



## *South Central MIRECC Communiqué*

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

*Editor’s note: The recovery model aims to empower consumers by conveying respect and instilling hope, giving consumers a voice, and promoting social relationships and community involvement. The story below illustrates how helping others became an important part of this veteran’s journey of recovery. He has made significant contributions to improving the health care received by other veterans through his service on the Oklahoma City VA Consumer Council and on the MIRECC-VISN 16 Consumer Advisory Board.*

### **Ed Schmidt – Giving Veterans a Voice**

Debra L. Hollis, Central Arkansas Veterans Healthcare System, Little Rock

Veteran Ed Schmidt joined the Marine Corps at age 22 after graduating from the University of Oklahoma. He applied for Officers Candidate School and was in training for 9 ½ months at Quantico, Virginia. He served in Vietnam from August 1965 until September 1966. While in Vietnam, he was awarded a Bronze Star and a Navy Commendation Medal, of which he says that he is the most proud because it was for doing a good job from “day one” in Vietnam to “day last.” He returned to Camp LeJeune in North Carolina and from there was sent to Guantanamo Bay (“Gitmo”) for 4 months on perimeter defense. He mustered out of Camp LeJeune with a Captain’s ranking.

Back in Oklahoma City, Ed took a job with an insurance company, as a commercial property underwriter from 1969 until 1978. It was during this time that he began what he refers to as his “crawl into the bottle.” In 1993, when he woke up in a Moore, Oklahoma jail cell with 6 other “drunks,” he decided there had to be a better life. He entered an alcohol rehabilitation center for 8 months and is proud to say that he has not had a drink since February 5, 1993!

He was working as a painter for one of his nephews when the “demons” started coming back: the same ones that he had been keeping at bay with alcohol all those years. He went to the Vet Center in Oklahoma City in 1997 seeking help. His counselor told him that he had PTSD and in 1999 sent him to the PTSD treatment program at the North Little Rock VA Medical Center. In 2000, his Vet Center counselor referred him to Mental Health at the Oklahoma City VAMC. A psychologist told him about a newly forming Mental Health Consumer Council at the VA and invited him to participate. He joined the Oklahoma City Consumer Council and has now served on the council for 7 years. Ed says that he realized how much better off he was than a lot of veterans and wanted to give something back to others. The desire to give something back became a big part of his therapy and was responsible for helping him to build a renewed sense of self esteem and hope.

Ed says the Oklahoma City Consumer Council gets better every year. The council includes representation from the Vet Center, Veteran Service Organizations (VSOs), and the National Alliance for the Mentally Ill (NAMI). Ed claims that the VSOs bring a great deal of insight and information to the council. He notes that veterans who are dissatisfied with mental health services at VA hospitals are more likely to tell a VSO representative about their issues and problems than to take it directly to Mental Health at the VA. He explains that, “A lot of veterans still don’t trust the government or the military, so VSOs can

play an important part.” Many veterans may also avoid going to VA Mental Health because of the stigma attached, although they may go to the VSOs for help. Therefore, Ed advocates for maintaining good lines of communication between the VA, local Consumer Councils, and VSOs.

Just over one year ago, Ed agreed to join the VISN 16 Consumer Advisory Board (CAB) – with no real idea of what that would entail. Much to his surprise, he feels that he is contributing on an even larger scale to improving the lives of fellow veterans, which makes him proud. Ed sees the VISN 16 CAB as providing veterans with a voice that is closer to the ear of VA administration. Also, by linking local consumer councils with the VISN 16 CAB, local veterans can more easily have their voices heard by regional and national VA administration and can prompt change from the top-down and the bottom-up.

“The CAB is allowing veterans to be a part of the solution instead of the problem.” Ed goes on to add, “The CAB gives veterans a voice at the same table with the PhDs.”

Ed notes that since veterans deal with the VA system every day, their input is valuable. Just like him, people recovering from PTSD and other disorders have ideas that can lead to positive changes in the VA and in the lives of other veterans.



## Meet the MIRECC Researchers: Dr. Jeffrey Pyne

Interview with

**Jeffrey Pyne, MD**

Staff Physician, Central Arkansas Veterans Healthcare System, Little Rock  
Research Health Scientist, Center for Mental Healthcare and Outcomes Research (CeMHOR)  
Affiliate Researcher, South Central MIRECC

Associate Professor, Department of Psychiatry, University of Arkansas for Medical Sciences

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

**Dr. Pyne:** My main areas of research are in studying the cost-effectiveness of mental health interventions and the measurement of health-related quality of life (HRQL) for patients with mental health problems. That being said, I am involved in a number of studies where the primary focus is not cost-effectiveness or HRQL, but I always try to incorporate these analyses in any study I am involved with.

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

**Dr. Pyne:** As suggested above, the content areas vary widely I think because I listened to mentors’ advice to diversify and because I could not help responding to opportunities.

The most recent study to be funded (finally) is entitled, “Psychophysiological Reactivity to Identify and Treat Veterans at Risk for PTSD.” This is a VA clinical research study to develop an objective model for predicting PTSD symptom severity and compare this to a self-report model for predicting current PTSD symptom severity and

changes in PTSD symptom severity. The objective model will be based on psychophysiological reactivity measured in response to virtual reality (VR) environments, auditory startle, and provocative visual stimuli. Subjects will include 150 OIF/OEF veterans (60 treatment-seeking veterans from the Little Rock VAMC and 90 OIF/OEF non-treatment-seeking veterans from the 39th National Guard Brigade stationed in Arkansas). We will also examine the acceptability of the psychophysiological reactivity measures as screening tools for PTSD and the acceptability of VR assisted graded exposure therapy as an exposure therapy for combat related PTSD using qualitative measures. We are just starting this project. The impetus for this study came from my experience with VR studies (see below) and the challenge for all mental illnesses of discovering an objective marker for symptom severity.

The next most recent study is entitled, “HIV Translating Initiatives for Depression into

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(Pyne interview; continued from page 2)

Effective Solutions.” This is a VA QUERI funded study to 1) document and evaluate the process of implementing, refining, and sustaining collaborative depression care services at VA HIV clinics; 2) compare the quality of depression care, depression and HIV medication adherence, depression outcomes, HRQL, and treatment satisfaction between intervention and usual care groups; and 3) evaluate the cost-effectiveness of the intervention versus usual care. This study builds on the past success of the TIDES/WAVES and TEAM programs in VA primary care. Specifically, the proposed service directed project will use evidence-based quality improvement strategies to implement a collaborative stepped-care intervention that was tested in VA primary clinics and now will be adapted for VA HIV clinics. Patients will be recruited from three HIV clinics in VISN 16: Little Rock, Atlanta, and Houston. The intervention will be randomized at the level of the patient. We expect to recruit a total of 140 intervention and 140 usual care patients. The impetus for this study came from my work with other depression collaborative care projects and discussions with the HIV QUERI.

The next most recent study is entitled, “Cost-Effectiveness of Reducing Drug Treatment Barriers.” This is a NIDA funded study to 1) conduct a series of cost-effectiveness analyses of interventions designed to increase substance abuse treatment linkage and treatment engagement, 2) determine the sensitivity of two quality-adjusted life year measures to substance abuse outcomes, and 3) determine predictors for these general quality-adjusted life year measures in a substance abuse treatment-seeking sample. The parent study includes 565 subjects with cost and quality-adjusted life year data. The impetus for this study came about through discussions with a mentor who made me aware of this data set and the lack of quality-adjusted life year data prospectively collected in substance use disorder patients.

The next most recent study is entitled, “Patient-Centered Medication Adherence Intervention for Schizophrenia.” This is a VA HSRD funded study to 1) refine a patient-centered intervention to improve medication adherence, 2) compare the effects of the intervention versus usual care on changes in medication adherence and schizophrenia symptom severity, and 3) explore the

effects of the intervention versus usual care on changes in patient HRQL. We are just starting to recruit patients for this study. The impetus for this study came about when a mentor suggested to me that I should probably not put all my research eggs in the cost-effectiveness basket and challenged me to develop another area of research expertise.

Other studies where I am an active collaborator include two VR treatment studies for combat related PTSD, which are being conducted at the Navy Medical Center in San Diego (NMCS D). My involvement in these studies came about when I was recalled to active duty and stationed at NMCS D and the chairman of the psychiatry department asked me if I was interested in writing some grants about PTSD and virtual reality – two topics in which I had no previous research track record. We put together an impressive group of collaborators and now these projects are recruiting subjects. I am also an active collaborator on two collaborative care depression projects in primary care settings. My involvement in these studies came about because I am surrounded by outstanding research colleagues in Little Rock.

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

**Dr. Pyne:** From a cost-effectiveness perspective, I have always considered mental health interventions as underdogs in the competition for healthcare resources. So from that perspective, I am hoping to bring data to the table that places mental health interventions on a level playing field with physical health interventions. Cost-effectiveness will never be the only criteria by which healthcare interventions are funded, but I am hoping that it will be at least part of the criteria. In the U.S., this will become a much more central issue if/when we move to a more nationalized healthcare system.

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

**Dr. Pyne:** I was in my first or second year of residency training at the University of California at San Diego (UCSD), and I started thinking that I wanted research to be a part of my career. UCSD has a very active research environment and culture so I started talking with successful researchers about my research interests. During this process of

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(Pyne interview; continued from page 3)

talking with 4 or 5 researchers, my own interests became much clearer to me. Then I met Bob Kaplan who was in the Department of Family and Preventive Medicine, and I found someone that was doing the kind of research work that I wanted to do, except that I would focus on patients with mental illness. Bob is one of the original developers of the General Health Policy Model and the Quality of Well-Being measures. These measures were designed for use in cost-effectiveness analyses that can be used to inform healthcare resource allocation decisions. I am also very grateful to those initial researchers whom I talked with (especially Chris Gillin) who instead of trying to steer me into their line of research really listened to me and helped me give voice to my own interests.

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

**Dr. Pyne:** Bob Kaplan and Chris Gillin (see above).

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

**Dr. Pyne:** As other researchers have mentioned in this column – find a research topic or clinical issue that you have a passion for. This can be an issue that makes you angry or is clinically frustrating. For me, my passion stems from the injustice associated with under funding treatments for mental illness.

The other piece of advice (which has also been echoed in this column) is to find a mentor who you would like to emulate in some way and who has the time and interest to help you succeed.

**Editor:** *How can people get in touch with you if they have questions about your work?*

**Dr. Pyne:** [jmpyne@uams.edu](mailto:jmpyne@uams.edu)



## Clinical Educator Grants Available to Develop New Tools

The South Central MIRECC is accepting applications for **2008 Clinical Educator grants**. These grants are designed to encourage frontline clinicians and educators to develop innovative educational tools or programs that target under-served or hard-to-reach veterans and/or their families and address their mental health needs. These grants have been used in a number of ways: to develop new educational tools, develop new educational programs, modify existing materials or put them in a new format, and evaluate existing commercial products. A list of completed products is attached to demonstrate the range of funded projects.

Deadline for application is 4:00 PM CT, August 13, 2007. Awards are up to \$7,000. VA personnel in VISNs 16 and 17 (up to 3 awards) who are affiliated or collaborating with local Mental Health staff are eligible to apply. Trainees are eligible to apply. See the attached application for more details.

Applications are reviewed by a committee. Applicants will receive feedback by September 28. In most cases, applicants are asked to provide additional information or asked to modify their project and then submit a revised proposal. Funding announcements are expected by early December.

*If you are even mildly interested in applying for a grant, please talk to any of the MIRECC personnel identified in the application. They would like to help you craft your idea into a fundable project.*

## Clinical News

### Implementing Dialectical Behavior Therapy at Houston VA

Jane Kang, MD, Charlie Nguyen, PhD, Deborah Lundin, LCSW, Sara Allison, MD,  
and Lori Coonan, LCSW

Michael E. DeBakey Veterans Affairs Medical Center, Houston

The Center for Disease Control's National Violent Death Reporting System indicates that between 21-25% of all suicides occur within the veteran population. It is imperative that efforts to prevent suicide and parasuicidal behavior be an integral component of a comprehensive veteran health care program. The 2004 VA Suicide Prevention Workgroup offered several recommendations for reducing suicide risk among veterans, including the development and implementation of Dialectical Behavior Therapy (DBT) programs. DBT is a comprehensive, evidence-based treatment program for individuals who are diagnosed with Borderline Personality Disorder and who have a history of parasuicidal behavior.

In 2006, as part of an ongoing effort to identify and provide effective treatment for veterans who engage in parasuicidal behavior, the Mental Health Care Line (MHCL) at the Michael E. DeBakey VA Medical Center (MEDVAMC) formed a DBT team consisting of two psychiatrists (Kang and Allison), one psychologist (Nguyen), and one clinical social worker (Lundin). Three members of the DBT team come from the Comprehensive Mental Health Program (CMHP; a continuous care program that provides services to veterans with psychotic, mood, and cognitive disorders), and one member comes from the Healthcare for Homeless Vets (HCHV) program. Members of the team devote 20% of their time to the DBT program.

DBT requires that clinicians be well trained in its core concepts and practice. With support from the South Central Mental Illness Research, Education, and Clinical Center (MIRECC), the Houston team and two others (Biloxi and Little Rock) are participating in an intensive, 3-part training program offered by Behavioral Tech, LLC. This training began in November 2006 and will be completed in July 2007. Although most providers may be familiar with some elements of DBT (e.g., basic principles of classical and operant conditioning), the philosophy and practice of DBT as a comprehensive treatment program is less well-known. Developed by Marsha Linehan, PhD, DBT effectively integrates cognitive and behavioral therapy, dialectical philosophy, and concepts and strategies from Eastern traditions (e.g., mindfulness). In this program, clinicians teach consumers practical skills to help them lower emotional reactivity, cope with problematic social situations, and apply these problem-solving skills in different contexts.

As an introduction, the Houston team presented the DBT initiative to hospital staff during Suicide Prevention Awareness Day in March 2007. The team will maintain ongoing education efforts to inform staff as the program continues to develop.

We are currently in the process of accepting and screening referrals for the DBT program. Consumers accepted into the program have a history of engaging in self-injurious behavior or verbalizing threats of self-injurious behavior. These consumers may or may not have a diagnosis of Borderline Personality Disorder. Referrals will come from the four continuous care programs within MHCL, including the Trauma Recovery Program (TRP), Substance Dependence and Vocational Rehabilitation (SDVR), HCHV, and CMHP. We anticipate that services (i.e., individual therapy, skills groups) will begin in July. Although we have screened a number of patients and have accepted several into the program, we have not yet begun actual sessions. Our team looks forward to implementing this innovative and exciting program!

### **New TBI Brochure**

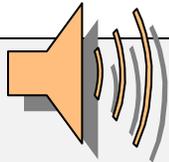
*Making the Invisible Visible: Clinical Guide for Recognizing Traumatic Brain Injury in Veterans* is a graphically powerful brochure that provides clinicians with critical information about traumatic brain injury among veterans and how to screen for it. Screening questions parallel the new TBI screen in CPRS. "Next step" recommendations are included. This brochure was developed by Kimberly A. Arlinghaus, MD; Helene K. Henson, MD; Stephanie Sneed, MD; and Janet Hickey, MD at the Michael E. DeBakey VA Medical Center, Houston. Contact [Michael.kauth@va.gov](mailto:Michael.kauth@va.gov) to request copies.

## National Mental Health Conference July 18-20

For the first time, the ten MIRECCs and several VA organizations have partnered to hold a national conference July 18-20 in Alexandria, VA. The conference is entitled, “*Transforming Mental Health Care: Promoting Recovery and Integrated Care.*” Additional partners include the Mental Health Liaisons, NEPEC, SMITRC, PERC, the Mental Health and Substance Use Disorder QUERIs, NCPTSD, CESATE, VISN 2 Center for Integrated Healthcare, and the Vet Centers. The purpose of the conference is to present progress toward implementation of recovery oriented services, integrated care, and suicide risk prevention, as well as to promote collaboration among researchers, clinicians, educators, and trainees.

Conference information can be accessed through the national MIRECC web site:

<http://www.mirecc.va.gov/>



### Research Rounds on Adherence to Outpatient Treatment of Schizophrenia

The South Central MIRECC Research Rounds features, **Ellen P. Fischer, PhD**, on “*Sustained Involvement in Care for Schizophrenia: Research Findings and Relevance in the Era of Recovery,*” **Monday, July 9 at 2:00 PM CT**. Dr. Fischer is a Research Health Scientist, Center for Mental Healthcare & Outcomes Research (CeMHOR), at the Central Arkansas Veterans Health Care System, Little Rock. She is also Associate Professor, Departments of Psychiatry and of Epidemiology, at the University for Arkansas Medical Sciences, Little Rock.

The purpose of the Research Rounds is to inform MIRECC investigators about each others’ research interests and expertise and solicit feedback about work in progress. This series employs a commercial web-based conferencing technology. Please contact Dr. Thomas Teasdale ([Thomas-teasdale@ouhsc.edu](mailto:Thomas-teasdale@ouhsc.edu)) for information about how to access the system.

### Web-based Presentation in July TBA

At publication time, the details of the July *Bringing Science to Practice* web-based conference series for July 19 at noon CT had not yet been finalized. Watch for announcements about this program in the next week.

For additional information about this series, contact [Randy.burke@med.va.gov](mailto:Randy.burke@med.va.gov)

### Relaxation Manuals Available

The *Relaxation Enhancement Therapist Manual* and *Stress-for-Less Patient Manual* are step-by-step guides for teaching consumers relaxation skills using breathing control, muscle relaxation, and guided imagery within a group format. Relaxation logs and instructions for audio recording personal relaxation tapes are included. These manuals were developed by C. Laurel Franklin, PhD; Shelia Corrigan, PhD; Stephanie Repasky, PsyD; Karin E. Thompson, PhD; Madeline Uddo, PhD; & Jessica Walton, MS, at the Southeast Louisiana Veterans Health Care System, New Orleans. Contact [Michael.kauth@va.gov](mailto:Michael.kauth@va.gov) to request copies.



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

- 2—Education Core, 2:00 PM CT, *cancelled*
- 9—Research Rounds, 2:00 PM CT, contact [Thomas-teasdale@ouhsc.edu](mailto:Thomas-teasdale@ouhsc.edu) for access
- 10—Directors Call, 3:30 PM CT, access code 19356#
- 18—Program Assistants, 2:00 PM CT, access code 43593#
- 19—PSR Group Call, noon PM CT, access code 85388#
- 24—Directors Call, 3:30 PM CT, access code 19356#
- 26—National MIRECC Recovery Interest Group, noon CT, access code 22233#

The next issue of the *South Central MIRECC Communiqué* will be published August 6, 2007. Deadline for submission of items to the August newsletter is July 30. 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)

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