnicity, Veterans were significantly more likely than non-Veterans to screen positive for depression (OR=2.10, $P = .01$) and suicide ideation (OR=2.31, $P = .03$). Student Veterans had significantly higher odds of perceiving a need for treatment than non-Veterans (OR=1.93, $P = .02$) but were more likely to perceive stigma (beta=0.28, $P = .02$). Despite greater need among Veterans, there were no significant differences between Veterans and non-Veterans in use of psychotropic medications, although Veterans were more likely to receive psychotherapy (OR=2.35, $P = .046$).

Findings highlight the substantial gap between the prevalence of probable mental health disorders and treatment seeking among community college students. Interventions are needed to link community college students to services, especially for student Veterans.

This article can be accessed at <https://www.ncbi.nlm.nih.gov/pubmed/?term=26598288>.

Other Publications

Keeley, JW, Cardin, SA, & Gonzalez, RA (2016). **The influence of diagnosis on psychotherapy: Missed opportunities in a Veteran population.** *Psychotherapy Research, 26(1), 120-130.*

Maguen, S, Hoerster, KD, Littman, AJ, Klingaman, EA, Evans-Hudnall, G, Holleman, R, Kim, HM, & Goodrich, DE (2016). **Iraq and Afghanistan Veterans with PTSD participate less in VA's weight loss program than those without PTSD.** *Journal of Affective Disorders, 193, 289-294.*

Announcements

Dr. Kimberly Garner Named Associate Director of Education and Evaluation at the CAVHS GRECC

Congratulations to Dr. Kimberly K. Garner, an affiliate investigator with the SC MIRECC, on being named the Associate Director of Education and Evaluation for the Central Arkansas Veterans Healthcare (CAVHS) Geriatric Research, Education and Clinical Center (GRECC). In this role, she is responsible for planning, directing and conducting both formative and summative program evaluations, curriculum development, and leading education and training activities related to GRECC research, education and clinical programs. She is playing a major role promoting GRECC program initiatives in VISN 16 and nationwide.



Dr. Garner is a board-certified family physician with certificates of added qualification in geriatrics as well as hospice and palliative medicine. Since 2006, she has been a full-time staff member at CAVHS, where she is a clinical investigator and clinician educator with extensive teaching experience in both clinical and non-clinical settings. She is also a VA Undersecretary for Health Gold Practice Fellow.

Dr. Ellen Fischer Receives 25-Year Pin for Federal Service

Please join us in congratulating Dr. Ellen Fischer for receiving her 25-year federal service pin in September. An affiliate of the SC MIRECC since its inception in 1998, she was named the Director of the SC MIRECC Implementation, Design and Analysis Support Program (MIDAS) in 2007, a role in which she continues to serve, and the Assistant Director for Research in 2016. Dr. Fischer is also an investigator with the VA HSR&D Center for Mental Healthcare and Outcomes Research and the University of Arkansas for Medical Sciences Division of Health Services Research.

Learn more about SC MIRECC by visiting www.mirecc.va.gov/visn16

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