



Reducing  
mental health  
disparities  
among  
rural veterans

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The next issue of the *South Central MIRECC Communiqué* will be published June 2, 2010. Deadline for submission of items to the June newsletter is May 26, 2010. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Mary Sue Farmer, at [Mary.Farmer2@va.gov](mailto:Mary.Farmer2@va.gov)

South Central MIRECC Internet site: [www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

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

## BLENDING CREATIVITY AND CLINICAL EXPERTISE: THE SC MIRECC CLINICAL EDUCATOR GRANTS PROGRAM

Michael R. Kauth, PhD.

MIRECC Co-Director and Associate Director for Education

Interviewed by Ashley McDaniel

### What is the Clinical Educator Grants Program?

The Clinical Educator Grants Program was one of the first programs developed by the SC MIRECC, and it has been one of our most successful programs. The first Clinical Educator grant was awarded in 1999. This program taps into the creativity and clinical expertise of our frontline mental health clinicians in VISN 16. It offers small competitive grants up to \$7,000 for clinicians to develop innovative clinical education tools that can be packaged and exported to other facilities.

To date, we've funded almost 80 projects. Most funded projects are completed, but for many results some don't get started. Most finished projects result in really good products, some of which have even won awards! Each year the number of requests for education products developed through this program increase. Last year alone we had almost 900 product requests with nearly 2,000 hard copies of products sent out. We have mailed products to clinicians in nearly every state in the country, to several military



Michael Kauth, PhD

bases, and to clinicians in Canada and Europe.

### How can clinicians benefit from this program?

Clinicians have access to a treasury of good educational tools. We have educational brochures on sleep and on traumatic brain injury and DVDs on recovery, orienting Veterans to group psychotherapy, and resilience to trauma.

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## *Clinical Educator Grant Program continued...*

We also have manuals for teaching anger management and delivering psychoeducation to Veterans' family members, conducting cognitive behavioral therapy in medical settings, and treating sleep problems related to PTSD. The entire list of products is available on the MIRECC web site (<http://www.mirecc.va.gov/visn16/>). Some materials can be downloaded directly from the site. For others, people can send me an email requesting the product. These tools are available free of charge.

Furthermore, grant awardees benefit from the satisfaction in sharing their knowledge in a way that can help many Veterans and their families and allow the awardees to be recognized as experts. However, there is no direct monetary benefit. The grants do not pay for the awardees' time, and often awardees spend many hours on their own time completing their project.

### What types of proposals receive funding priority?

Funded proposals develop a unique product that meets a clinical need – *especially the mental health needs of rural Veterans*. Also, the outcome or product must be easily exportable to other facilities. I'll describe two popular products and why these projects were funded.

Dr. Michelle Sherman (Oklahoma City) received funding in 1999 to convert a series of psychoeducational workshops into manuals for other providers to use. Dr. Sherman had been conducting these workshops with family members of Veterans who were diagnosed with a serious mental illness. Dr. Sherman felt that families did not understand what was happening to the Veteran or how they could help. She wanted to inform and engage family members in the Veterans' treatment, an attitude that, at the time, was not very common. Her *Support and Family Education (SAFE) program* manual has been very popular and has helped to promote family psychoeducation in VISN 16 and throughout the VA system. The SAFE manual and Dr. Sherman's subsequent work have positioned her as a leader in family education in the VA.

In 2005, Dr. Wright Williams (Houston) received funding to create a DVD about resilience to trauma. Dr. Williams had conducted support groups with ex-prisoners of war (POWs) for many years. Struck by their ability not only to withstand horrific experiences but also to survive and even thrive, Dr. Williams wanted to convey their inspirational

message to other Veterans. Not surprisingly, some ex-POWs wanted to share their story in a way that could help others. Dr. Williams worked with a talented videographer to create a very professional, very engaging DVD about these Veterans that communicates that sense of hope to others who have experienced severe trauma.

### Who is eligible to apply for these grants?

VA personnel in VISN 16 who are affiliated or collaborating with mental health staff at their facility are eligible to apply. Student trainees in mental health programs are also eligible to apply. Typically, we release a call for proposals in May or June, with a mid-August deadline. We try to have funding decisions made by early December.

### What advice would you give clinicians new to the application process?

Here are some basic tips for submitting a strong Clinical Educator grant proposal:

1. *Before you write anything, talk to experts about your idea and listen to their feedback.* If you are at a MIRECC anchor site (Little Rock, Houston, Jackson, New Orleans, Oklahoma City), talk to the MIRECC site leader. If you are not at a MIRECC anchor site, contact me or anyone listed as a resource in the grant application. Also, talk to national experts and researchers who know the content area.
2. *Find out if your idea is unique.* Research the idea, search Google, review education product catalogs, or talk to experts. You will want to be able to justify that your idea is unique.
3. *Make sure the idea fits the MIRECC mission.* For example, does the project have a rural focus? How might it benefit mental health care in rural settings?
4. *Make your product easily exportable.* Materials that can be put in electronic form or posted on a web site are exportable. DVDs are exportable. Projects that involve purchasing commercial videos for each site are not exportable. Products that are specific to one facility are not exportable.

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5. *Make the task doable.* Often people propose overly ambitious projects. Awardees have less than one year to spend their funds because grant funds awarded in December expire at the end of September the following year. So, propose to spend your funds in about 9 months even if you have not quite finished by that time. Often further editing or review is necessary to finalize the product.
6. *Propose to work with colleagues.* Accomplishing a project on your own can be tough. Working with others can be more satisfying and can make it easier to stick to deadlines.
7. *Get feedback on your written proposal.* I cannot stress this enough! Have colleagues who are not on the project or have the MIRECC site leader read your proposal. If they don't understand what

you want to do, the reviewers won't either. Sometimes people don't ask for feedback because they are embarrassed or worried about looking dumb. However, not getting feedback on your proposal is a fatal flaw.

8. Finally, *be willing to take advice.* Nearly every idea can be improved.

*How can clinicians get in touch with you with if they have questions?*

I am easy to reach. My email address is [Michael.Kauth@va.gov](mailto:Michael.Kauth@va.gov). However, I am not the only person who can answer your questions about the Clinical Educator Grants Program. Talk to your local MIRECC site leader or contact the people identified in the grant application. For more information about the program, visit <http://www.mirecc.va.gov/VISN16/education.asp>. ■

## CAVHS AND LONOKE COUNTY DEVELOP FIRST VETERANS' TREATMENT COURT

By Mary Farmer

Arkansas had its first docket for the newly formed Veteran's Treatment Court (VTC) in Lonoke County March 19, 2010. The VTC is a component of the *Assisting Communities to Collaborate for Expanded Soldier Support* (ACCESS) project, which is funded by the VA Office of Rural Health. The goal of the VTC is to support and address the needs of Veterans who are involved with the criminal justice system in rural communities in a comprehensive manner. The VTC collaborates with the 23<sup>rd</sup> Judicial District drug treatment court, probation officers, police departments, treatment providers, peer mentors, and other relevant parties, to coordinate and provide quality services to Veterans who are participants, or potential participants in treatment courts. The VTC is focused on reaching Veterans where they are and helping them to overcome barriers to achieve a higher quality of life.

Treatment courts are an alternative to standard courts in that they combine the structure and accountability of court with a strong emphasis on treatment. Treatment court programs are an interdisciplinary, non-adversarial judicial

process for diverting an offender (or alleged offender) who has a qualifying charge, into a strenuous treatment program that addresses the treatment needs of the offender and requires regular court appearances to monitor program compliance. Treatment courts are typically staffed by a team consisting of the judge and court staff, a prosecutor, a public defender or private attorney representing the offender, a probation or parole officer and counselor. Treatment services are provided through community providers. Most treatment programs last an average of eighteen months.



*Members of the Lonoke County VTC Program Team. From left: Michelle Eisenhower, Judge Phillip Whiteaker and Toby Lambert.*

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Veterans will be identified by police officers or the court system and given the option to be placed on a special docket for Veterans instead of the standard court docket. Eligibility requirements include: a qualifying offense in designated rural communities; existing substance abuse, mental health, or co-occurring substance abuse and mental health issues; honorable, general or a discharge status under honorable conditions; and eligible for VA services. Persons who do not meet these criteria, but did serve in the military will be considered, although they may not be eligible for treatment at the VA. VTC is a voluntary program that requires Veterans charged with qualifying offenses to agree in writing during the initial appearance on the court hearing docket, to enter into VTC and to allow the Department of Veterans Affairs to communicate with the court about their treatment.

The VTC social worker, Toby Lambert, is responsible for coordinating services and providing services to the participating Veteran. Full access to the resources provided at the Central Arkansas Veterans Healthcare System (CAVHS) is made available to the participating Veteran. If the Veteran has needs that extend outside of the scope of practice/services of CAVHS, then the VTC Liaison coordinates engagement in other services as necessary. Additionally, a representative from the Veteran Benefit Administration, Michelle Eisenhower, attends the dockets to provide assistance for Veterans regarding their eligibility for various Veteran benefits.

Veterans are able to stay engaged in the VTC program as long as necessary to ensure a positive outcome. The VTC Liaison will continue to provide follow-up services to the participating Veteran after completion of the program as appropriate to ensure the progress made is maintained over time.

The new VTC initiative is led by Judge Phillip Whiteaker. Judge Whiteaker and his team have proven that they have the expertise and motivation to run a model treatment court, which is



*Pictured: Judge Phillip Whiteaker of the 23<sup>rd</sup> Judicial District Court in Lonoke County, Arkansas.*

greatly beneficial to the participants. This VTC program is based on best practice standards of existing programs of this type and monitored closely as it is implemented to make improvements as necessary. After Lonoke County's VTC matures into an exemplary program, it will be used as a model to develop VTCs in other areas in Arkansas. For more information, contact Mary Farmer at 501-257-1105, [Mary.Farmer2@va.gov](mailto:Mary.Farmer2@va.gov), or Toby Lambert at 501-257-2739, [Michael.Lambert@va.gov](mailto:Michael.Lambert@va.gov). ■

## MAY CONFERENCE CALLS

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

	ACCESS CODE
10 MIRECC Site Leaders, 11:00 AM CT	27761#
11 MIRECC Leadership Council, 3:30 PM CT	19356#
13 National MIRECC & COE Education Group, 1:00 PM CT	28791#
18 VISN 16 Mental Disaster Team, 11AM CT	76670#
19 MIRECC Program Assistants, 2PM Central	43593#
27 National MIRECC & COE Implementation Science discussion, 2:00 PM CT	59066#
24 MIRECC Education Core, 3:00 PM CT	16821#
25 MIRECC Leadership Council, 3:30 PM CT	19356#

## RECOVERY CORNER

### NAMI FAMILY TO FAMILY COMES TO THE VA

D. Jeff Johnson, PhD  
Local Recovery Coordinator  
Jack C Montgomery VAMC

In looking back at the various trends and efforts that have converged in the last decade or so to become the Mental Health Recovery Movement, several stand out as particularly relevant to efforts to change and enhance the provision of services within the VA. The development of increasingly visible, vocal and effective consumer groups has been a critical component of a system evolving to be more effective and responsive to those with mental health issues, particularly those with serious mental illness (SMI). Entwined in that movement have been efforts to get families to advocate for loved ones with mental illnesses and for the development of services for individuals who care for family members with mental illnesses. The National Alliance on Mental Illness (NAMI) has become one of the leaders in this movement of grassroots, self-help support and advocacy organizations.

In 2008, the VA negotiated a memorandum of understanding (MOU) with NAMI to sponsor one of their flagship training programs with at least one VA medical center in each state. The program, NAMI's Family to Family (F2F) is a family- and peer-based psychoeducation program developed in 1981 by a psychologist (and NAMI member) with family members who have severe mental illnesses. The program, originally called Journey of Hope, has evolved to include a pair of trained family member volunteers who teach a 12-week curriculum-based program from a highly structured, scripted manual. The class meets weekly in 2-3 hour sessions to receive knowledge about mental illnesses, treatments, medication, and rehabilitation, as well as learning self-care, mutual assistance and communication skills, problem-solving strategies, advocacy, and developing emotional insight into one's responses to mental illness. The current MOU with the VA spurred the development of a specific module to train families about PTSD; it is particularly relevant to Veterans and those who love and live with them (Dixon et al, 2004). The program emphasizes being family- and peer-taught to accentuate the often ignored, but not inconsequential, benefits of lived experience.

To date, F2F has been offered in 45 U.S. states and in Canada and Mexico. There are more than 3,000 trained

class leaders and more than 80,000 family members have attended F2F classes. Through the Spring of 2010, VA medical centers have sponsored F2F programs specifically marketed to Veteran families in nearly all 50 states.

Early studies of F2F (and its predecessor) have shown it to be well accepted by participants who report improved knowledge of mental illness and improved management of their loved one's behavior (Pickett et al, 1997). Others have found participants to report decreased subject burden of illness and increased empowerment at the end of the program with benefits sustained after six months (Dixon et al, 2004). More recent studies have confirmed these initial findings. Lucksted and Stewart (2004) interviewed F2F graduates and reported that a combination of new factual and emotional information shifted participants "usual" framework of understanding about SMI and allowed participants to adopt more adaptive perspectives on their relative's illness and their own care-giving and family roles. Such shifts led to less stress and less conflicted relationships as well as better family relationships and less anger and frustration.

The family plays a foundational role in the Veterans' care. Recent VA directives endeavor to shore up that foundation by increasing services to Veteran family members through couples counseling, family psychoeducation and support, and collaborative efforts with agencies in our various communities. By developing creative collaborations with community-based agencies we can more effectively and comprehensively integrate our Veterans and their loved ones into the dynamic changes occurring in VA Mental Health services.

#### References

- Dixon, L., Lucksted, A., Stewart, B., Burland, J., Brown, C.H., Postrado, L., McGuire, C., Hoffman, M. Outcomes of the peer-taught 12-week family to family education program for severe mental illness. *Acta Psychiatrica Scandinavica*, 2004; 109;207-215.
- Lucksted, A & Stewart, B. Benefits and changes for Family to Family graduates. Report to NAMI of Qualitative Outcome Interviews with F2F Graduates. DATE
- Pickett, SA, Cook, JA, Laris, A. The journey of hope: final evaluation report. Chicago, IL: The University of Illinois at Chicago, National Research and Training Center on Psychiatric Disability, 1997.

## MIRECC IMPLEMENTATION, DESIGN AND ANALYSIS SUPPORT (MIDAS) PROFILE: NANCY PETERSEN, PHD

Interviewed by Ashley McDaniel

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 Nancy Petersen, PhD, a senior biostatistician with the Houston VA Health Services Research and Development Center of Excellence and an Associate Professor with Baylor College of Medicine.

### What is your role in MIDAS?

My background is in biostatistics so I provide help in many areas of study design and statistical analysis. I help researchers in developing pilot studies or other grants and in analyzing their data. I also assist with writing and reviewing proposals and journal manuscripts.

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

I have expertise in clinical trials and in observational studies. In addition, I have many years experience in the analysis of the VA administrative databases. I can help in determining the sample size you need to address your primary study questions, and we can extract data from VA databases to help you determine if there are adequate numbers of patients available. I develop plans for sampling participants and for randomizing participants to study treatments. Conducting statistical analyses and helping interpret the results are a main component of my work.

### What do you like best about your work with MIDAS?

I have had an opportunity to work with lots of terrific clinicians and researchers on a variety of topics of importance to Veterans. As part of MIDAS, I have helped with projects on telemedicine for providing treatment to rural Veterans as well as studies of bipolar disorder, depression, insomnia, PTSD, dementia, and military sexual trauma.

Helping researchers get their career development award or pilot grant funded or their manuscript published is especially rewarding. It is great to know that VA and MIRECC are developing a cadre of researchers interested in the mental health care issues of Veterans.

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

It is always best to contact MIDAS as early as possible for help on your project, preferably before you begin collecting data. I find it helpful if researchers have an initial set of research questions they want their study to address. These questions can be modified as you work with MIDAS staff, but they serve as the foundation for determining the design and analytic method that is most appropriate. Most studies are more complex than the researcher initially thought so getting assistance early will help make sure that time and effort on the project is well spent.

### How can people get in touch with you with they have questions about MIDAS?

Contacting Ellen Fischer, PhD, who oversees MIDAS, at [fischerellenp@uams.edu](mailto:fischerellenp@uams.edu) or 501-526-8125 is the best way to get answers to any questions you have about MIDAS support and services. MIDAS provides assistance in many areas of study design and analysis such as database development, construction of surveys and questionnaires, and qualitative and quantitative analyses. Dr. Fischer can ensure you are directed to MIDAS team members who can best help you.