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

South Central MIRECC

COMMUNIQUE

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New Clinical Education Product Available: Provider Communication: Education and Practice in a Veterans Healthcare System

Developed by Jessica Combs, PhD, Rose Gonzalez, PhD, Leili Plasencia, PhD, Maria Rodriguez-Barradas, MD, Justin Springer, PhD, Tara Steinberg, PhD, and Ellen Teng, PhD

This training video and facilitator guide addresses provider-patient communication within the VA system. It provides concrete and empirically supported techniques that can be used by providers to improve Veteran understanding of their healthcare in any department. The training incorporates significant interactive components, allowing groups of providers to share effective communication techniques with each other. Positive outcomes of the training include improved

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Q&A with a SC MIRECC Fellow

Interview with Eva Woodward, PhD
Psychology Fellow in Little Rock, Arkansas

Q. *What do you like about doing research with Veterans?*

As a civilian doing research and clinical work in the VA, I'm in awe when I learn about Veterans' experiences as Servicemembers—from basic training to relocation to deployment to job responsibilities. The capability

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South Central MIRECC Communique

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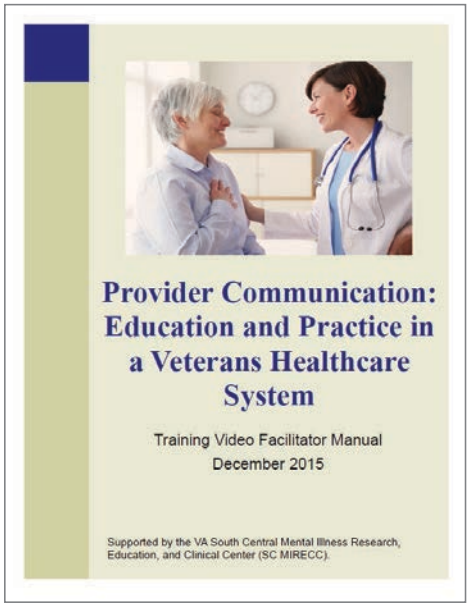
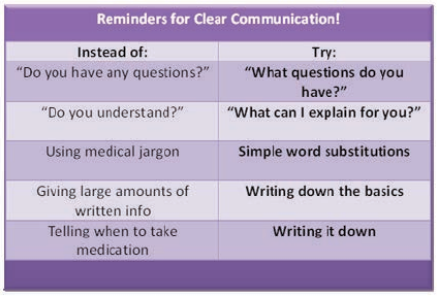
communication between providers and patients, which leads to higher satisfaction both for Veterans and for providers.

This product is meant for VA clinicians with any level of training, in any department, or occupation. The ideal way to use this product is to schedule a 1-hour training for a department, program, or select group of clinicians. One trainee will act as the "leader," and will follow along with the video in the trainer's guide and help stimulate discussion when needed. There is no prior training or education needed to be a trainee leader or take part in the training.

Dr. Combs would like to thank Dr. Ellen Teng for encouraging her to apply for this grant as a trainee, and for unequivocally supporting the idea and the execution. She also thanks her co-applicants, all currently on staff at the Houston VA, Drs. Rose Gonzalez, Maria Rodriguez-Barradas, Tara Steinberg, and the aforementioned Dr. Teng. She also thanks the "actors" in the video, Drs. Annie Tang (on staff at Jesse Brown VAMC), Gonzalez, Steinberg, Leili Plasencia (on staff at VA Texas Valley Coastal Bend Health Care System), and Dr. Justin Springer (on staff at Houston VA).

To view the video, access the facilitator manual, and print a wallet reminder card with helpful prompts such as "instead of 'Do you understand?' try 'What can I explain for you?' " , visit http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp and expand the "health communication" topic area section.





Reminders for Clear Communication!

Instead of:	Try:
"Do you have any questions?"	"What questions do you have?"
"Do you understand?"	"What can I explain for you?"
Using medical jargon	Simple word substitutions
Giving large amounts of written info	Writing down the basics
Telling when to take medication	Writing it down

Announcement

Deadline to Submit Fiscal Year 2017 Clinical Educator Grants Application is August 5

There is one month left to submit an application for the fiscal year 2017 SC MIRECC Clinical Educator Grants program. We designed these grants (up to $10,000 for multi-site projects) to help VISN 16 and VISN 17 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other underserved Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include brief videos for reviewing the metaphors of acceptance and commitment therapy, a website dedicated to helping returning Veterans reintegrate into their communities and families, and a behavioral activation workbook designed to complement formal treatment for depression. 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 an application is August 5, 2016**. For more information about the Clinical Educator Grants program, contact Dr. Geri Adler at Geri.Adler@va.gov. To view completed clinical education products, visit http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp.

- Download Application at http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf
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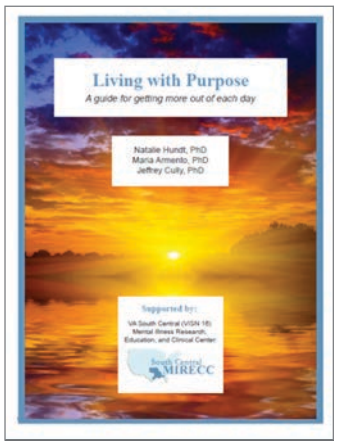


FELLOW (continued from page 1)

and resiliency of Veterans inspires me. To be able to learn about their well-being and (hopefully) improve it is very fulfilling because it allows me to give back to a group of individuals who have given so much to the United States population.

Q. What would your dream research study be if funding weren't an issue?

We would collect a lot of data for a long time in a national, longitudinal, hybrid implementation-effectiveness research study that assessed how implementation science reduces health disparities. We would analyze the implementation, primarily, and effectiveness of several evidence-based practices on access to care, quality of care, and outcomes of care between different disparity groups of Veterans. Groups would be defined by previously documented disparities (e.g., for PTSD, one analysis of disparity groups would compare transgender and non-transgender samples because there is a documented PTSD disparity between these two groups). Because the VA supports a Veteran's whole health, the evidence based practices would target high priority areas in VA and span physical conditions, such as hypertension and diabetes; socioeconomic conditions, such as housing and employment; and psychological conditions, such as depression and PTSD.

Q. Where do you want to be in five years?

I'd be so tired from that study that I'd probably need a vacation! My personal and professional mission is to reduce health disparities in the U.S. through implementation science, so I envision myself in a position to continue doing that work. In five years,

I also hope that I'm routinely engaged with my art, perhaps in a home studio (these are best-case scenarios, right?), and significantly improved at tennis.

Clinical Care Product Highlight

Clinical Video Telehealth into the Home Provider Toolkit

Developed by Jessica L. Larsen, PhD, MA, Kristen H. Sorocco, PhD, Jan Lindsay, PhD, Lindsey A. Martin, PhD, and Kathy L. Henderson, MD

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 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 SC 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 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.

CBOC Mental Health Rounds

A Better Way to Give Advice: A Motivational Interviewing Approach

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**A Better Way to Give Advice: A Motivational Interviewing Approach**," on Wednesday, July 13 at 8:00-9:00 am CT or Thursday, July 14 at 11:00-12:00 pm CT. This Microsoft Lync session will be presented by LaDonna Saxon, PhD. At the conclusion of this educational program, learners will be able to:

1. Discuss the difference between directive means of advice-giving and a client-centered approach grounded in motivational interviewing methodology;
2. Explain the importance of asking permission in the information exchange process;
3. Describe the Elicit-Provide-Elicit framework for conveying information or advice; and
4. List resources to support more in-depth motivational interviewing training.

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#

August 10 & 11, 2016
Imagery Rehearsal Therapy

September 14 & 15, 2016
Substance Use Disorder

Attribution: Acknowledgement of SC 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 Mental Illness Research, Education and Clinical Center." If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.

Providers personal and professional contact with persons with mental illness: Relationship to clinical expectations

Mittal, D, Ounpraseuth, ST, Reaves, C, Chekuri, L, Han, X, Corrigan, P, & Sullivan, G

Psychiatric Services, 67(1), 55-61

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.

Other Publications

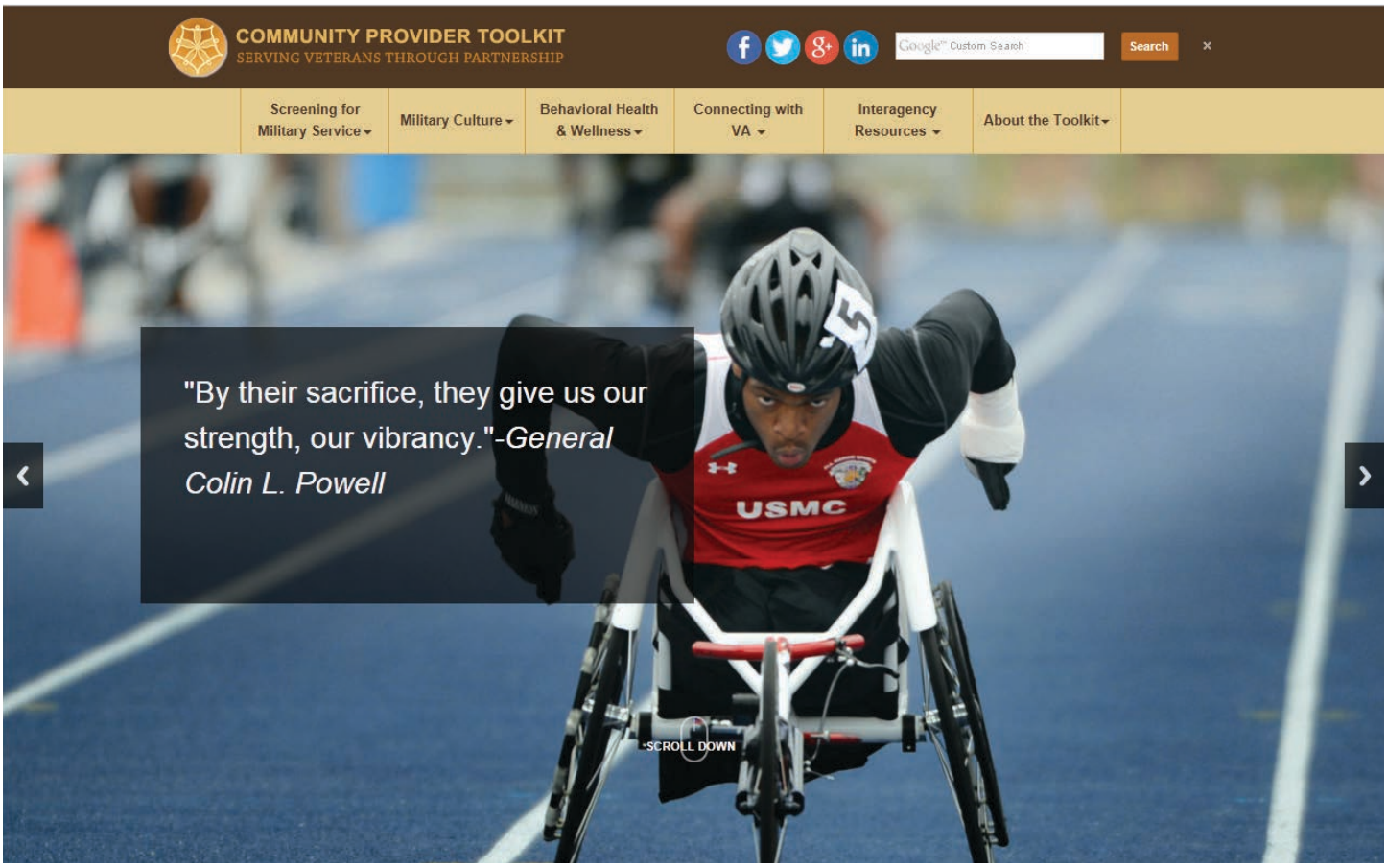
Freshour, JS, Amspoker, AB, Yi, M, **Kunik, ME**, **Wilson, N**, **Kraus-Schuman, C**, **Cully, JA**, **Teng, E**, Williams, S, Masozera, N, Horsfield, M, & **Stanley, MA** (2016). Cognitive behavioral therapy for late-life GAD delivered by lay and expert providers has lasting benefits. International Journal for Geriatric Psychiatry. Advance online publication.

Shipherd, JC, **Kauth, MR**, Firek, AF, Garcia, R, Mejia, S, Laski, SJ, Walden, B, Perez-Padilla, S, Lindsay, JA, Brown, G, Roybal, L, Keo-Meier, C, Knapp, H, Johnson, L, Reese, RL, & Byne, W (2016). Interdisciplinary transgender Veteran care: Development of a core curriculum for VHA providers. Transgender Health, 1, 54-62.

Mental Health Resources

VA Community Provider Toolkit

The *Community Provider Toolkit* features key tools and resources for working with Veterans, including information about how to screen for military experience, understanding military culture, referring to VA, and tools for working with a variety of behavioral health concerns. The *Toolkit* was developed by the Dissemination and Training Division of the National Center for PTSD in conjunction with a number of other subject matter experts and agencies, including VA Mental Health Services, the Substance Abuse and Mental Health Administration, the Department of Defense, Servicemembers and Veterans, and staff and providers at agencies nationwide. To access the *Toolkit*, visit http://www.mentalhealth.va.gov/communityproviders/index.asp.



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

U.S. Department of Veterans Affairs

Veterans Health Administration
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