



## *South Central MIRECC Communiqué*

A publication of the Mental Illness Research, Education, and Clinical Center

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

## **New Methodology Core Supports Investigators**

Mark Edlund, MD, PhD, Director, Methodology Consultation Core

Beginning immediately, the South Central MIRECC is offering methodological consulting to VISN 16 MIRECC Investigators and Affiliates. We are available to consult on all aspects of the research process, including research design, proposal development and review prior to submission, data collection, and statistical analysis of results. This program offers investigators access to sophisticated methodologists with expertise in bio-statistics, epidemiology, and economics. In providing this service, we will utilize the knowledge and experience of experts within the South Central MIRECC, along with that of experienced methodologists from external research and academic institutions. These consultations will generally support 16 hours of consultant time or less, and we will make every effort to provide your consultation in a timely fashion.

All MIRECC Investigators and Affiliates are eligible to use this service. To request consultation, contact us for an application. Your application must be submitted at least one month before consultation is needed. If you have any questions or need an application, contact me at 501-257-1712 or [Edlundmarkj@uams.edu](mailto:Edlundmarkj@uams.edu)

## **Web Presentation on Opioids**

*\* Rescheduled \**

The MIRECC *Bringing Science to Practice* web-based conference series presents **Jim Zadina, Ph.D.**, on the “**Agony and Ecstasy: Endogenous Opioids in Pain and Reward,**” **August 18, noon to 1:00 PM CT.** Dr. Zadina is the Director of the Neuroscience Laboratory at the New Orleans VAMC and is Professor of Medicine, Neuroscience, and Pharmacology at Tulane University School of Medicine. Dr. Zadina will discuss new developments in the area of the neurobiology of pain and the role of recently discovered natural opioids in these processes, recent discoveries concerning the brain’s reward system, and the potential of new opioid pain therapeutics.

The PowerPoint slides for Dr. Zadina’s presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning August 17. The live audioconference can be accessed August 18 at **1-800-767-1750, access code 45566#**. This presentation is accredited for 1.0 hour of discipline-specific continuing education by the VA Employee Education System. For additional information about this program, contact [Tonya.dossman-welch@med.va.gov](mailto:Tonya.dossman-welch@med.va.gov)

## Get an Education Grant!

The South Central MIRECC is accepting proposals for FY06 Clinical Education Grants. *Deadline for proposals is August 15, 2005.* (See attached). Submitting a proposal is easy, but take the time to get feedback about your idea. If you have an idea for a unique clinical tool or a better strategy for delivering care, talk to Randy Burke, Ph.D., Education Grant Coordinator ([Randy.burke@med.va.gov](mailto:Randy.burke@med.va.gov)). Whether you have a rough idea that needs development or a great idea that just needs some tweaking, Dr. Burke can advise and assist you in making a strong proposal. It is also important to get advice about an appropriate evaluation plan. Contact Snigdha Mukherjee, Ph.D., Evaluation Consultant ([Mukherjeesnigdha@uams.edu](mailto:Mukherjeesnigdha@uams.edu)) for suggestions.

The maximum amount of funding for a grant is \$7,000. Grant funds can be used to purchase and evaluate existing educational materials, use existing materials with a new population and evaluate, or develop new materials and test them. "Existing materials" mean commercial products (e.g., brochures, videotapes, manuals, etc) or any of the products developed by the MIRECC Education Grants Program (see attached list). "Evaluation" includes ratings of patient satisfaction, usefulness, appropriateness, relevance, and/or assessment of clinical outcomes. We have examples of simple evaluations that are available upon request.

VISN 16 and 17 mental health clinicians and trainees are eligible for these grants.

This year the MIRECC is encouraging proposals that adopt psychosocial rehabilitation or recovery-based models of care consistent with VA's Action Agenda. These models take a holistic view of the veteran as a multi-dimensional individual that includes physical and mental health, spirituality, occupational functioning, social functioning, etc., within a family and within a community. Psychosocial rehabilitation and recovery-based models view these areas as connected, strive to improve general functioning, and promote hope.

For more information, contact [Randy.burke@med.va.gov](mailto:Randy.burke@med.va.gov).



## Baylor-VA MIRECC Psychopharmacology Update in October

Baylor College of Medicine presents the 2005 Psychopharmacology Update October 14-15, 2005 at the Houstonian Hotel, Houston, TX. The program agenda and registration form are not yet available. Watch this newsletter for more information. The Psychopharmacology Update has been a popular and scientifically relevant meeting. For information about registration, contact Tamara Grenier, Office of Continuing Education, Baylor College of Medicine, [tgrenier@bcm.tmc.edu](mailto:tgrenier@bcm.tmc.edu) or 713-798-5602. This conference is accredited by the Accreditation Council for Continuing Medical Education.

As co-sponsor of this conference, the South Central MIRECC will pay the registration fee for MIRECC Affiliates who register in advance. MIRECC Affiliate is a formal designation of membership with the South Central MIRECC. To confirm your Affiliate status or to learn how to become a MIRECC Affiliate, contact Ms. Heine at [kim.heine2@med.va.gov](mailto:kim.heine2@med.va.gov) or 501-257-1105.

## Meet the Program Assistant Series

We continue our monthly series of introducing the MIRECC Program Assistants. The Program Assistant is often the first person that people have contact with in the MIRECC office at each anchor site. We have asked each of them to write a small piece about themselves and their work in order for you to know them better. This month we are pleased to introduce **Ms. Brenda Schubert**.



In February 1999, I was fortunate enough to be offered the new position that had just been created for the South Central MIRECC as the Houston Program Assistant. When I accepted the job, I didn't know I would fall in love with my work and never want to leave. I've worked for many men and women in my lifetime of working, but never such a great group as the MIRECC docs.

My work life started about a million years ago when I was sitting in the auditorium of my high school, listening to the blah-blah-blah of award announcements. When to my surprise, my name was called! Fastest Typist in Clearwater High School! Then again, Fastest Shorthand Transcriptionist in Clearwater High School! Then AGAIN, Scholarship to Flynn Business College awarded to the Top Business Student. Was that ME they're talking about? Could there be another Brenda Hughes in the school?

A day or so later, a lawyer in Clearwater, Florida, came to the school and asked if he could hire the fastest typist in the school as a replacement for his secretary who was getting married. I was thrilled but I should have known that since he wanted the "fastest typist" that must mean he had a LOT of typing to be done. And he did! But I learned from the start that it was easier to do a job correctly from the beginning, without procrastination or errors. That job set the pace for my attitude towards my work. I've always felt it was my responsibility to do the best I can do, no matter the task, in a timely, efficient, friendly manner, with attention to detail and a little dab of common sense.

My job with the MIRECC has changed and expanded over the years. I have always tried to be responsible and accountable for everything I am asked to do. I try to anticipate solutions to problems before they become big problems. I try to function as a reliable source of help for the MIRECC investigators and staff.

One of the fun parts of my job is planning our Annual Retreats throughout the VISN. I have always planned these meetings when they've taken place in Houston, but since it was apparent that I loved doing it, I was asked to take over the job at the other sites. It's a good thing we only have one or two meetings a year (that I'm asked to take charge of), because I wouldn't get anything else done. And there are a lot of activities, deadlines, requests that my doctors ask me to keep track of and I don't want to let them down.

I have been asked to search and discover new funding opportunities for our investigators and to advertise and disseminate my findings. Dr. Michael Kauth, Dr. Tom Teasdale, and Dr. Allen Thomas publish these funding opportunities in the newsletter and on our MIRECC web site. In today's financial climate, this is a crucial element for success and I feel honored to have been asked to participate and spearhead this effort.

On a personal note, I have been married for 34 years to a wonderful man I met when I was 16 years old. We have a 26-year-old son who is an IT Manager with a private medical practice in Clear Lake and a 28-year-old daughter who works as a medical dosimetrist at MD Anderson Cancer Center. She and her husband (another IT whiz) are expecting our first granddaughter, Macy, in November 2005.

My life is blessed with this great job and a beautiful family.



## Clinical News

## Abstracts

**Tan G, Nguyen Q, Anderson KO, Jensen M, Thornby J:** Further validation of the chronic pain coping inventory, *Journal of Pain*, 6(1), 29-40, 2005.

Multidisciplinary treatment programs for chronic pain typically emphasize the importance of decreasing maladaptive and encouraging adaptive coping responses. The Chronic Pain Coping Inventory (CPCI), developed to assess coping strategies targeted for change in multidisciplinary pain treatment, is a 64-item instrument that contains eight subscales: Guarding, Resting, Asking for Assistance, Relaxation, Task Persistence, Exercising/Stretching, Coping Self-Statements, and Seeking Social Support. A previous validation study with 210 patients in a Canadian academic hospital setting supported an eight-factor structure for the CPCI. The present study was undertaken to validate the CPCI among 564 veterans with a more extended history of chronic pain. Patients completed the study questionnaires prior to multidisciplinary treatment. A confirmatory factor analysis (CFA) was used to examine the factor structure of the 64-item CPCI. A series of hierarchical multiple regression analyses were performed with depression, pain interference, general activity level, disability, and pain severity as the criterion variables and the eight CPCI factors as the predictor variables, controlling for pain severity and demographics variables. The CFA results strongly supported an 8-factor model, and the regression analyses supported the predictive validity of the CPCI scales, as indicated by their association with measures of patient adjustment to chronic pain.

**PERSPECTIVE:** This article validated the 8-factor structure of the CPCI by using a confirmatory factor analysis and a series of linear regressions. The results support the applicability and utility of the CPCI in a heterogeneous population of veterans with severe chronic pain treated in a tertiary teaching hospital. The CPCI provides an important clinical and research tool for the assessment of behavioral pain coping strategies that might have an impact on patient outcomes.

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Tavakoli-Tabasi S, **Rowan P**, Abdul-Latif M, **Kunik ME**, El-Serag HB: Utility of a depression score to predict candidacy for hepatitis C virus therapy in veterans: a prospective longitudinal study. *Aliment Pharmacol Ther*, 21: 235-242, February 2005

**BACKGROUND:** The frequency and determinants of receipt of antiviral therapy once a diagnosis of a mood disorder is established in hepatitis C virus (HCV)-infected patients remains unknown. **AIM:** To examine the incidence and determinants of receiving antiviral therapy in HCV-infected veterans with abnormal scores of Zung Self-Rating Depression Scale (SDS). **METHODS:** We systematically evaluated the presence of psychiatric disorders among HCV-infected patients with initial referral between September 2000 and May 2002. We reviewed medical records, obtained history, and administered Zung SDS to evaluate for depressive symptoms. Patients with psychiatric disorders were referred for psychiatric evaluation. The primary outcome was the receipt of antiviral therapy during and after the initial evaluation up to December 1, 2003. The association between SDS scores and receipt of antiviral therapy was examined in a multivariate Cox proportional hazards regression. **RESULTS:** A total of 424 patients completed a Zung SDS. The scores were normal in only 43% of all patients, and were impaired mildly in 25%, moderately in 23%, and severely in 9%. Zung SDS scores were significantly higher in patients who served during the Vietnam War era, participated in combat, or had lower albumin levels. At the end of the first visit, 180 (42%) had psychiatric disorders. An abnormal Zung score (>55) was the only reason for referral to psychiatry in 83 of 180 patients; and in those 78 (94%) a formal psychiatric evaluation confirmed depressive disorder. Psychiatric disorders were the sole contraindication to therapy in 145 (34%) patients in whom eligibility for antiviral therapy was achieved in 42 (29%) during a mean follow-up duration of 27 months.

**CONCLUSIONS:** Approximately one-quarter of patients with psychiatric disorders may become eligible for antiviral therapy following subsequent management of these disorders. The Zung self-screening test is an easy, valid method for detecting mood disorders in HCV-infected veterans.

(continued from page 4)

**Orengo CA, Fullerton L, Kunik ME:** Safety and efficacy of testosterone gel 1% augmentation in depressed men with partial response to antidepressant therapy. *J Geriatr Psych Neur*, 18(1): 20-24, March 2005.

The current study evaluates the efficacy and safety of testosterone (T) gel 1% augmentation on depressive symptoms and quality of life in treatment-resistant, depressed, hypogonadal men older than 50 years of age who are receiving antidepressants. The authors hypothesized that T augmentation would improve depressive symptoms and quality of life. Eighteen hypogonadal men entered the study who had had an adequate trial of antidepressant therapy and had significant depressive symptoms. Participants were continued on their antidepressant and were randomized to

receive either placebo or active T gel (5 g) to be applied once a day. Participants were tested on 6 occasions: screening visit, an initial session (pretreatment), at 6 and 12 weeks during the first treatment condition, and at 18 and 24 weeks during the crossover condition. The authors found a significant improvement in depressive symptoms from baseline to 12 weeks of testosterone treatment. However, a statistical difference between placebo and testosterone treatment phases was not demonstrated. The limitations of the study, including the chronicity and severity of patients' depression, variability in T levels, and a small sample size, probably influenced the ability to detect a discernable difference. Nevertheless, the study shows that T gel augmentation may be helpful in hypogonadal males with depression.

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## Seattle ERIC Calls for Proposals

The Seattle Epidemiologic Research and Information Center (ERIC) is accepting Letters of Intent (LOI) to fund up to 4 new pilot projects. The Seattle ERIC is a research collaboration between the Department of Veterans Affairs and the University of Washington. The mission of the Seattle ERIC is to improve the health and health care of U.S. veterans through epidemiologic research and increased use of epidemiologic principles in the VA.

A two-page LOI must be received by **August 25, 2005**. Projects may request funding up to \$25,000 (including indirect costs) for a project period up to 9 months. Projects may be proposed by investigators inside or outside of the VA. Collaborations between VA and non-VA investigators are encouraged.

For more detailed information, go to [www.eric.seattle.med.va.gov/research/grant\\_proposal.html](http://www.eric.seattle.med.va.gov/research/grant_proposal.html) or contact Dr. Edward Boyko at [eboyko@u.washington.edu](mailto:eboyko@u.washington.edu) or 206-764-2830.

## MIRECC Education Products

Below is a list of clinical education products that are available free of charge. Most of these products were developed as a MIRECC Clinical Education Grant. To receive a product, send your request to [Allen.thomas3@med.va.gov](mailto:Allen.thomas3@med.va.gov)

*Age-Competency Assessment.* Survey of mental health professionals in VA Network 16 regarding competency to address the mental health needs of older veterans. The project is described in Molinari, V., Kier, F.J., & Kunik, M.E. (2001). Obtaining age-related mental health competency: What is needed? *Educational Gerontology*, 28, 1-10.

*Age-Specific Role Competency Curriculum for Substance Abuse Treatment Staff.* Large canvas bag packed with in-service and self-study training materials on age role competencies to meet JCAHO and CARF standards. Developed by Jefferson D. Parker, Ph.D.; Catherine Shaw, Psy.D.; Evelina Ward, RN; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

*Anger Management Patient Handbook and Instructor’s Guide.* An 8-session cognitive-behavioral workbook for group treatment. Great for a new group. Developed by Eddy White, LCSW; Fayetteville VA Medical Center.

*Coping with Chronic Pain.* A short video describing group treatment approach for chronic pain management. Good introduction to pain management. Developed by Jeffrey West, Ph.D.; New Orleans VA Medical Center.

*Day Treatment Center Newsletters: Togetherness, Acceptance & Respect.* A collection of eight psychoeducational newsletters for veterans with chronic mental illness, including schizophrenia and related disorders. Developed by Quang (Charlie) Nguyen, PhD; Ellen Flood, LCSW; Cynthia Andrus, RN, MSN; Jennie Hall, MD; Carol Beckwith, RN; Jocelyn Ulanday, MD; Audrey Dawkins-Oliver, LCSW; Diana Willis, PA-C; Michael E. DeBakey VA Medical Center, Houston.

*Gambling Education Workbook.* An 8-session gambling education workbook and resource guide that integrates cognitive-behavioral and 12-step approaches. Great for Substance Abuse Treatment Programs. Developed by Jefferson Parker, Ph.D.; Randy Burke, Ph.D.; Paul Matens, LCSW; and Frances Hill; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

*Guidelines for Monitoring Antipsychotic Side-Effects.* Pocket brochures provide basic information for monitoring antipsychotic side-effects. Includes a PowerPoint presentation on CD that describes the project with facility-specific baseline monitoring data. Developed by Teresa Hudson, Pharm.D.; Kathy Henderson, M.D.; Central Arkansas Healthcare System VA Medical Center, North Little Rock.

*Health Promotion Materials for PTSD Veterans.* A resource manual and series of PowerPoint presentations developed to be used in conjunction with a group intervention to focus on disease processes and problems common in the PTSD veteran population. Developed by Cynthia Helwig, N.P.; Leslie Root, Ph.D.; Gulf Coast VA Healthcare System, VA Medical Center, Gulfport.

*Helping Dementia Caregivers.* An interactive CD-ROM that illustrates effective behavioral management skills to caregivers through a series of video clips. Useful for self-study or group formats. Developed by Tom Teasdale, Dr.PH; Michael E. DeBakey VA Medical Center, Houston.

*HIV Medication Adherence Intervention.* A report on the effect of various strategies (pillboxes, reminders, etc) to improve HIV medication adherence. Developed by Michael Kauth, Ph.D.; and Trevor Hart, B.A.; New Orleans VA Medical Center.

*Keeping the Mind & Body Well.* A 28-minute videotape and brochure to promote disease prevention and wellness among veterans. Wonderful for waiting rooms. Developed by Mertis Scott, MSN, CFNP; G.V. “Sonny” Montgomery VA Medical Center, Jackson.

*Managing Disruptive Behavior in Dementia Patients: A training tool for clinical nurse assistants.* An instructional CD-ROM that models ineffective, effective, and preventive behavioral management skills to long-term care nursing staff through a series of video clips with actors. Developed by Tom Teasdale, Dr.PH; Michael E. DeBakey VA Medical Center.

*Messing with Your Habit: A Tobacco Use Reduction Program.* A patient-guided CD-ROM program that uses the Stages of Change model to identify patients' their readiness to stop smoking. Developed by Dona Zanotti, Ph.D.; John Tassej, Ph.D.; Oklahoma City VA Medical Center. Also available at <http://w3.ouhsc.edu/besmokefree/>

*Playing It Safer Workbook.* A 4-session behavioral skills-based group program to reduce HIV sexual risk. Good for Substance Abuse Treatment Programs. Developed by Dana Ross, Ph.D., MPH; and Randy S. Burke, Ph.D.; G.V. "Sonny" Montgomery VA Medical Center, Jackson.

*PTSD Families Matter.* A 29-minute videotape for veterans with PTSD and their families. Great as introduction to PTSD programs or to send home with veterans. Developed by Pamela Abrams, LCSW; Tom Freeman, M.D.; Central Arkansas Healthcare System VA Medical Center, North Little Rock.

*Quitting It All: Tobacco Cessation for Chemical Dependence and Dual Diagnosis Treatment Programs.* A 90-minute, single-session program to address nicotine dependence. Includes workbook, facilitator's guide, and relaxation tape. Developed Theodore V. Cooper, Ph.D.; Randy S. Burke, Ph.D.; G.V. "Sonny" Montgomery VA Medical Center, Jackson.

*SAFE Program Manual-Revised.* An 18-session workshop and resource guide for educating families of veterans with chronic mental illness. Very helpful if starting family services for first time. Developed by Michelle Sherman, Ph.D.; Oklahoma City VA Medical Center. Also available for downloading at [w3.ouhsc.edu/safeprogram](http://w3.ouhsc.edu/safeprogram)

*Treating Chronic Pain in Substance Abusing Patients: An Interactive Primer.* A comprehensive, interactive primer on managing chronic pain in substance abusing patients, including medication pocket guides and assessment and intervention resources. Developed by Gabriel Tan, Ph.D.; Deacon Staggs, MD; Serena Chu, Ph.D.; Bilal F. Shanti, MD; Quang (Charlie) Nguyen, Ph.D.; Jaime Rhudy, Ph.D.; Rebecca Kayo, Ph.D.; Mobeen N. Choudhri, MD; John Ramirez; Michael E. DeBakey VA Medical Center, Houston.

*Us and Them: The Experience of Mental Health Stigma.* This PowerPoint program on CD and manual provides a facilitator-guided presentation for a medical center staff to challenge their beliefs about mental illness and promote greater sensitivity. Developed by Michelle Sherman, Ph.D.; Oklahoma City VA Medical Center.

*Veterans Helping Veterans: Key Insights for PTSD Recovery.* A 23-minute audio CD to promote treatment involvement and adherence via testimonials by combat veterans in PTSD treatment. Very moving. Developed by Kathleen O. Reyntjens, Ph.D.; Leslie Root, Ph.D.; Gulf Coast VA Healthcare System, VA Medical Center, Gulfport.

Videos from MIRECC conferences:

*A Stress Reaction Model: From Stress to PTSD.* Presentation from MIRECC PTSD conference: *Living in the Age of Trauma: Impact on Children and Adults* by Matthew J. Friedman, MD, Executive Director, National Centers for PTSD, White River Junction, Vermont. January 17, 2003. CD-ROM (72 min.). Continuing Education Credit will be awarded for this program through September 20, 2005.

*Traumatic Grief Treatment: An Overview.* Presentation from MIRECC PTSD conference: *Living in the Age of Trauma: Impact on Children and Adults* by M. Katherine Shear, MD, University of Pittsburgh School of

Medicine. January 17, 2003. CD-ROM (63 min.) Continuing Education Credit will be awarded for this program through September 20, 2005.

*Treatment of Nightmares and Insomnia Related PTSD.* Presentation from MIRECC PTSD conference: *Living in the Age of Trauma: Impact on Children and Adults* by Murray A. Raskind, MD, Professor and Vice-Chair, Dept. of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. January 17, 2003. CD-ROM (50 min.). Continuing Education Credit will be awarded for this program through September 20, 2005.



### August Conference Calls 1-800-767-1750

- 1—Education Core, 2:00 PM CT, access code 16821#
- 1—Schizophrenia Team, 3:00 PM CT, access code 20061#
- 9—Directors Call, 3:00 PM CT, access code 19356#
- 10—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 11—National MIRECC Education Group, 1:00 PM CT, access code 28791#
- 12—Psychosocial Rehabilitation Trainers, noon CT, access code 85388#
- 15—Disorder Team Leaders, 2:00 PM CT, access code 20143#
- 16—Substance Abuse Team, General, 1:00 PM CT, access code 23400#
- 17—Program Assistants, 2:00 PM CT, access code 43593#
- 22—PRECEP Call, 11:00 AM CT, access code 39004#
- 23—Directors Call, 3:00 PM CT, access code 19356#

The next issue of the *South Central MIRECC Communiqué* will be published September 6, 2005. Deadline for submission of items to the September newsletter is August 31. 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) or FAX to (504) 585-2954.

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

SC MIRECC intranet site: [vaww.visn16.med.va.gov/mirecc.htm](http://vaww.visn16.med.va.gov/mirecc.htm)

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