

4th Annual VA Mental Health Conference *Implementing a Public Health Model for Meeting the Mental Health Needs of Veterans* - Michael R. Kauth, PhD (conference co-chair)

The VA Mental Health Conference was held in Baltimore, MD in July. This was a great opportunity for the Mental Illness Research, Education, and Clinical Centers (MIRECCs) and Mental Health Centers of Excellence (MH CoEs) to present our work. More than 1,000 VA clinicians, administrators, Vet Centers, community partners, and Veterans attended. The program featured more than 130 oral presentations and almost 160 poster presentations. In this issue, we provide a sample of MIRECC and MH CoE conference presentations on new research and on implementation of findings in clinical practice. Several MIRECC and MH CoE educators also participated in planning and assisting with the meeting.



In other highlights, Dr. Antonette Zeiss (Acting Deputy Chief Patient Care Services Officer for Mental Health), gave an overview of progress in VA Mental Health during the last year. She reported that about 90% of the Uniform Mental Health Services Handbook has been implemented, thanks to efforts at all levels. Dr. Zeiss called for better documentation of clinical outcomes and continued research on innovative practices from the field. Dr. Robert Petzel (Undersecretary for

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Adapting Treatments for OEF/OIF Veterans

Adaptation and Implementation of Evidence Based Treatments Focused on Veterans' Families (MIRECC 3 & Bronx VA, MIRECC 6 & Durham VA, MIRECC 16 & New Orleans VA)

This panel presentation featured several promising new efforts that are underway in VA to incorporate family members as key partners in recovery focused interventions:

- Family Needs Across the Deployment Cycle** - An overview of the challenges of military deployment was followed by results of a qualitative needs assessment of OEF/OIF Veterans and their spouses. For more information: kristy.straits-troster2@va.gov
- Multi-Family Group** - An evidence-based treatment for civilian TBI survivors and their families has been adapted for OEF/OIF Veterans. At the first (3 month) followup, family members reported improvement in mood, family empowerment, and general health. Perceived family burden was decreased. For more information: deborah.perlick@va.gov or kristy.straits-troster2@va.gov

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Veteran's View

From Where I Sit

Charles E. Witherspoon

(Co-Chair, VISN3 Veterans Advocacy Council for Mental Health)

As I sat listening and looking... trying to absorb all this information projected at me... I was reminded of the lectures from my college days. Thank goodness there was no quiz. This brings to mind the reasonable expectation that all Veterans attending the conference should be able to convey a general outline of issues presented, particularly those with veteran-specific, need to know quality. While these conferences are usually staff oriented there is plenty of information that we Veterans could use... if only it was presented in terms we might readily comprehend. At the recent Conference on Implementing a Public Health Model for Meeting the Mental Health Needs of Veterans I had the opportunity to get some first hand and most useful info. The person to person encounters allowed me to ask questions and receive answers from mental health care professionals in language that I understood. I met with and had a wonderfully

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Fellowship Update - Sherry A. Beaudreau, Bevin Powers, Emily Gere and Ruth O'Hara

The VA Advanced Fellowship Program in Mental Illness Research and Treatment was launched in 2001. Since then, over a hundred psychiatrists and psychologists have been trained in mental health research. Most have gone on to academic clinical research careers within the VA and academic institutions nationwide. This success has led to the recent expansion of the program to 22 sites. These include the National Center for PTSD, and multiple MIRECCs and MH CoEs. Another change is that Fellow recruitment now includes non-psychiatry MDs, PharmDs, and PhDs in Nursing and Social Work. This will further the interdisciplinary focus of our program.

The Fellowship Hub Site recently published a description of the program's structure and success, based on the first several classes of Fellows. Several strengths were identified as key to the program's success. These include the bimonthly V-Tel lectures and use of other technology to increase contact between the coordinating Hub Site and its Fellows and Directors. To

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Integrated Care

Mental Health and Chaplaincy: A New Paradigm for Service Integration (MIRECC 6 & Durham VA, NC-PTSD, VA National Chaplain Center)

The integration of mental health services with other patient care services is a VA priority. One promising new approach is to integrate mental health and spiritual care services in order to optimize care for returning Veterans. Chaplains are a potentially vital resource in increasing access, addressing unmet needs, and connecting with Veterans unwilling to seek standard mental health treatment. A new education initiative designed to prepare chaplains for this role has been developed. Quarterly chaplain training conferences will be held across all VISNs over the next several years. These two-day conferences will provide state-of-the-art mental health information to better equip chaplains to serve returning OEF/OIF Veterans. For more information: keith.meador@va.gov or jason.nieuwsma@va.gov

Improving Care for Veterans: Health Assessments (VISN 22 CESAMH)

The number of OEF/OIF Veterans seeking care from the VA is growing. Providing quality mental and medical healthcare for these Veterans is a high priority for the VA. Early detection of health problems would help Veterans receive care early, before problems worsened. Our investigators have developed a comprehensive screening survey that helps to identify many potential problems. Areas assessed include physical symptoms, pain, alcohol and substance use, depression, anxiety, PTSD, social functioning, quality of life, and resilience. This assessment packet promotes integrated mental health and physical health care. It supports standardized screening, and rapid identification of health problems. This facilitates early treatment focused on the Veteran's individual needs.

Evidence-Based Mental Health Interventions for Primary Care (CIH 2 & MIRECC 4)

This workshop featured some promising approaches:

- VISN 4 MIRECC's care management approach uses structured assessments following a defined treatment algorithm focusing on pharmacotherapy for alcohol dependence. Early results from this program suggest that treating patients for alcohol dependence within the primary care clinic is not only feasible but preferable for many Veterans. For more information: david.oslin@va.gov
- Review of the literature shows that brief interventions to reduce alcohol consumption in primary care settings have repeatedly been shown to be effective. However, few have been widely implemented. Future studies should focus on effects of clinical settings and on sustainability. For more information: stephen.maisto@va.gov
- VISN2's dementia case finding program uses electronic medical record data to identify older Veterans at risk for dementia. Follow up by telephone-based screening decreases the time to diagnosis. For more information: laura.wray@va.gov



Building Partnerships & Community Outreach

VA/DoD/State/Community Partnerships (MIRECC 6)

Almost half of all OEF/OIF Veterans have come to VA for at least one episode of care. However, this still leaves half of eligible OEF/OIF Veterans who have not yet sought services at VA. There is strong evidence that many of them and most of their families are coping with significant stress in the course of the deployment cycle. Practical partnerships of VA/DoD/State and Community providers and systems of care are needed to ensure that there is no wrong door to which these Veterans and their family members can come for the right help. This workshop outlined the two pronged approach developed to create effective partnerships in service of OEF/OIF Veterans and their families. Workshop participants received practical advice and tools necessary to foster similar partnerships within their own states, VISNs and Regions. For more information: harold.kudler@va.gov

"Families at Ease"- Outreach and Coaching of Family Members of Military Veterans (MIRECC 4 & MIRECC 6)

New national efforts are underway to enhance outreach to military Veterans from Iraq and Afghanistan. There is evidence that many Veterans are reluctant to access mental health care due to concerns about stigma or because they do not recognize their need for mental health care. "Families At Ease" is a collaborative public information campaign conducted by VA Centers of Excellence in Philadelphia and Durham. The purpose is to help family members encourage Veterans to seek care at the VA. Experience with the Families At Ease program will help us develop best practices in outreach to family members of new returning combat Veterans. For more information: steven.sayers@va.gov

Reaching Rural Veterans

Increasing VA Mental Health and Homeless Services in Rural Areas (MIRECC I & VA Office of MH Services)

Since 1996, the VA has established hundreds of community-based outpatient clinics (CBOCs) to improve access in rural areas. Increasing access to mental health services in these clinics is a high priority. This presentation:

- Reviewed the impact of new policies on increasing access to mental health services in rural areas
- Presented data on access to VA mental health services among homeless veterans in these areas
- Proposed a model for expanding case management services to homeless veterans living in rural areas

By 2008, the total number of VA mental health service users had increased by 72%. Of these, 26.2% were from rural areas and 6.3% from isolated rural areas, an increase in the proportion from rural areas. However, only 5.8% of homeless Veterans were served in rural areas and only 0.81% in isolated rural areas. The VA Rural Access Networks for Growth Enhancement (E-RANGE) program is a possible solution to this problem. E-RANGE offers larger integrated teams that provide intensive case management and homeless outreach, thus making community-based mental health care more effective and efficient in rural areas. For more information: Somaia.Mohamed@va.gov.

Improving Services for Homeless Veterans

Traumatic Brain Injury and Homelessness: The Importance of Assessing Injury History (MIRECC 19 & National Center on Homelessness)

Improving care for Veterans who are homeless or at-risk for homelessness is a high priority for the VA. This current research project is designed to find:

- A practical and psychometrically sound screening measure that can be used by VA providers working with homeless Veterans.
- The prevalence of TBI among homeless Veterans.
- Any differences in psychiatric outcomes between Veterans with and without a history of TBI.

This study will help identify models of care for this high risk population. Findings may provide clinically relevant information, such as lifetime exposure to TBI among homeless Veterans.

For more information: Lisa.brenner@va.gov



Telehealth

Telehealth Intervention for Patients with Schizophrenia and Suicidality: Preliminary Outcome Data (MIRECC 4)

Suicide is the leading cause of premature death in schizophrenia. Individuals hospitalized for suicidal behavior are still at risk when released from the hospital. Thus, monitoring during the transition to community care is important. We developed an in-home telehealth monitoring system using the Health Buddy©. Subjects were recruited from Veterans hospitalized for suicidal behavior. They were randomly assigned to either intensive case management with daily in-home telehealth monitoring or intensive case management alone. Average daily telehealth adherence rates for months 1, 2 and 3 were 81%, 80% and 84%, respectively. At 3 months, the telehealth group was more likely to have no suicidal thoughts. At 3 months, there were no differences in Calgary Depression Scale scores between the telehealth and control group. The results suggest that the telehealth system for this population of patients is feasible and leads to a more rapid improvement in suicidal behavior.

For more information: john.kasckow2@va.gov

Implementing Telemedicine-Based Collaborative Care for Depression in Contract Clinics (MIRECC 16)

Collaborative care has been shown to improve outcomes for primary care patients treated for depression and is being rolled out nationally in the VA. However, few small contract community clinics without on-site psychiatrists are part of the roll out. MIRECC staff developed a telemedicine-based collaborative care (TBCC) program for depression. TBCC was implemented with 11 contract clinics associated with three parent VA medical centers. Adoption of TBCC ranged from 20% to 100% across clinics. Fidelity to the model was routinely high. In six months, 1800 Veterans were diagnosed with depression at these clinics. About 7% (n=123) of these Veterans were enrolled in TBCC. By study's end:

- 18% of enrolled Veterans were symptom free
- 22% had a 50% reduction in symptom severity without relapsing
- Almost 40% of Veterans had positive outcomes
- Almost all (10/11) clinics were still using TBCC

In sum, Veterans enrolled in the TBCC program showed clinical outcomes comparable to previous randomized trials of TBCC. The TBCC programs were continued after research funding ended. For more information: John.fortney@va.gov

Supporting Providers

Utilizing Quality Improvement Teams to Address Gaps in Care at 4 VA Specialty Mental Health Clinics (MIRECC 22)

Quality mental health care is often impeded by organizational structure and process issues. For example, systemic change is not usually successful when driven primarily by external forces. Quality improvement also needs to come from within, with buy-in and local involvement of those who are expected to deliver quality services. Site-based, locally-driven quality improvement (QI) teams can help to reduce the gap between evidence and practice by identifying and addressing clinical concerns with a collaborative process. We developed QI teams at four participating medical centers, each led by the Local Recovery Coordinator. Each QI team identified local gaps in care, utilized QI methods and tools to close the gap, gathered results of change efforts, and worked towards sustainability of changes. Clinical concerns targeted were:

- Decrease walk-ins for medications refills
- Increase attendance at wellness groups
- Increase communication and collaboration between inpatient and outpatient mental health staff
- Provide recovery groups in the community to Veterans
- Design and implement a recovery-oriented treatment plan.

Locally-driven QI teams can serve as a force for organizational change. QI teams can support and augment efforts to improve quality of healthcare services.

For more information: amy.cohen@va.gov

Connecting in Cyberspace: How to Create a Community of Practice (MIRECC 16)

In 2008-09, our MIRECC conducted two assessments of network community clinics. (Partnership for Improving Rural Mental Health Care and Needs Assessment Survey of Community Clinics.) The results suggested a sense of professional and geographic isolation among community clinic mental health providers. This has contributed to challenges in providing evidence-based care. A way to provide more opportunities for clinical consultation, training, and professional development was needed. In consultation with VA Web Communications, our staff and advisors from the Partnership Project designed a web-based community of practice (COP). The VISN 16 COP will live on a SharePoint platform behind the VA firewall and will feature:

- Clinical consultation with experts
- Opportunities for training and access to educational materials
- Forums for sharing solutions to challenges
- Opportunities for collaboration with MIRECC researchers

Isolation in rural VA settings makes recruitment and retention of skilled mental health clinicians more difficult. It can also interfere with provision of high quality care. The VISN 16 COP is one creative attempt to address these issues.

For more information: Ashley.mcdaniel@va.gov



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- Couple-Based Interventions for PTSD** - This recently completed pilot study had promising results. A larger trial will begin soon. For more information: sautter.frederic@va.gov or shirley.glynn@va.gov

Preliminary results indicate that treatments developed for other groups can be successfully tailored to OEF/OIF Veterans and their families. Despite well-known difficulties in engaging OEF/OIF Veterans in MH treatment, these innovative approaches have demonstrated feasibility and appeal.

Intensive Weekend Treatment for Panic Disorder in Returning Veterans with PTSD (MIRECC 16)

There are effective treatments for panic disorder. However, few returning Veterans receive these treatments because of family, work, or school commitments. Our study tested the delivery of an intensive weekend intervention for Veterans with panic disorder and PTSD. All ten Veterans who began treatment completed the treatment. There was a significant reduction in panic frequency from pre-treatment (mean= 5.4) to post-treatment (mean= 1.7). Veterans also reported a significant reduction in symptoms of general anxiety, depression, and PTSD. With respect to PTSD, there were decreases in re-experiencing, avoidance, and hyperarousal. These were maintained at 6 month follow up. These findings suggest that an intensive weekend treatment can be safe and effective for Veterans with panic disorder. In addition, treatment focused on panic can also improve PTSD symptoms. For more information: Ellen.teng@va.gov





Supporting Employment

Helping Veterans with TBI Get Jobs (VISN 22 CESAMH)

The unemployment rate for returning Veterans is very high, as high as 18%. This lack of employment may be due, in part, to combat-related injuries. Many Veterans have experienced trauma that has resulted in a diagnosis of PTSD, or TBI, or both. The VA offers an evidence based program called supportive employment (SE) to assist these Veterans in returning to school or work. In this program, vocational specialists help Veterans with all aspects of the process. These include preparing resumes, searching for jobs, completing applications and practicing for interviews. The specialists also provide support to maintain employment. However, SE does not specifically address some of the cognitive impairments often associated with TBI that interfere with job performance. These include problems with attention, memory, and organizational skills. To help Veterans with cognitive problems, a team of our researchers has developed a cognitive training program for unemployed Veterans with TBI. This program teaches Veterans compensatory strategies, methods to overcome the cognitive problems. For example, Veterans with memory problems are taught how to use calendar or smart phones to set up a system of reminders. The use of compensatory strategies is combined with SE. The research team is now testing the new program by comparing a group receiving the compensatory strategy training with SE to a group receiving only SE. Many aspects will be assessed, including work attainment, length of employment, and money earned, as well as other measures of cognition and functioning.

Popcorn and Paychecks: Peer Supported Community Reintegration for OIF/OEF Veterans (MIRECC I & Bedford VA)

Many OEF/OIF Veterans have difficulty returning to civilian life. Common problems include social disconnection, isolation, and unemployment. Two Bedford VA peer support programs have been developed to promote successful community reintegration. Operation Recreation focuses on group recreation. Recurring evening and weekend community-based activities are organized and supported by a Veteran certified peer specialist who discusses his own experiences of reintegration and wellness. Lessons learned during implementation included the importance of:

- Collaborating with VA Voluntary Service
- Cultivating Veterans' ownership for the group via recurring focus groups and ongoing individual mentoring
- Facilitators' involvement with multiple Bedford VA programs to build support for the group.

Peer support providers with a history of homelessness and unemployment staff the Compensated Work Therapy (CWT) Resource Room. They assist Veterans in developing resumes and conducting job searches at internet enabled computer stations. The room includes a job board and weekly employment literacy workshops co-facilitated between peer support providers and CWT Vocational Rehabilitation Specialists. Lessons learned during implementation included the importance of:

- Clarifying the peers' roles with existing staff and Veterans
- Providing non-VA internet services for Veterans with giveaway thumb drives
- Providing resources to support translation of acquired job search skills
- Tracking use of the room for ongoing program evaluation.

For more information: Charles.Drebing@va.gov.

Psychiatric Status and Work Performance in OEF/OIF Veterans (MIRECC 4)

A Veteran's ability to find and keep gainful employment is a major component of successful reintegration into civilian life. Psychiatric disorders may negatively impact work performance. This study demonstrated that multiple dimensions of job performance are impaired by psychiatric illness in OEF/OIF Veterans. On average these productivity deficits were four times those of previously studied healthy civilian employees. The delivery of evidence based treatments for psychiatric disorders are essential. In addition, the development of care models that focus on work-specific interventions are needed to facilitate Veterans' ability to return to civilian life. For more information: dave.oslin@va.gov





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Health) expressed his appreciation for the high quality services that VA Mental Health provides to Veterans. He summarized the VA Secretary's vision of a Veteran-centric, integrated, data-driven VA that provides standardized, evidence-based treatments to improve the mental health of Veterans. The revised PTSD Practice Guidelines are a good example of promoting evidence-based treatments. Dr. Matthew Friedman, Dr. Josef Ruzek, and CAPT Robert Koffman (from DoD) reported that the new Guidelines focus on early interventions for acute stress and evidence-based treatments for PTSD. Several first line treatments for PTSD are now identified. These include both psychotherapies and pharmacotherapies.

In this issue, we present a sample of the research and educational presentations by the 10 MIRECCs and 4 MH CoEs. These show the scope and depth of activities by our Centers.

Veteran's View *continued from page 1*

engaging, impromptu conversation with David Carroll and was introduced to Lisa Pape who gave me an inside tip on the upcoming enhancement of CWT to a peer level program. I felt a sense of partnering after these encounters. While preferred, I know it is not always possible to have these one to one opportunities. However if more Veterans had attended ... at least two from each VA facility would have given us Veterans a better chance to give and receive and absorb the valuable information flowing thru-out the conference. I also found being privy to the same information as the staff very empowering.

Perhaps there are some possible solutions. It would help greatly if there was a summary follow-up of these conferences, or some kind of break out session, pulled together by the educational staffs specifically with us Veterans in mind. Things like medical break-throughs, new drug therapies, mental health trends, self-help and other aspects of Recovery that staff could share with veterans would definitely have its place at or after the conference.

I am very thankful for the opportunity to attend the conference held in Baltimore, Maryland. On behalf of the VISN#3 Veterans Advocacy Council for Mental Health I would also like to thank, Dr. Leon Green, Ann Feder, Michelle Smith and Mark Levinson and everyone else for all of their help.

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strengthen our program further, we are conducting a more intensive evaluation of our outcomes by examining the success of both current Fellows and alumnae.

Last year's *Fellows' Research Institute*, held at the VA Mental Health Conference in Baltimore, was a great success. we are hosting a the *Second Annual Fellows' Research Institute* at the Palo Alto VA Health Care System, the Sierra Pacific MIRECC and Stanford University on October 15th-18th, 2010. Career development topics relevant to growing an academic career will be presented by VA leaders and expert panels in mental health research. In addition, Fellows will present their research to and get feedback from expert faculty. Topics covered during the Institute will include:

- VA and NIH Career Development Awards
- Academic Career Trajectories
- Intervention Research with Veterans
- Physiological Methods in Mental Health Research
- DSM-V and Its Impact on Future Mental Health Research

We look forward to the academic year ahead of us. We are grateful for the generous support from Office of Academic Affiliations that has ensured our continued success. Fellows presented posters on a range of topics highly relevant to VA mental health care initiatives during the conference:

- Angeli N, Prins A, Lindley S, Noronha D, Gregg J, Dollar K** *Provider Input on the Development of a PTSD Tool Kit for Integrated PC*
Angeli N, Wray LO *Patterns of Therapeutic Utilization in Veterans of Afghanistan*
Bahraini N, Gutierrez PM, et al. *Lessons Learned about Veteran Suicide from the Colorado Violent Death Reporting System*
Bahraini N, et al. *Examining the Relationship Between Personal Values, Interpersonal Needs, and Suicidal Ideation in a Veteran Population*
Baker M, Teng EJ, Graham D *An Examination of the Relationship between Perceived Threat and PTSD in OEF/OIF Combat Veterans*
Bradford A, Helmer DA, Honore H, et al. *Sexual Health Needs Assessment in a Primary Care Sample of OEF/OIF Veterans*
Brancu M, et al. *Impact of Resiliency, Social Support & Demographic Factors on Health Outcomes of Recent GWOT Veterans with PTSD*
Churchwell J, Lopez-Larson M, Yurgelun-Todd D *Impulsivity, Suicidal Ideation, and Altered Frontal Morphology in Veterans with TBI*
Honore H *Bladder Cancer Survivors Report Sexual Dysfunction and Misinformation: Results of Cross-Sectional Mixed-Methods Research*
Libby D *The Use of Yoga in the VA Connecticut Healthcare System PTSD Treatment*
McGlade E, Lopez-Larson M, Yurgelun-Todd D *Traumatic Brain Injury and the Neurobiological Correlates for Suicidal Risk*
Naylor J, Payne V, Youssef N, et al. *Adjunctive Treatment with Aripiprazole for OEF/OIF Era Veterans with PTSD*
Rings J, Brenner L, et al. *Female OEF/OIF Veterans' Experiences of Habituation to Painful Stimuli, Perceived Burden, & Failed Belongingness*
Schmitz T, et al. *Impact of Fear Related to Domestic Violence on Treatment Seeking in a Sample of Recently Returned Military Veterans*
Smith ML, Rosen D, Engel R, Schulz R, et al. *Concurrent Alcohol and Medication Use Among Community-Dwelling Older Adults*
Sutherland RJ, Mott J, Williams W, et al. *Changes in Posttraumatic Cognitions over a Course of Group Based Exposure Therapy*
Tsan J, Greenawalt DS, Kimbrel N, et al. *Minority Treatment Involvement for Depression and PTSD Among Returning OEF/OIF Veterans*
Voss-Horrell S, DeMarce J, et al. *Symptom Changes and Predictors of Treatment Outcome Following Participation in Seeking Safety*
Wagner P *The Neuroanatomy and Neurochemistry of TBI and Suicide*
Youssef N, Naylor J, Massing M, et al. *Pilot Randomized Controlled Trial with Pregnenolone in OEF/OIF Era Veterans with Mild TBI*

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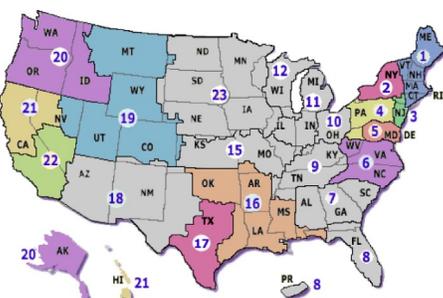
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National MIRECC Website

www.mirecc.va.gov

VISNs with MIRECCs or MH COEs



MIRECC and MH COE Directors & Education Activities

VISN 1 MIRECC

Director: Bruce Rounsaville, MD

Focus: Improve care for Veterans with mental illness and substance dependence.

Activity: The Peer Education Center offers monthly seminars and workshops for VA Peer Support Providers.

Contact: patricia.sweeney@va.gov

VISN 16 MIRECC

Director: Greer Sullivan, MD,

Focus: Improve access to evidence-based practices in rural and other underserved populations.

Activity: Online Working with Couples training – Fall 2010; Assessment of TBI modules – Fall 2010

Contact: michael.kauth@va.gov

VISN 2 Center for Integrated Healthcare

Director: Stephen Maisto, PhD, ABPP

Focus: Improve care by integrating behavioral health services into the primary care setting.

Activity: Co-located Collaborative Care Staff Training, November 1-3 2010, and quarterly thereafter, Buffalo NY

Contact: randy.allen@va.gov

VISN 17 COE for Research on Returning War Veterans

Director: Suzy Gulliver, PhD

Focus: Identify the characteristics that mediate potential psychopathological response to war-related stress.

Activity: Traumatic Brain Injury Grand Rounds V-tel lecture series.

Contact: david.tharp@va.gov

VISN 2 COE for Suicide Prevention

Director: Kerry Knox, PhD

Focus: Improve access to care and the adaptation and evaluation of innovative approaches for at risk Veterans for suicide.

VISN 19 MIRECC

Acting Director: Lisa Brenner, PhD, ABPP

Focus: Study suicide with the goal of reducing suicidality in the Veteran population.

VISN 3 MIRECC

Director: Larry Siever, MD

Focus: Investigate causes and treatments of serious mental illness to enhance recovery of Veterans.

VISN 20 MIRECC

Director: Murray A. Raskind, MD

Focus: Investigate the genetics, neurobiology, and treatment of schizophrenia, PTSD, and dementia.

Activity: Bi-monthly 'MIRECC Presents' v-tel lecture series

Contact: lauren.stoner@va.gov

VISN 4 MIRECC

Director: David Oslin, MD

Focus: Advance care for veterans with concurrent physical, mental, and/or substance use disorder.

Activity: Primary Care-Mental Health Integration training including the Behavioral Health Lab platform, care management, and implementation.

Contact: jennifer.rego@va.gov

VISN 21 MIRECC

Director: Jerome Yesavage, MD

Focus: Individualize treatments for Veterans with PTSD or with Alzheimer's Disease.

MIRECC Fellowship Hub Site

VISN 5 MIRECC

Director: Alan S. Bellack, PhD, ABPP

Focus: Improve care for Veterans with schizophrenia and for their families.

Activity: VA Social Skills Training for Serious Mental Illness, March 15-16, 2011, Baltimore MD

Contact: matthew.wiley@va.gov

VISN 22 MIRECC

Director: Stephen R. Marder, MD

Focus: Improve functional outcomes of Veterans with psychotic disorders.

VISN 6 MIRECC

Director: John A. Fairbank, PhD

Focus: Translational medicine center for assessment and treatment of post-deployment mental illness.

Activity: Post Deployment Mental Health Issues - monthly lectures presented by V-tel and audio

Contact: mary.peoples1@va.gov

VISN 22 COE for Stress and Mental Health

Director: James Lohr, MD

Focus: Understand prevent, and heal the effects of stress.

Suicide Prevention

Suicide Safety Planning for Veterans with Brain Injury (MIRECC 19)

VA is focusing on a new tool to help manage suicide risk, the safety plan. A safety plan provides each patient with an ordered list of proactive coping strategies and resources to use during a suicidal crisis. The process of developing a safety plan helps a clinician and patient collaborate. Part of the safety plan's appeal is its dynamic and patient-specific nature. It is readily adaptable for special populations, even those facing illness-related problems that challenge the creation and use of safety plans. One such special population routinely encountered in VA mental health clinics is Veterans with traumatic brain injury (TBI). Providers caring for patients with TBI need to be aware that TBI is associated with increased risk for suicide. This workshop is designed to:

- Inform clinicians regarding the challenges TBI may raise in safety planning
- Model the techniques utilized to circumvent these hurdles
- Provide the opportunity for participants to engage in supervised safety planning sessions

Clinicians do not need expertise in TBI or suicide to effectively deploy this skill set. Foundational knowledge and a little hands-on practice go a long way.

The VISN 19 Consultation Service for Suicidal Veterans (MIRECC 19)

This workshop provided an overview of the novel clinical consultation service developed by our MIRECC. This service is designed to assist mental health providers in assessing and treating Veterans with suicidal ideation and suicide-related behaviors. It is staffed by an interdisciplinary group of mental health providers with broad backgrounds in psychological, neuropsychological, and neuropsychiatric assessment and expertise in suicidology. We believe that two key elements lie at the root of our service:

- Facilitating an understanding of the driving forces underlying a Veteran's suicidality using three easily accessible, self-report, suicide-specific assessment tools that we have developed
- Enhancing the therapeutic relationship between the Veteran and his or her mental health provider.

We feel that providers at other VA settings can implement elements of this approach in the aim of suicide prevention.

Neurobiological Risk Factors Associated with Suicide (MIRECC 19)

We conducted several studies that identified new information about the brain-related factors that may contribute to increased risk of suicide. Veterans with TBI and a history of suicide attempts showed significantly greater deficits in executive functioning including greater impulsivity. Linking impulsivity and changes in brain anatomy and function provides an opportunity to develop and assess novel intervention strategies for Veterans with TBI. In a separate study, altitude was identified as a possible predictor of self-directed violence, and as such may be an independent risk factor for suicide.

