



Science in the Spotlight



Project SERVE: Conducting Science in Clinically-Meaningful Ways

Sandra B. Morissette, PhD



Center of Excellence for Research on Returning War Veterans

While deployed, service members are regularly exposed to potentially traumatic events. The majority display remarkable resilience. However, studies show that many OEF/OIF Veterans are at risk of developing problems. Most common are symptoms of post-traumatic stress disorder (PTSD), depression, and alcohol abuse. Little is known about what factors increase risk for or promote resilience to the development of these conditions. Even less is known about the long-term impact of exposure to potentially traumatic events. Research is needed that will help us understand risk and resilience. We need to be able to identify who is at risk for developing these disorders, who is likely to recover, who is likely to relapse, and who is at risk to develop a chronic pattern of symptoms. Understanding the factors important for risk and resilience will make it possible to develop prevention and treatment programs that better address the specific needs of our returning warriors.

Scientific Mission - Project SERVE (Study Evaluating Returning Veterans' Experiences) is a longitudinal research study conducted by the VISN 17 COE for Research on Returning War Veterans. It will follow 1,000 OEF/OIF Veterans for 5 years after their return from deployment. Veterans are being recruited from the Central Texas Veterans Health Care System (CTVHCS). With Fort Hood nearby, CTVHCS has one of the largest concentrations of returning OEF/OIF Veterans in the country. Veterans start by completing an in-person assessment. This is repeated annually. In between, they also complete self-report questionnaires at four month intervals. These will track the presence and progression of symptoms. Primary measures assess individual differences and environmental variables that

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Veteran's View

Exposure Therapy for PTSD

Casey Lewis

When I initially left active duty Army, PTSD was a foreign acronym. The Army gave us briefings on the subject but I was so consumed with being home and around my family, I wasn't concerned about having an anxiety disorder of this magnitude from the Iraq war so I ignored the symptoms. I felt that PTSD equaled weakness.



I first began to notice the symptoms when I was training to become a police officer at the police academy. It was the sound of gunfire at the range and police officers being killed in the line of duty that slowly began to contribute to my stress. A stress that I convinced myself was normal and could fight on my own. I found that I didn't want to talk about my experiences in Iraq. I wanted to forget about them. I managed to finish the police academy despite my stressors and I started working on the streets. I found that I couldn't hide anymore. Everything about the job reminded me of Iraq. The possibility of being ambushed and carrying a loaded

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Science in the Spotlight

Evidence-Based Therapies for PTSD

Laurie Lindamer, PhD

PTSD has a huge impact on the well-being and quality of life of the Veteran and his or her family. Effective treatments are crucial. There are several widely known treatments for PTSD, and new ones are regularly being developed and tested. But, how does one know which interventions are effective? What evidence is needed to show that a particular treatment works? Over the last decade, there has been increasing interest in using treatments for medical and psychiatric disorders that have solid evidence to show that they are effective. This shift in the way healthcare is provided is known as "evidence-based treatment" (EBT). What is available

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Suicide Prevention: A MIRECC - MH COE Collaboration

Bruce M. Levine, MD

The VISN 3, 4, 19 MIRECCs and VISN 2 Canandaigua CoE are pleased to announce a 4 DVD set of "Evidence-Based Interventions for Suicidal Persons." The DVD set has been distributed nationwide to MIRECC and COE Education Directors, VA Suicide Prevention Coordinators, and VA Local Recovery Coordinators. The complete set includes: the Consumer Perspective, Psychopharmacological Interventions, Dialectical Behavior Therapy, Interpersonal Therapy and Cognitive Behavior Therapy. For more information: sara.chapman@va.gov

These four Centers have a long history of collaboration. They worked together previously on the production of the Suicide Risk Assessment Pocket Card and Guide, available online at: vawww.vanod.med.va.gov/collage/E_Behav/SP/



The VISN 19 MIRECC assisted in producing the original version of the Suicide Behavior Report. Efforts continue to focus on developing a consistent nomenclature for work related to suicide, as well as increasing use of evidence-based therapies for suicidal behavior. They offer clinical consultation in Eastern Colorado and Salt Lake City on this subject. They are deeply involved in exploring suicidality and prevention in returning Veterans and in those with traumatic brain injury. www.mirecc.va.gov/visn19.asp



The VISN 4 MIRECC's work on suicide prevention grew out of their focus on medical-psychiatric comorbidity as a major risk factor for suicide. In 2001, they developed on-site and regional training workshops for VA staff in Mental Health, Geriatrics and Primary Care settings with a focus on suicide screening and risk assessment. They continue to work with the Suicide Prevention Coordinators on the development of prevention practices within the VISN. A specific focus has included research on risk for suicide among homeless veterans. www.va.gov/visn4mirecc/

Suicide Prevention continued on page 5



**VA Capitol
Health Care
Network
VISN 5**

VISN 5 MIRECC

Shannon Thomas-Lohrman, MS

Mission: To improve care for Veterans with schizophrenia

• **Using *MOVE!* with Seriously Mentally Ill Veterans** assesses the effectiveness of adapting *MOVE!* (VA's weight management and physical activity program) for use with seriously mentally ill Veterans. Our version is optimized to account for the cognitive, social and motivational deficits common among seriously mentally ill adults. For more information:

richard.goldberg@va.gov

• **Health Improvement Program (HIP)** uses an evidence-based psychosocial intervention (social skills training) to promote the integration of medical and mental health care among Veterans with serious mental illness. HIP includes both a 12-session group curriculum and case management. For more information: richard.goldberg@va.gov

• **Living Healthy/Living Well** conference for Veterans with mental illness and their families is a ½ day (Saturday) seminar. It includes experts who address the issues of comorbidity and wellness strategies, as well as a Veteran consumer speaker. Lunch is provided and attendees have access to health and wellness literature from the VA and community. We held two sessions in 2008. More than 100 Veterans and family members attended our most recent conference. The 2009 conferences will focus on stigma and mental illness. For more information: cynthia.clark2@va.gov



VISN 16 MIRECC

Michael R. Kauth, PhD

Mission: To improve access to evidence-based practices in rural and other underserved populations, especially returning war Veterans, Veterans experiencing natural disasters, and vulnerable elderly Veterans.

One of our areas of focus is enhancing the use of evidence-based therapies. We recently trained 23 mental health therapists in brief cognitive behavioral therapy (CBT). Therapists were from 20 clinics, including 14 community-based outpatient clinics. In this pilot study, therapists were randomized by site to one of two conditions. They received either training alone (including 3 months consultation) or training plus facilitation for six months. Facilitation is an implementation strategy to increase use of new practices. Therapists who received facilitation met with an expert before training and for six months after training. At the end of the study, therapists who received training plus facilitation averaged a greater increase in CBT compared to therapists who only received training.

We are also collaborating with the Substance Use Disorder QUERI (Quality Enhancement Research Initiative) to examine adoption of Seeking Safety therapy. This is a treatment approach for PTSD and co-occurring substance abuse. To date about 70 therapists at three sites have been trained. Two more sites will receive training this summer. For more information: michael.kauth@va.gov



Vet Center

Keeping the Promise

Treating Veterans: Perspective from a Vet Center

Randal Wittry, LCSW



I am one of seven “readjustment counseling therapists” working at the San Diego Vet Center. The mission of our Nation’s 232 Vet Centers is to help Veterans of all eras readjust after service in combat theaters or after experiencing sexual trauma during military service. We also provide bereavement services for “Gold Star” families. Vet Center therapists are proud that we meet our Veterans where they are, focusing on safety, teaching new skills, and working on the process of healing and readjusting to life at home. We offer a wide range of services including individual, couples, family, and group clinical counseling, as well as resiliency trainings. We also help coordinate with the VA system of care and community partners.

This is an extraordinary time to be a VA mental health clinician. As a Vet Center therapist, I am honored to witness the stories and to facilitate the strength and growth of our nation’s heroes and heroines. All VA therapists carry the Commander’s message to our returning Warriors. This emphasizes that combat stress is a normal, predictable and recoverable reaction to the most abnormal, unpredictable and devastating situations experienced in warfare. My role is to impart a message of hope to every returning Veteran and their family. I do this by addressing all their needs as whole people seeking to transcend their war-related traumatic experiences and by helping them to assume productive and satisfying roles in their families, schools, careers and community. I confidently reach out, welcome home, and invite my Veterans and families to re-assess themselves, imagine new goals, and pick from a variety of proven paths through or around their most traumatic experiences.

Vet Center continued on page 8



New England (VISN 1) MIRECC

Patricia Sweeney, Psy.D., CPRP

Mission: Improve care for Veterans with mental illness and addiction problems

Peer support providers are individuals with histories of persistent health issues who are successful in maintaining their recovery. They are trained to use their lived experiences to help other people with similar health issues to identify and achieve specific life goals related to recovery. The VA recognizes the value of peer support services. Both individual mentoring by peers and support groups led by peers are being established in all medical centers and large community outpatient centers. We support this effort in many ways:

- Our Peer Education Center provides introductory and advanced seminars and workshops for peer support providers in our VISN. To date, 132 peer support providers have participated in one or more of these trainings.
- We are assisting the VA’s Office of Mental Health Services in development of a competency assessment tool and a training guide for the VA’s peer support providers.
- We provide ongoing consultation and administrative support for the national Vet-to-Vet volunteer peer support program. This includes help with their website and monthly teleconferences.
- Our researchers evaluated the impact of the Vet-to-Vet program in an outpatient VA setting (Resnick & Rosenheck, 2008). They found that veterans with serious mental illnesses who participated in this voluntary peer-led program reported many benefits. These included improved general functioning, greater feelings of empowerment, higher confidence levels, and less alcohol use than veterans who did not have the opportunity to participate.

For more information: patricia.sweeney@va.gov



VISN 22 MIRECC

Noosha Niv, PhD

Mission: To improve the lives of Veterans with chronic psychotic mental disorders such as schizophrenia, schizoaffective disorder and psychotic mood disorders.

Family Outreach and Therapy is one of the most effective treatment approaches for severe mental illness. Our efforts related to this type of therapy include:

- Training workshops in Family Psychoeducation, Behavioral Family Therapy, and Multi-Family Groups
- Implementation of a clinical program called Support and Family Education (SAFE) which provides psychoeducation and support to family members.
- Evaluation study of Family Member Provider Outreach (FMPO), a manualized program that engages the Veteran in a discussion about family issues and concerns. FMPO training provides Veterans with skills to talk to their family members about being involved in their care and recovery.

Peer Counselors are individuals in long term recovery from a mental disorder who choose to help others with similar problems. We collaborated with the Depression and Bipolar Support Alliance to provide Peer Counselor training and certification using a curriculum grounded in recovery principles. A study examining implementation and impact of using Peer Counselors in the care of those with severe mental illness is also underway.

Educational Workshops are offered to improve treatment for individuals with psychotic disorders. Workshops train providers in evidence-based treatment approaches:

- Cognitive Behavioral Therapy (CBT) for Psychosis
- Social Skills Training
- Supported Employment
- CBT for co-morbid mental illness and substance use

For more information: noosha.niv@va.gov


Science in the Spotlight
Evidence-Based continued from page 1

as evidence, though, varies. Usually, evidence is defined as findings from rigorous scientific studies, but other types of evidence can be considered valid as well. The strongest evidence to show that a treatment is effective is provided by studies that use a randomized, controlled design. In a **randomized clinical trial** the study involves comparing the effect of a treatment to the effect of not receiving the treatment (called the control condition). Participants are assigned to these groups by chance (randomly). The next strongest evidence comes from studies that did not randomly assign participants to the two groups. **Naturalistic studies** that observe the use of the treatment during normal clinical practice also constitute evidence, but it is much weaker than that from a controlled study with or without random assignment. When there are no research studies yet available, the **opinions of experts**, using information from clinical experience (their own and that of others) can be used to evaluate an intervention. The weakest form of evidence is the **case study**. These commonly report the response to treatment of a single patient.

strong
randomized
clinical trial

clinical trial

naturalistic
study

expert
opinion

case study
weak

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VISN 3 MIRECC

Bruce M. Levine, MD

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

Here are some of the ways we are partnering with the VISN's Mental Health Care Line to achieve our mission.

Cognitive Behavioral Therapy (CBT) for Psychosis -

This training program promotes both a recovery-oriented approach and use of evidence based practices. Staff from throughout our VISN will receive training (36 hours) followed by clinical supervision (30 hours). The first class of 30 began in April. We will evaluate many aspects of the program, including Veteran outcomes, rates of CBT use, and influence of coaching and facilitation styles

MIRECC Consultation Program - Consultation is provided live or by teleconference (video or audio) monthly to each facility in our VISN. Examples include assistance with difficult clinical issues, translating the Uniform Service Plan into practice, and applying evidence based practice to concrete clinical situations.

Training for Family Psychoeducation - We are collaborating with the James J. Peters VAMC and New Jersey Health Care System to fully implement a family psychoeducation program. We are also working with other facilities in our VISN to determine the type of family intervention training that best meets their clinical needs. We will develop a family training program to meet the needs of each facility.


VISN 4 MIRECC

Sara Chapman, MS, OTR/L

Mission: Treatment and prevention of co-morbid medical, mental health, or substance use disorders. The goal is improving the health, quality of life, and outcome for Veterans with mental illness. Our focus areas include the integration of mental health and substance abuse care into the general medical setting.

- **Training in integrated primary care -** This 3½ day training provides an introduction to integration of mental health care into primary care. Participants learn the elements of the Behavioral Health Lab Program. Discussion emphasizes tailoring the program to meet the needs of different facilities, program implementation, and how to engage primary care and mental health providers. Contact: johanna.klaus@va.gov
- **Buprenorphine Helpline -** This service provides clinical advice about the treatment of opioid dependence with buprenorphine, especially in outpatient settings. In addition, it is a source for information resources and educational activities. Shadowing opportunities are available. For more information: margaret.krumm@va.gov or 412-954-5229


Mid-Atlantic (VISN 6) MIRECC

Katherine Taber, PhD

Mission: Improving assessment and treatment of post deployment mental health issues.

One of our focus areas is providing education about the post-deployment mental health care needs of our Veterans. We are working to reach out to all relevant communities.

- **The Governor's Summit Process -** We have developed methods of partnering with local, state and national agencies and systems of care. The process actively engages MIRECC, Department of Defense, National Guard, and state mental health services staff in the development of a state-wide "no wrong door" public health approach. Contact: harold.kudler@va.gov
 - **Traumatic Brain Injury (TBI) -** This is an area of particular emphasis for us. We have created materials for both Veterans and families and healthcare providers to help with prompt identification and appropriate treatment of this condition. These are available on our website at www.mirecc.va.gov/visn6/TBI_education.asp
 - **Readjustment Issues -** Military personnel are deeply affected by their war experiences. Adjustment difficulties are common. These are normal reactions to abnormal experiences. Our materials are intended to help a wide range of communities to better understand, identify and assist with these challenges. www.mirecc.va.gov/visn6/education.asp
- For more information: katherine.taber@va.gov



Science in the Spotlight

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may promote or protect against the development of problems. Veterans may also volunteer a blood sample so that genetic contributions to the development of these problems can be studied.

Clinical Mission - Clinical presentations are discussed following each face-to-face assessment. This assures that Veterans get tailored feedback and linked with appropriate CTVHCS services. In addition, the repeated self-report measures are systematically tracked to identify Veterans who may develop new symptoms or experience a worsening of symptoms. When concerns arise, Veterans are contacted by phone for “check-ins” and to connect or re-connect them with CTVHCS services. The goal is to prevent or quickly manage possible relapse.

Thus, this research provides an opportunity for outreach to returning Veterans. This is expected to facilitate connecting returning Veterans to needed services.



Suicide Prevention continued from page 2



The VISN 3 MIRECC entered the field of suicide prevention through working to enhance the life in the community of Veterans with serious mental illness. This led to development

of suicide risk assessment trainings and a suicide risk assessment in the VA's electronic medical record. This risk assessment has been fully implemented in VISN 3 and broadly disseminated. Their research is also examining neurochemical factors in persons who completed suicide. Another important area of emphasis is bringing evidence-based therapies such as Dialectical Behavior therapy or suicidal individuals into practice. Some of this occurs through the clinical consultation service. www.visn3.mirecc.va.gov



The Canandaigua CoE is well recognized as the central site of VA's public health approach to suicide prevention. This is the original home of the Suicide

Hotline, and sponsor of the Safety Plan Training at the last National MH Conference (July 2008). They developed tools to implement the safety plan throughout VA. They also developed and disseminated (through Suicide Prevention Coordinators) Operation SAVE training. They are now working on developing standards for Emergency department response to suicidality. jan.kemp@va.gov
www.collage.research.med.va.gov/collage/E_behav/SP/



VISN 21 MIRECC

Eric Kuhn, PhD and Allyson Rosen, PhD

Mission: To improve care for Veterans with dementias and PTSD

Dementias and PTSD share many symptoms including cognitive difficulties, sleep disturbance, and agitation. We are dedicated to investigating these issues as well as evaluating current interventions, developing novel treatments, and disseminating best practices.

- Ongoing basic research uses Magnetic Resonance Imaging (MRI) to investigate structural changes in the brain brought on by PTSD and/or traumatic brain injury in OEF/OIF Veterans.
- Ongoing clinical research focuses on evaluation of novel treatments. These include noninvasive brain stimulation, web-based interventions, and promising psychotherapies and medications.
- Educational efforts target VA patients and staff, community providers and the public at large. For example, we have hosted an annual Updates on Dementia conference for the past 11 years. There were more than 400 attendees last year. In 2008, we kicked off our first annual Updates on PTSD conference.
- Support of clinical programs in VISN 21 includes regular consultations, helping develop new clinical programs and bring cutting-edge research to frontline clinicians.
- Contributions to national educational efforts include serving as the hub site for the VA's MIRECC Fellowship Program in Advanced Psychiatry and Psychology and collaborating extensively with other VA special programs such as the NC-PTSD, WRIISC, and GRECC.



VISN 19 MIRECC

Joe Huggins, MSW, MSCIS

Mission: Prevention of suicide in Veterans.

We are in the final planning stages for our 2nd annual Suicide Prevention and Traumatic Brain Injury (TBI) conference. Attendees at last year's conference (October 2008) gave overwhelming approval to its focus on risk and assessment. The speakers for that conference included clinician/researchers Mary Hibbard, David Rudd, Thomas Joiner, Peter Gutierrez, and Lisa Brenner.

The 2nd annual conference will build on the first with a focus on how to use safety planning to reduce suicide risk when working with individuals who have sustained a TBI; the challenges and strategies. The conference will be held September 11 at the University of Colorado Denver - School of Medicine. Full details will soon be available at our website: www.mirecc.va.gov/visn19/

Veteran's View *continued from page 1*

gun began to toy with my emotions daily. I began to fear everyone and everything. I had a mental and emotional breakdown. I quit my job within the second week of starting work on the streets. I didn't want to talk about it with my friends or family. I was embarrassed. I wanted nothing to do with them. I stayed in my house to avoid anything that had to do with my past. I noticed myself slowly sinking into a depression that I thought I would never get out of. I completely stopped doing all of the activities I used to enjoy. My parents didn't know who their daughter was anymore. For the first time in my life, I felt like I had no control over it. That was when the VA stepped in. I was recommended to go get treatment by a former co-worker. He was a psychiatrist who recognized the symptoms of PTSD and he said I needed help. Me? PTSD? I was still in denial and completely skeptical but I was out of options and my life was crumbling before my eyes.

After the VA evaluated me, they recommended I go through prolonged exposure therapy. I had no idea what was in store for me but I had a feeling it was going to be a difficult process. I spent my entire time after the Army avoiding anything having to do with the traumatic event I experienced in Iraq and now my therapist was expecting me to relive it daily. I found that after my therapy sessions, I was emotionally drained and tired. Halfway through therapy, I slowly began to realize that I could live in this event and stay in it until my stress levels went down. I didn't have to run away from it. I didn't need to avoid situations pertaining to the traumatic event. I found out that while my PTSD may never go away completely, it is manageable. I also found that this treatment pertained to many other stressful aspects of my life.

It took approximately 8 months of daily dedication to get through therapy. After I finished, my crowning moment was when my parents looked at me and said, "We have our old daughter back." I have since returned to police work and I actually enjoy it this time around. I no longer allow my past to dictate my present. Being a part of the prolonged exposure program was instrumental in helping me regain the person I had lost when I came home from Iraq. I will continue to use the tools the therapy gave me to improve my life and I am extremely thankful to have been a part of it.


Science in the Spotlight *Evidence-Based continued from page 4*

Recently, the VA requested that the Institute of Medicine (IOM) review and assess the scientific evidence on the efficacy of both medication and psychotherapy treatments for PTSD. The report, *Treatment of Posttraumatic Stress Disorder: An Assessment of the Evidence*, was published in 2008. Here is a summary of what they found.

Evidence-based Psychotherapies - In all, 36 studies of psychotherapies for PTSD treatment were reviewed. The Committee found several problems and limitations in these research studies, though, making it challenging to draw firm conclusions about many treatments. The available research also was not informative about the effectiveness of treatments for important subgroups. Few studies compared veterans with civilians, for example. Patients with other problems in addition to PTSD, such as traumatic brain injury or depression or substance abuse, were often excluded in research studies. The lack of reliable research evidence, however, does not mean that the treatments do not work. Rather, it means only that there was not yet enough evidence.

Evidence-Based continued on page 8


VISN 20 MIRECC

Lauren Stoner, MA



Mission: To investigate the genetics, neurobiology, and treatment of schizophrenia, PTSD, and dementia

Our MIRECC has partnered with many organizations to better address the needs of returning Veterans.

- **Reintegration Summit** - This conference (11th to be held in October) brings together agencies statewide involved in Veteran care. Goals we have met include identifying populations and projecting required needs, developing regional action plans, and planning for coordinated services. Partners - MIRECC, Portland VA, Oregon National Guard
- **Mental Health Care for Today's Combat Veteran** - Held March 6, this conference provided education on the most common issues affecting returning veterans. Over 230 community mental health providers attended. Partners - MIRECC, Portland VA, TriWest, Regence BCBS of Oregon
- **Addressing the Needs of Your Congregation's Iraq and Afghanistan Veterans and their Families** - Held March 11, this 2nd clergy training event was a result of the very positive response to our first training (October 2008). The combined events reached over 250 clergy members from all over Oregon and SW Washington. Additional trainings are scheduled for the summer and fall. Partners - MIRECC, Portland VA, Roseburg VA, Oregon National Guard

For more information: ruth.tsukuda@va.gov



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National MIRECC Website

www.mirecc.va.gov

MIRECC and MH COE Directors & Education Activities

VISN 1 MIRECC

Bruce Rounsaville, MD, Director
West Haven, Connecticut

Improve care for veterans with mental illness and substance dependence

VISN 1 conference - Partnering with Peers: Exploring the Next Frontier in VA Mental Health Services - September 25 2009

Contact: patricia.sweeney@va.gov

VISN 16 MIRECC

Greer Sullivan, MD, MSPH, Director
North Little Rock, Arkansas

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

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

Working with Couples training - August 2009, Little Rock AK and Houston TX

Contact: michael.kauth@va.gov

VISN 2 Center for Integrated Healthcare

Stephen Maisto, PhD, ABPP, Director
Syracuse, New York

Improve care by integrating behavioral health services into the primary care setting

3rd annual National Integrated Mental Health - Primary Care Conference - Spring 2009

Contact: laura.wray@va.gov

VISN 17 COE for Research on Returning War Veterans

Suzy Gulliver, PhD, Director
Waco, Texas

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

VISN 2 COE at Canandaigua

Kerry Knox, PhD, Director
Canandaigua, New York

Improve access to care and the adaptation and evaluation of innovative approaches for at risk veterans for suicide

VISN 19 MIRECC

Lawrence E. Adler, MD, Director
Denver, Colorado

<http://www.mirecc.va.gov/MIRECC/visn19.asp>

Study suicide with the goal of reducing suicidality in the Veteran population

2nd Annual TBI & Suicide Prevention Conference, Safety Planning for People with Brain Injuries - September 11 2009

Contact: lisa.brenner@va.gov

VISN 3 MIRECC

Larry Siever, MD, Director
Bronx, New York

<http://www.visn3.mirecc.va.gov/>

Investigate causes and treatments of serious mental illness to enhance recovery of veterans

CBT for Psychosis Training - Ongoing thru July 2009; Family Interventions for Veterans: Behavioral Family Therapy, Family Consultation - September 13-15 2009

Contact: bruce.levine@va.gov

VISN 20 MIRECC

Murray A. Raskind, MD, Director
Seattle, Washington

<http://www.mirecc.va.gov/MIRECC/visn20.asp>

Investigate the genetics, neurobiology, and treatment of schizophrenia, PTSD, and dementia

Oregon Reintegration Summit on Post-Deployment - October 2009, Salem OR

Contact: lauren.stoner@va.gov

VISN 4 MIRECC

David Oslin, MD, Director
Philadelphia, Pennsylvania

<http://www.va.gov/visn4mirecc>

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

VISN 21 MIRECC

Jerome Yesavage, MD, Director
Palo Alto, California

<http://www.mirecc.va.gov/visn21/>

MIRECC Fellowship Hub Site

Individualize treatments for veterans with PTSD or with Alzheimer's Disease

Annual Updates on PTSD conference - Sept. 2009, Palo Alto VAMC, Palo Alto CA

Contact: eric.kuhn@va.gov

VISN 5 MIRECC

Alan S. Bellack, PhD, ABPP, Director
(410) 605-7451

Baltimore, Maryland

<http://www.va.gov/visn5mirecc>

Improve care for veterans with schizophrenia and for their families

VISN 22 MIRECC

Stephen R. Marder, MD, Director
(310) 268-3647

Los Angeles, California

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

Improve functional outcomes of veterans with psychotic disorders

VISN 6 MIRECC

John A. Fairbank, PhD, Director
Durham, North Carolina

<http://www.mirecc.va.gov/visn6/>

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

Monthly lecture series: Post Deployment Mental Health Issues - presented by V-tel and audio

Contact: mary.peoples1@va.gov

VISN 22 COE for Stress and Mental Health

James Lohr, MD, Director
San Diego, California

Understand prevent, and heal the effects of stress

CBT for PTSD Training - ongoing, San Diego CA

Contact: lindamer@ucsd.edu or carie.rodgers@va.gov

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NATIONAL

SUICIDE PREVENTION

LIFELINE™

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1-800-273-8255

Veterans Press 1

suicidepreventionlifeline.org/veterans



Vet Center continued from page 3

The VA and the Center of Excellence for Stress and Mental Health (CESAMH) have greatly advanced our Vet Center mission. They provide clinical assessment tools, training, expert supervision, and a forum of collegial dialogue. Valuable training has emphasized evidenced-based therapies (EBT). Examples include Prolonged Exposure Therapy, Cognitive Processing Therapy, Seeking Safety (Strength), and Acceptance and Commitment Therapy. Readjustment counseling is multi-faceted and outcomes are influenced by the strength of the therapeutic relationship between clinician and Veteran. So collegial debate continues on the efficacy of other combat stress treatments offered at our Vet Center: crisis intervention, supportive and skills-teaching counseling; EMDR; Anger Mastery; Mantram Repetition for Peaceful Living; Warrior Mind Training; and Writing Workshops for War Veterans.

While there is much progress in treating Veterans with PTSD, policy makers and clinicians cannot rest easy because far too many Veterans still struggle alone with their war-related experiences. Many of our Warriors remain unable to experience the freedom for which they have so dearly sacrificed. We must develop effective ways to re-engage and help these Warriors and their families. We must never leave an honored Veteran behind.



Science in the Spotlight

Evidence-Based continued from page 6

The IOM report found that there was sufficient evidence for some exposure therapies to support their effectiveness. In this type of therapy an individual is exposed - while in a safe environment - to the situations that trigger their PTSD. Over many treatments this helps them overcome their fears. Two psychotherapies that involve exposure are Cognitive Processing Therapy (CPT) and Prolonged Exposure therapy (PE). Both CPT and PE are validated by many randomized, controlled trials, the strongest form of evidence. CPT is a cognitive treatment that focuses on trauma-related thoughts and teaches individuals to change their interpretations of either the event or their previously held beliefs so that the level of stress they experience is reduced. PE involves education about trauma and PTSD, breathing retraining, intentional exposure to situations that (although safe) are avoided by the patient, and repeated exposure to the traumatic event by imagining.

To ensure that all veterans have access to quality care, the Office of Mental Health Services has initiated a national program to disseminate PE and CPT throughout the VA Health Care System. Over the course of the next two years, hundreds of clinicians throughout the country will be trained by this program. Because of the great demand for trained therapists, the Center of Excellence for Stress and Mental Health (CESAMH) is also conducting CPT and PE training seminars to supplement the national effort.

