



# Communiqué

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## *“Closing the efficacy-effectiveness gap”*

### **Profile of a Consumer Advisory Board Member: A Life of Service to Veterans**

Terry Williams Sr.

VISN 16 MIRECC-MHPL Consumer Advisory Board, Little Rock, AR

Having a host of relatives who had served in the military it was probably just a matter of time before I was overcome with the urge to serve. I recall when my uncle Willie Kelly came to Arkansas to visit. He had retired from the US Navy and was employed as a civilian at the naval ship yard in Philadelphia, PA. I was only fifteen years old at that time, but the stories he told about his adventures and the pride he felt in serving in the military made a deep impression on me. Those stories must have impressed my older brother too, because he enlisted in the U S Navy. I signed up for the Army through the Delayed Entry Program (DEP). After graduating high school, my father had to sign the last of my entry papers as I was still three months shy of my 18<sup>th</sup> birthday.



*Gov Beebe, Mr. Williams, and Lt Gov Halter*

I completed Basic Training at Fort Dix, NJ. My career in the military allowed me to see the world and to experience difference cultures. I had three tours in Europe and one tour in Southwest Asia (Operation Desert Shield/Desert Storm). My US tours included Fort Hood, TX; Fort Aberdeen Proving Ground, MD; Fort Benjamin Harrison, IN; and Fort Leonard Wood, MO. Finally, I served six years as an Army recruiter.

After my retirement from the military, I worked as a correctional officer with the Arkansas Department of Corrections. It was there that I encountered veterans who told me stories about leaving the military after their contract was up and feeling like they had nowhere to go. I heard similar stories from veterans in my community and from members of the local Veterans Service Organization.

After two years with the Department of Corrections, I began working at the VA medical center at Fort Roots in Little Rock, AR. I worked first with Adult Day Health Care. Each morning families would bring older veterans to the hospital for the day. We met them at the entrance with wheelchairs. The families entrusted us with their love ones, and the veterans were happy to see us. We helped them make their appointments, get their medications, and get a meal. We also sat with them, engaged them in activities such as sing-alongs, and best of all listened to their stories. Some of their stories may have stretched a little over the years, but it was good to hear them laugh as they talked about old times.

I transferred to Escort Service and again transported patients to appointments and picked up medication, lab work, and paper work. This job gave me a great sense of serving needy veterans. I also had

begun volunteering at the hospital for one of the Veteran Service Organizations. I logged in 650 hours as a volunteer. I also volunteered at the Arkansas Veteran Home on Sundays for seven years, as a Chaplain.

While working with the Arkansas Veteran Coalition, which had 28 participating Veterans Service Organizations, I was recommended by my state senator and the Director of Arkansas Department of Veteran Affairs to then Governor Mike Huckabee to serve as the Veteran Commissioner for the State of Arkansas. On October 15, 2000 I was appointed for a five year term, and on October 15, 2005 was re-appointed to another five year term. I enjoy traveling around the state and talking to veterans in the counties, in veteran homes, and at VA hospitals. In 2007, I was appointed to the state legislative task force on homelessness. I am also a member of the Community Homeless Assessment Local Education Networking Group (CHALENG), the American Legion Executive Board of Directors, and the VISN 16 MIRECC-MHPL Consumer Advisory Board (CAB).

What I enjoy most about being a member of the CAB is the opportunity to learn about clinical and research programs in mental health and to provide input and advice. Evaluating clinical and research educational materials has given me a greater knowledge of what the VA and the MIRECC are doing to help veterans with mental illness. I pass on this information when I brief Arkansas Governor Mike Beebe.



## Meet the MIRECC Researchers: Dr. Dubbert

Interview with

**Patricia Dubbert, PhD**

Associate Chief of Mental Health and Clinical Director of Psychology

G.V. (Sonny) Montgomery VA Medical Center

Professor, Departments of Psychiatry, Preventive Medicine, and Medicine

University of Mississippi School of Medicine

Jackson MS

**Editor:** *What is your area of research?*

**Dr. Dubbert:** I am a clinical health psychologist, and my research uses expertise from both behavioral and biomedical science to understand and improve health in individuals and populations. Most of my research is related to cardiovascular disease (CVD). So, how is this related to mental health and the MIRECC? CVD includes stroke and other conditions that affect brain function. Also, persons with mental illness have a much greater risk of CVD for a variety of reasons, including lifestyle factors such as obesity and smoking, side effects of the medications used to treat mental illness, and difficulties with access to health care. In our modern culture, low levels of physical activity contribute to CVD and other health problems. I have been interested in how to promote healthy exercise in home and community settings, using simple interventions that do not require expensive facilities, equipment, or staff contacts.

**Editor:** *How did you get started in this area of research?*

**Dr. Dubbert:** As a nursing student, I was impressed by the amount of disease and disability caused by unhealthy lifestyles, and I wanted to help find ways to keep people healthy and out of hospitals. I agreed to work on a locked psychiatry ward for my first job as a graduate nurse only because I was promised that, after 3 months in this unpopular setting, I could have my first choice for another assignment. The daily exposure to acute, severe psychopathology soon caused me to question the psychodynamic theories I had learned, and convinced me that powerful biological and genetic factors must be involved. After the 3 months ended, I decided to stay and work on a research unit to help with double-blind placebo drug and diet trials with acutely psychotic patients. I loved this job but eventually the positives were outweighed by the

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frequent night and weekend rotations, and I left for a teaching position. This job was also very rewarding, but the salary was barely above the poverty level without a doctoral degree. Nursing doctorates at that time specialized either in administration or education, so I applied to graduate programs in clinical psychology with plans to return to my teaching career and do private practice psychotherapy after completing the PhD.

**Editor:** *What person or experience had the most influence on your research career?*

**Dr. Dubbert:** My graduate school mentor, Terry Wilson, gave me an article about the emerging field of behavioral medicine. As he had recognized, my nursing/biomedical background and interest in behavioral science were a perfect fit for this emerging field, and I decided to return to my interests in research and health promotion. Graduate school friends encouraged me to take up jogging and serve as a therapist in a study promoting exercise for weight management in college women. Then I came to Jackson, MS for psychology internship and was persuaded by Terry Keane and John Martin to stay for “at least 2 years” as the research nurse for a grant to study exercise as a treatment for hypertension. I finished my dissertation but, after the exercise grant ended, I didn’t return to the nursing school and never started a private practice. I loved working with veterans, and I joined the psychology staff at the Jackson VA Medical Center, where I have now worked for more than 26 years in a variety of roles.

**Editor:** *What active studies do you have ongoing?*

**Dr. Dubbert:** My recent HSR&D investigator-initiated studies have involved testing the behavior change and health outcome effects of brief exercise counseling for primary care patients. In the most recent study, we compared counseling for specific walking and strength-building exercise to a control condition of health education on topics selected by aging patients. We used cognitive-behavioral interventions to promote simple exercises that can be done at home, without supervision. In a pilot study supported by the MIRECC, I found that physical activity assessment instruments could give

reliable and valid results in individuals with stable but severe mental illness.

I am also a co-investigator for the Jackson Heart Study (JHS) of CVD in more than 5,000 African Americans of the Jackson, MS metro area. I am the study’s physical activity expert and one of several investigators contributing to the behavioral science component. The parent study for the JHS project is the Atherosclerosis Risk in Communities (ARIC) study, and I am using ARIC data to examine the relationship between physical activity and MRI-detected subclinical brain infarcts.

**Editor:** *What are the implications or potential benefits of your research?*

**Dr. Dubbert:** The exercise interventions used in my studies are designed to improve or prevent decline in physical function and maintain brain health. We have found that many aging veterans are eager to learn what they can do to help maintain their health and independence. I hope to continue to encourage clinicians to promote physical activity as a means of protecting physical and mental health. We expect the JHS study to contribute important new information that will increase understanding of the biological and psychosocial causes of CVD health disparities.

**Editor:** *What advice would you give to a junior researcher and to people who are new to research?*

**Dr. Dubbert:** I agree with the sage advice of MIRECC researchers who have previously shared their thoughts about this. Find a good mentor who will challenge you, as well as be a cheerleader. You probably won’t succeed if you have to be right all the time or don’t play well with others. Understand that some of your best ideas may prove wrong and your best efforts may be rejected by peer review, but you can use this feedback to come up with even better ideas. Projects almost always demand far more time and energy than expected, so choosing a topic that you care about is important. And, do not compromise in using only the best research designs and methods that are feasible in your situation.

**Editor:** *How can people get in touch with you?*

**Dr. Dubbert:** Email is best. My address is [Patricia.dubbert@med.va.gov](mailto:Patricia.dubbert@med.va.gov).



## **MIDAS – MIRECC Implementation, Design, and Analysis Support**

MIDAS is a new 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. To apply for MIDAS services or to learn more about MIDAS, please contact Ms. Melonie Shelton ([sheltonmelonies@uams.edu](mailto:sheltonmelonies@uams.edu)) or Dr. Ellen Fischer ([fischerellenp@uams.edu](mailto:fischerellenp@uams.edu)).

### ***Recovery Corner***

## **Transforming Mental Health Care: The Local Recovery Coordinators**

The President's New Freedom Commission on Mental Health (July 2003) and the VA's Mental Health Strategic Plan declared commitments to evidenced-based practices, consumer-driven care, and a more recovery-oriented mental health system. This necessitated an expansion of rehabilitative practices that promote empowerment of the veteran, work and life skill development, family and social supports, as well as effective coping methods and problem-solving strategies.

Building an infrastructure to create a more veteran-focused, recovery-oriented mental health system requires dedicated resources. In 2006, the VA established a Local Recovery Coordinator (LRC) position at each facility. The LRC is intended to successfully transfer the VA's commitment on the national level to effective plans and programs on the local level. The LRC will oversee, facilitate, and promote recovery-oriented practices. They also function as champions, ombudsmen, and consultants to mental health care providers, ultimately transforming the future of services for veterans and their families.

The LRCs are also guided by network priorities. In 2006, the VISN 16 Recovery Committee identified peer support, consumer councils, family education, recovery plans, and the education of veterans and staff as essential elements of recovery implementation. The LRCs coordinate with the Recovery Committee and are actively working to establish Mental Health Consumer Councils at all facilities. At present, nine of ten

medical centers have a Consumer Council. With assistance from the LRCs, recovery plans are being piloted at two facilities (Houston and Little Rock). It is expected that recovery plans will be implemented in all VISN 16 Mental Health Intensive Care Management (MHICM) programs in 2008. Additionally, each LRC organized Mental Illness Awareness Week activities at their facilities in October 2007. All are engaged in site-specific recovery projects.

The first LRC hired in February 2007 was Erin Williams, PhD (Little Rock). Since then Michael Roach, LCSW (Alexandria), Cristy Gamez-Galka, PhD (Houston), Baris Konur, PsyD (New Orleans), Paul Moitoso, MSW (Shreveport), and Mike Brand, PhD (Oklahoma City), and Brenda Price, MD (Jackson) have taken positions as LRCs. The newest LRC, as of December 2007, is Leigh Ann Johnson, MSW (Biloxi). Fayetteville and Muskogee are currently in the process of recruiting LRCs. As new LRCs come onboard, they will join the VISN 16 LRC Learning Collaborative (LC) and participate in regular conference calls. The LC reviews the recovery literature, discusses strategies for implementing recovery-oriented services, shares resources, and assists members in problem-solving.

In future issues of the *Communiqué*, the LRCs will discuss the recovery philosophy and describe what they are doing at their facilities.

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## Library Tip: Patient Education Materials

Sara Blackwell, MLS  
Chief, Library Service  
Oklahoma City VA Medical Center



Looking for health information to provide to patients? Several Patient Education databases can be found in the middle of the VISN 16 Library Resources web page. These include Lexi-Comp, KRAMES, MD Consult, Micromedex, Medline Plus, Nursing Consult, and UptoDate Online. Many of these databases provide patient education handouts with excellent illustrations. Several databases have materials available in Spanish in addition to English-language materials.

You can find these databases at <http://vaww.v16.med.va.gov/sites/Library/default.aspx>



## Recent SC MIRECC Publications

Below is a partial list of 2007 publications (L-R) from South Central MIRECC core and affiliate investigators over the past year. MIRECC personnel are indicated in bold face. Please contact the lead author for further information about the study or paper.

**Levin H**, Hanten G, Max J, Li X, Swank P, Ewing-Cobbs L, Dennis M, **Menefee DS**, Schachar R. (2007). Symptoms of attention deficit hyperactivity disorder following traumatic brain injury in children. *The Journal of Developmental & Behavioral Pediatrics*.

**LoboPrabhu S**, Molinari V, Lomax J. (2007). The transitional object in dementia: clinical implications. *Journal of Applied Psychoanalytic Studies*, 11(2):192-196.

**LoboPrabhu S**, Molinari V, Pate J, Lomax J. (2007). The after-death call to family members: clinical perspectives. *Aging and Mental Health*, 11(2):192-96.

**Manguno-Mire G**, **Sautter F**, **Lyons J**, Myers L, **Perry D**, **Sherman M**, Glynn S, **Sullivan G**. (2007). Psychological distress and burden among female partners of combat veterans with PTSD. *Journal of Nervous and Mental Disease*, 195, 144-151.

**Manguno-Mire GM**, Thompson JW, Bertman-Pate LJ, Burnett DR, Thompson HW. (2007). Are release recommendations for NGRI acquittees informed by relevant data? *Behavioral Sciences and the Law*, 25: 43-55.

**Marangell LB**, Bauer MS, Dennehy EB, Wisniewski SR, Allen MH, Miklowitz DJ, Oquendo MA, Frank E, Perlis RH, Martinez JM, Fagiolini A, Otto MW, Chessick CA, Zboyan HA, Miyahara S, Sachs G, Thase ME. (2006). Prospective predictors of suicide and suicide attempts in 1556 patients with bipolar disorders followed for up to 2 years. *Bipolar Disorders*, 8: 566-575.

**Marangell LB**, Suppes T, Ketter TA, Dennehy EB, Zboyan H, Kertz B, Nierenberg A, Calabrese J, Wisniewski SR, Sachs G. (2006). Omega-3 fatty acids in bipolar disorder: Clinical and research considerations. *Prostaglandins, Leukotrienes and Essential Fatty Acids*, 75: 315-321.

- Martini SM, **Kent TA**. (2007). Hyperglycemia in acute ischemic stroke: A vascular perspective. *Journal of Cerebral Blood Flow and Metabolism*, 27(3):435-51.
- Mavandadi S, Ten Have TR, Katz IR, Durai UNB, Krahn DD, Llorente MD, **Kirchner JE**, Olsen E J, Van Stone WW, Cooley SL. (2007). The effect of treatment on depressive symptoms in older adulthood: The moderating role of pain. *Journal of American Geriatric Society*, 55(2): 202-211.
- McCarthy JF, Blow FC, Valenstein M, **Fischer EP**, **Owen RR**, Barry KL, **Hudson TJ**, Ignacio RI. (2007). VA health system and mental health treatment retention among patients with serious mental illness: Evaluating accessibility and availability barriers. *Health Services Research*, 42: 1042-60.
- McLeish AC**, Zvolensky MJ, Smits JA, Bonn-Miller MO, Gregor KL. (2007). Concurrent associations between anxiety sensitivity and perceived health and health disability among young adult daily smokers. *Cognitive Behaviour Therapy*, 36: 1-11.
- McSweeney JC, Lefler LL, **Fischer EP**, Naylor AJ, Evans LK. (2007). Women's pre-hospital delay associated with myocardial infarction: Does race really matter? *The Journal of Cardiovascular Nursing*, 22(4): 279-285.
- Miklowitz DJ, Otto MW, Frank E, Reilly-Harrington NA, Wisniewski SR, Kogan JN, Nierenberg AA, Calabrese JR, **Marangell LB**, Gyulai L, Araga M, Gonzalez JM, Shirley ER, Thase ME, Sachs GS. (2007). Psychosocial treatments for bipolar depression: A 1-year randomized trial from the systematic treatment enhancement program. *Archives of General Psychiatry*, 64(4): 419-26.
- Mittal D**, Palmer D, Dunn L, Landes R, Ghormley C, **Beck C**, Golshan S, **Blevins D**, Jeste D. (2007). Comparison of two enhanced consent procedures for patients with mild Alzheimer Disease or mild cognitive impairment. *American Journal of Geriatric Psychiatry*, 15(2): 163-67.
- Mukherjee S**, **Sullivan G**, **Perry D**, Verdugo B, Means-Christensen A, Schraufnagel T, Sherbourne C, Stein M, Craske M, Roy-Byrne P. (2007). Adherence to treatment among economically disadvantaged patients with panic disorder. *Psychiatric Services*, 57(12):1745-1750.
- Naik AD, Issac TT, Street RL Jr, **Kunik ME** (2007). Understanding the quality chasm for hypertension control in diabetes: a structured review of "co-manuevers" used in clinical trials. *J Am Board Fam Med.*, 20(5):469-478.
- Newsome MR, **Scheibel RS**, Hunter JV, Wang ZJ, Chu Z, Li X, **Levin HS**. (2007). Brain activation during working memory after traumatic brain injury in children. *Neurocase*, 13(1):16-24.
- Niv N, Cohen AN, **Sullivan G**, Young AS. (2007). The MIRECC version of the global assessment of functioning scale: reliability and validity. *Psychiatric Services*, 58: 529-535.
- O'Bryant SE, Engel LR, Kleiner JS, **Vasterling JJ**, Black, FW. (2007). Test of memory malingering (TOMM) trial 1 as a screening measure for insufficient effort. *The Clinical Neuropsychologist*.
- Perlick DA, Rosenheck RA, Miklowitz DJ, Chessick C, Wolff D, Kaczynski R, Ostacher M, Patel J, Desai R, and the STEP-BD Family Experience Collaborative Study Group. (2007). Prevalence and correlates of burden among caregivers of patients with bipolar disorder enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder. *Bipolar Disorders*, 9: 262-273.

Poon IO, Lal L, Brown EN, **Braun UK**. (2007). The impact of pharmacist-managed oral anticoagulation therapy in older veterans. *Journal of Clinical Pharmacy and Therapeutics*, 32: 21-9.

Prajapati S, Kahn R, **Stecker T**, Pulley L. (2007). Curriculum planning: a needs assessment for CAM education in residency. *Family Medicine*, 39(3):190-4.

**Pyne JM**, Tripathi S, Williams DK, **Fortney J**. (2007). Depression free day to utility weighted score: is it valid? *Medical Care*, 45(4):357-362.

**Quijano LM, Stanley MA, Petersen NJ**, Casado BL, Steinberg EH, **Cully JA**, Wilson NL (2007). Healthy I.D.E.A.S: A depression intervention delivered by community-based case managers serving older adults. *Journal of Applied Gerontology*, 26: 139-156.

**Reeves RR, Burke RS, Parker JD**. (2007). Characteristics of psychotic patients with foreign accent syndrome. *Journal of Neuropsychiatry and Clinical Neurosciences*, 19(1): 70-76.

**Rhudy JL, Dubbert, PM**, Kirchner KA, Williams A.E. (2007). Efficacy of a program to encourage walking in VA elderly primary care patients: the role of pain. *Psychology, Health, and Medicine*, 12 (3): 289-298.

**Rhudy JL, Dubbert PM, Parker JD, Burke RS, Williams AE**. (2006). Affective modulation of pain in substances dependent veterans. *Pain Medicine*, pp. 483-500.

Richardson SS, **Sullivan G**, Hill AK, Yu W (2007). Use of aggressive medical treatments near the end of life: Differences between patients with and without dementia. *Health Services Research*. 42(1):183-200.

**Rowan PJ, Dunn NJ**, El-Serag JB, **Kunik ME**. (2007). Views of hepatitis C virus patients delayed from treatment for psychiatric reasons. *Journal of Viral Hepatitis* 14:883-889.

Roy-Byrne P, Sherbourne C, Miranda J, Stein M, Craske M, Golinelli D, **Sullivan G** (2006). Poverty and response to treatment among panic disorder patients in primary care. *American Journal of Psychiatry*. 163(8):1419-25.

Ruiz JG, **Teasdale TA**, Hajar I, Shaughnessy M, Mintzer MJ. (2007). The consortium of e-learning in geriatrics instruction. *JAGS*, 55:458-463.

Ruiz JG, Candler CS, **Teasdale TA**. (2007). Peer reviewing e-learning: opportunities, challenges, and solutions. *Academic Medicine*, 82(5):503-7.



**January Conference Calls**  
**1-800-767-1750**

- 7—Education Core, 2:00 PM CT, access code 16821#
- 8—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 10—PSR Group Call, noon PM CT, access code 85388#
- 16—Program Assistants, 2:00 PM CT, access code 43593#
- 22—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 24—National MIRECC Recovery Interest & Implementation Science Group, 1:00 PM CT, access code 28791#

The next issue of the *South Central MIRECC Communiqué* will be published February 4, 2008. Deadline for submission of items to the February newsletter is January 28. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at [Michael.Kauth@med.va.gov](mailto:Michael.Kauth@med.va.gov).

South Central MIRECC Internet site: [www.va.gov/scmirecc](http://www.va.gov/scmirecc)

National MIRECC Internet site: [www.mirecc.va.gov](http://www.mirecc.va.gov)