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The next issue of the *South Central MIRECC Communiqué* will be published April 3, 2011. Deadline for submission of items to the April newsletter is March 28, 2011. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Ashley McDaniel, at Ashley.McDaniel@va.gov

South Central MIRECC Internet site: www.mirecc.va.gov/visn16
National MIRECC Internet site: www.mirecc.va.gov

NEW VETERAN PARENTING TOOLKITS AVAILABLE FOR VETERANS, FAMILIES AND PROVIDERS

By Michelle D. Sherman, Ph.D., Ursula Bowling, Psy.D.
Oklahoma City VAMC

Parenting can be hard enough, but it can be even more challenging when parents have been deployed to a war zone. In some cases, these Veterans have been deployed several times. Recent research has found that many OEF/OIF Veterans describe reconnecting with their children as difficult (Sayer et al., 2010), with many noting that their children are “afraid or are not warm” to them (Sayers, Farrow, Ross & Oslin, 2009). We asked ourselves, “What resources do VA clinicians have to support our newest Veterans in parenting?”

With the generous support of a SC MIRECC Clinical Education grant, our team of Oklahoma psychologists (Drs. Michelle Sherman, Ursula Bowling, Jeff Anderson, and Karen Wyche) have filled a gap in available resources for OEF/OIF Veterans and their families by creating five age-appropriate Veteran Parenting Toolkits.

As we heard Veterans in our clinical work share difficulties in connecting

with their children after deployments to Iraq and/or Afghanistan, we searched the literature to find relevant resources to help them strengthen these relationships. Although numerous programs exist for Department of Defense families, the “cupboard was bare” for Veteran parents!

We began the development process by surveying OIF/OEF providers at the Oklahoma City VA Medical Center (VAMC), who assessed common themes they heard among these new Veterans regarding parenting difficulties. We also searched the literature for Department of Defense curricula that could be adapted to Veteran families.

We created five age-based toolkits (infant, preschool, toddler, school-age and teenager) and a provider guide. The toolkits are written directly to the Veteran parents and their partners/significant others.

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New Veterans Parenting Toolkits continued...

Each toolkit addresses the following themes:

- Normal development
- Reconnecting with your child after deployment
- How to talk to your child about deployment
- Managing common behavioral challenges (specific to each age group)
- Red flags for concern
- Taking care of yourself as a parent
- Reconnecting with your partner after deployment
- Communication tips for couples.

Each toolkit ends with a resource guide that lists books, websites and local organizations dedicated to children of each age group.

We greatly appreciate helpful feedback from three expert reviewers, including Michelle Kees, Ph.D. (University of Michigan), Susan Schmidt, Ph.D. (University of Oklahoma Health Sciences Center) and Jeanne Hoffman, Ph.D. (Tripler Army Medical Center). We also found the feedback from the VISN 16 SCMIRECC Consumer Advisory Board to be extremely useful. Additionally, editing by Ms. Sonora Hudson and graphic design by Zac Logsdon (Old Hat Creative Design) greatly enhanced the final products.

We are grateful to the University of Oklahoma Health Sciences Center's information technology department for creating the website (www.ouhsc.edu/VetParenting) to host the toolkits. The website has received over 2,600 visits since it was launched in September 2010.

Information about the toolkits has been shared in a variety of forums, including nationwide distribution to VA Vet Centers by Dr. Alfonso Batres and VA OIF/OEF case managers. VA Central Office family programs leadership also intends to share the resource with relevant staff. We hope that the toolkits are useful to our returning Veterans and their families! ■

References

- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A. & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, 61, 589-597.
- Sayers, S.L., Farrow, V.A., Ross, J., & Oslin, D.W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, 70(2), 163-70.

Working with Couples online training available soon

Michelle Sherman, Ph.D., and Michael Kauth, Ph.D. are in the process of translating the content of two face-to-face *MIRECC Working with Couples* trainings to an online format. The online version, to be released later this year, will consist of six modules that VA mental health clinicians will be able to access anytime from any computer. The online modules will greatly expand access to this information. In a recent survey of VISN 16 mental health clinicians' educational needs, "working with couples/ marital therapy" was identified as a high priority among community-based outpatient clinics clinicians.

MARCH CONFERENCE CALLS

CALL-IN NUMBER: 1-800-767-1750

	ACCESS CODE
8 MIRECC Leadership Council, 3:30 PM CT	19356#
10 National MIRECC & CoE Education Group, 1:00 PM CT	28791#
14 MIRECC Site Leaders, 11:00 AM CT	27761#
15 VISN 16 Mental Disaster Team, 11AM CT	76670#
16 MIRECC Program Assistants, 2PM Central	43593#
22 MIRECC Leadership Council, 3:30 PM CT	19356#
24 MIRECC & CoE Implementation Science Discussion, 1:00 PM CT	28791#
28 MIRECC Education Core, 3:00 PM CT	16821#

Veteran Parenting Toolkit: Together Building Strong Families



Available for free download:
www.ouhsc.edu/VetParenting

Five age-based parenting toolkits for Operation Enduring Freedom and Operation Iraqi Freedom Veterans and their partners



[Infants](#)



[Toddlers](#)



[Preschoolers](#)



[School-aged Children](#)



[Teenagers](#)

Each parenting toolkit addresses the following topics:

- Did you know? (Interesting facts about children this age)
- Cognitive, social and physical development
- Reconnecting with your child after deployment
- How to talk to your child about deployment
- Strengthening your relationship with your child
- Managing common behavioral challenges
- Red flags for concern
- Taking care of yourself as a parent
- Reconnecting with your partner after deployment and communication tips for couples
- Resource guide



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Oklahoma City Veterans Affairs Medical Center

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MIRECC IMPLEMENTATION, DESIGN AND ANALYSIS SUPPORT (MIDAS) PROFILE: ANNETTE WALDER, M.S.

MIDAS is a service arm of the South Central MIRECC created to assist VISN 16 investigators who are seeking intramural or extramural funding or conducting pilot studies. The MIDAS team offers design, methods, and analytic support for all phases of project development, implementation, analysis, and/or dissemination. Team members have expertise in biostatistics, epidemiology, psychometrics, qualitative methods and project implementation and management. This month we profile MIDAS member Annette Walder, M.S., a statistician with the Houston VA Health Services Research and Development Center of Excellence and an instructor with the Baylor College of Medicine.



What is your role in MIDAS?

My primary role in MIDAS is to assist researchers in database development, database management, and data validation. After the researchers and I talk about the data they

will be collecting, I can help organize it in a way that will work best for them.

What is your area of expertise and how does it impact your work with MIDAS?

My expertise is in data analysis, statistical computing, and database design and management. I have experience working with both primary and secondary data sources. In particular, I have been developing databases using Microsoft ACCESS for several years, and I can help investigators who will be collecting their own data. If researchers have a form they have developed themselves or if they want to use an existing form, such as the SF-36, I can create a database into which they can enter their data that looks similar to the original form. I can incorporate skip patterns so that questions that should not be answered are passed over and only permissible responses are allowed to be entered. I can set up the databases so that respondents must answer a question before proceeding to the next question so that data are not missing. This makes data entry easier for the researcher and improves the quality of the data collected.

I also have many years experience extracting and analyzing data from VA administrative databases. The VA has a wide variety of databases that provide information on inpatient and outpatient utilization and data on pharmacy, lab, and costs for users of the VA medical system. I can provide insight into the

availability of these VA data and data issues specific to these datasets.

What do you like best about your work with MIDAS?

I really like being a part of interesting projects that make a difference in the lives of Veterans. I also enjoy interacting with the people involved in the projects. Several of the projects I have worked on through MIDAS have evolved into larger, funded grants. For example, I helped develop databases for researchers who are studying traumatic brain injury in Veterans. I now participate in the Houston VA Traumatic Brain Injury Center of Excellence that was funded last year to do a variety of studies in this area. I have worked with these researchers by developing ACCESS databases for entering data collected on a large number of behavioral assessment measures.

What advice would you give to researchers who are new to using MIDAS?

Take advantage of the expertise we have to offer. We can assist at all stages of your project. It is always best to contact MIDAS as early as possible for help, preferably before you begin collecting data. I may have already developed a database similar to what you need or I can develop a database for your particular needs, which can likely save you time and effort. It is also helpful if researchers have an initial set of research questions they want their study to address. The team at MIDAS can help refine these questions if necessary and come up with a plan for data entry and analysis. We are interested in making your project a success and look forward to helping you!

For all requests for assistance from MIDAS, please contact Dr. Ellen Fischer at FischerEllenP@uams.edu or Melonie Shelton at Melonie.Shelton@va.gov to fill out an application. ■

RECOVERY CORNER

VISN 16 LRC STRATEGIC PLANNING MEETING

By D. Jeff Johnson, Ph.D.

Psychologist/Local Recovery Coordinator

Jack C. Montgomery VAMC

The fourth annual VISN 16 Local Recovery Coordinator Strategic Planning Meeting was held at the Oklahoma City VAMC on January 12-13, 2011. The purpose of the event was to provide VISN 16's facility-based Local Recovery Coordinators (LRCs) an opportunity to review and discuss implementation of the critical areas of recovery-oriented practice from the Uniform Mental Health Services Handbook. Oklahoma City VAMC Mental Health Care Line leadership met with the LRCs to review challenges and provide guidance regarding evolving practices and innovative solutions being developed at facilities across the VISN. The VA Psychosocial Rehabilitation Recovery Center and Local Recovery Coordinators then reviewed their progress in meeting objectives from the 2010 Charter for submission to the VISN 16 Mental Health Product Manager and National Director of Recovery Services.

Review of the 2010 LRC Strategic Plan included discussion of facility status in regard to maintaining consumer councils, staff training and recovery consultation, outreach efforts to promote mental health recovery, and development of family support services across the VISN. Local initiatives included integrating recovery language and recovery components into psychosocial and suicide assessments, providing consultation to mental health and medical care clinics, and developing agency partnerships to enhance Veteran-Community integration. LRCs continue to report challenges in engaging family members of Veterans with serious mental illness in some of the programs being promoted, despite continuing efforts to train more clinicians in best practices. Efforts to recruit, retain, and modify programs to meet family needs were explored.

Outreach efforts have been expanded to include providing training to local community clinicians about military culture and the needs of Veterans in order to enhance inter-agency cooperation and to improve services available to those military service members and Veterans who receive their care in the community rather than through VA facilities. The Annual Planning Meeting activities included the approval of the VISN 16

LRC SharePoint website. Templates to customize local LRC SharePoint websites were distributed to LRC representatives from all sites.

The VISN 16 LRC Strategic Plan for 2011 includes liaison and consultation services to Mental Health Product/Service Lines in each health care facility; internal and external outreach activities; consultation on the continued implementation of peer support services at each facility; and collaboration within the VISN 16 LRC workgroup through conference calls; mentorship visits; and consultation. The VISN 16 LRC team project will be to enhance the implementation of a new initiative from VA Central Office to identify, locate, and re-engage those Veterans living with serious mental illness. The Serious Mental Illness Outreach Initiative directs facilities to develop a plan to identify Veterans with serious mental illness who have left our care over the last few years and provide them information about the new and enhanced services available to assist them in their recovery. Local LRCs will help each service/line to develop and implement this outreach effort. Another recent initiative created to "care for caregivers" is expected to enhance services to Veterans with serious mental illness who have left our care over the last few years and the loved ones caring for them.

VISN 16 facilities were represented by the following LRCs:

- Alexandria, Michael Roach, LCSW
- Fayetteville, Wanda Shull, Ph.D.
- Houston, Cristy Gamez-Galka, Ph.D.
- Gulf Coast, Leigh Ann Johnson, LCSW
- Jackson, Shawn Clark, Ph.D.
- Little Rock, Jerry G. White, Ph.D.
- Muskogee, D. Jeff Johnson, Ph.D.
- New Orleans, Baris Konur, Ph.D.
- Oklahoma City, Jennifer Halter, LICSW
- Shreveport, Paul Moitoso, LICSW

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The creative use of video teleconferencing services and Microsoft Live Meeting allowed those unable to attend the meeting personally to be actively involved in the planning process. The next VISN 16 LRC Strategic Planning meeting is tentatively scheduled for December 2012 at the Alexandria VAMC. ■

RURAL HEALTH RESEARCH UPDATE

Medicare Beneficiary Access to Primary Care Physicians--Better in Rural, but Still Worrisome (Policy Brief)

Primary care is the foundation of the rural U.S. health care system. Thus, the willingness of rural primary care physicians to accept new Medicare patients is critically important to the Medicare program and to rural America's elderly. In this policy brief, results from a large national physician survey are used to assess U.S. primary care physician and general surgeon willingness to accept Medicare patients and physician-reported reasons for not accepting Medicare patients. For more information, contact A. Clinton Mackinney, M.D., M.S., Phone: 320-363-8150, clintmack@cloudnet.com. To download a copy of the policy brief, visit <http://www.public-health.uiowa.edu/rupri/publications/policybriefs/2011/Phys%20Exit%20Brief%20FINAL.pdf>.

Impact of Employment Transitions on Health Insurance Coverage of Rural Residents

Numerous studies have found that rural residents are more likely to be uninsured than urban residents, in part because rural workers are more likely to be employed by a small business or have low wages and thus have more limited access to employer coverage. Yet, our knowledge about how coverage changes with employment transitions is limited. The purpose of this study was to explore the impact of changes in employment status on insurance coverage for rural and urban workers, and the factors behind any differences. The Affordable Care Act (ACA) provides a new backdrop against which to consider the issues of job change, job loss, health insurance portability and coverage of rural residents. The findings provide important information about the health insurance coverage challenges that rural workers may face, and may help to identify potential challenges and opportunities for implementing ACA in rural areas. Using data from the 2004, 2005 and 2006 Medical Expenditure Panel Survey (MEPS), three types of employment transitions between MEPS interviews (no employment transition, transition to new job, and transition to no job) were coded and compared to the type of employment transitions experienced by rural and urban workers, and the association between type of employment transition and post-transition health insurance status. For more information contact Nath Anderson, Maine Rural Health Research Center, Phone: 207-228-8187, nanderso@usm.maine.edu. To download a copy of the report visit <http://muskie.usm.maine.edu/Publications/rural/WP46/employment-transitions-rural-health-insurance.pdf>. To download a copy of the accompanying policy brief, visit <http://muskie.usm.maine.edu/Publications/rural/pb/job-transitions-rural-health-insurance.pdf>.

Key Findings:

- Both rural and urban workers who change jobs or stop working are at high risk of losing their health insurance.
- While there is no rural-urban difference in uninsured rates among those who stop working, rural workers that change jobs are more likely to lose coverage than are urban workers.
- Workers with private coverage, particularly those in rural areas, are the least likely to have a job transition.
- Depending on how they are implemented, reforms to improve access to employer-sponsored coverage and increase the portability of health insurance may be particularly beneficial to rural workers.