



Focus Issue - Continuing the Transformation of VA Mental Health Services: Bridging the Gaps

by Katherine H. Taber, PhD, Editor

Circum-Locutions is the newsletter for the National Education Group of the VA's 10 Mental Illness Research, Education and Clinical Centers (MIRECCs) and 4 Mental Health Centers of Excellence (COEs). The current issue highlights our contributions to the second national VA mental health conference. This meeting, sponsored by the VA Office of Mental Health Services (OMHS) and the Employee Education System (EES), was held July 21-24, 2008. The conference drew mental health providers and staff from throughout the country to share their knowledge and learn from one another. Leaders from many MIRECC/COEs were involved in all aspects of the meeting including planning, moderating sessions, and giving presentations. The MIRECC/COEs are in the forefront of developing new knowledge about mental illness and in improving clinical care. The Centers also support OMHS priorities such as implementation of the Uniform Mental Health Services Handbook. The Spring 2009 issue will highlight our contributions to this effort regionally and nationally.

Integrated Primary Care (IPC)

Laura O. Wray, PhD and Johanna Klaus, PhD

A major VA initiative is integration of mental health care into the primary care setting, with the primary care provider continuing to lead the veteran's care team.

Current Status of VISN 4 Behavioral Health Lab (BHL) Implementation (VISN 4 MIRECC)

BHL is a software-based triage of mental health services for veterans referred from primary care. It can also provide telephone-based treatment of depression, anxiety, and alcohol misuse. More recently, BHL has been implemented across VISN 4 utilizing a regional hub and spoke model, with central labs serving as coordinating centers.

- 2179 referrals from October 07 - April 08, rose monthly.
- 1784 (82%) of veterans completed the initial assessment.
- 751 (42%) were recommended for specialty care. Care managers followed up with these veterans to facilitate treatment engagement.
- In the same time period, 309 veterans were monitored for adjustment to a new antidepressant, 136 were monitored for subsyndromal symptoms, and 456 received care management for depression and/or anxiety.

For more information: johanna.klaus@va.gov.

IPC continued on page 6



Post Traumatic Stress Disorder (PTSD)

Laurie Lindamer, PhD

Research on predictors of PTSD and innovative treatments for stress-related disorders are very important to the VA.

Status of Veterans with Mental Illness and Substance Use Disorders Two Years after Hurricane Katrina (VISN 16 MIRECC)

Several factors were associated with a higher likelihood of developing a mental health problem following the hurricane among male veterans who lived in high impact areas.

- Veterans with a prior mental illness were twice as likely to develop a new mental illness after the hurricane compared to those who did not have a prior illness, even though the groups had similar hurricane-related damages and losses.
- Veterans with prior mental illness also had less social support and made more negative self-appraisals.
- Even without a prior mental illness, the experience of trauma, decreased social support, and negative self-appraisal were associated with developing a new psychiatric disorder.

For more information: gsullivan@uams.edu

PTSD continued on page 6



Inside this issue:

Substance Use Disorders	2
Suicide Prevention	2
Research to Practice	3
Special Populations	3
Program Evaluation	4
Recovery	4
Editorial Board	7
MIRECC/COE Directors	7
Education Activities	7
OEF/OIF Veterans	8

MIRECC Fellows Update

Sherry Beaudreau, PhD and Ruth O'Hara, PhD

The VA Special Fellowship Program in Advanced Psychiatry and Psychology was launched in 2001. It now includes all 10 MIRECCs. To date, this very successful program has had 108 participants - 43 psychiatrists and 65 psychologists. Currently there are 28 Fellows in the program. Two thirds of graduating Fellows have transitioned into VA positions, either as full time VA staff, or as joint appointments with a VA medical center and its associated academic institution! Many Fellows have received independent grant funding:

- 10 VA grants (5 were Career Development Awards)
- 15 NIH grants (8 were K awards)
- 1 Alzheimer's Association First Investigator's Award
- 4 NARSAD grants

Fellows continued on page 6

Substance Use Disorders

Kristy Straits-Troster, PhD

Treatment of substance use disorders in our veterans present many challenging issues.

Prevalence of Hazardous Alcohol Use and Risk Reduction Counseling among OEF/OIF Veterans (VISN 6 MIRECC)

Little is known about risky drinking post OEF/OIF deployment. AUDIT-C scores and self-reported receipt of alcohol risk reduction counseling for OEF/OIF veterans seen in VA during FY05 were extracted from the outpatient Survey of Healthcare Experiences of Patients (SHEP).

- 40% screened positive for potentially hazardous alcohol use.
- 22% screened positive for possible alcohol use disorder.
- Only 31% of those with hazardous drinking scores reported being counseled to cut back or to not drink alcohol.
- Higher scores were associated with higher likelihood of counseling.

This study supports the need for increased vigilance and action to identify and counsel at-risk OEF/OIF veterans. For more information: patrick.calhoun2@va.gov

Evidence-Based Implementation of Pharmacotherapy for Alcohol Dependence in a Primary Care Setting: A Care Management Model (VISN 2 CIH)

Less than 20% of individuals with alcohol dependence engage in treatment. This multisite study compared VA Usual Care for Substance Abuse Treatment with care management provided by a Behavioral Health Specialist in Primary Care. Baseline patient and provider preferences, patient readiness to change, and treatment barriers were examined.

- Preliminary results indicated that most veterans in treatment were motivated to change and reported few treatment barriers.
- Veterans expressed beliefs that 12 step and inpatient programs were not likely to be helpful. Pharmacotherapy, such as naltrexone, was viewed more favorably.
- Care management in Primary Care may be a feasible way to increase treatment options and access to alcohol abuse treatment.
- Behavioral health interventions were well accepted by primary care providers and increased the awareness and use of naltrexone.

For more information: stephen.maisto@va.gov

Suicide Prevention

Bruce M. Levine, MD

Preventing suicide is a fundamental priority of VA and the Office of Mental Health Services. It is also one of JCAHO's new patient safety goals. This innovative approach began with the VISN 4 MIRECC. The collaboration now includes the MIRECCs of VISN 4 and VISN 3, and the VISN 3 Suicide Workgroup.

Suicide Risk Screening and Risk Assessment in VA Pittsburgh (VISN 4 MIRECC)

In this new comprehensive risk assessment screening and assessment program, screening is performed in many clinics including primary care, emergency room, urgent care, mental health, and substance abuse services.

- The suicide screen consists of 5 questions including a question about firearms.
- A positive screen is always followed by a risk assessment.
- Administering the structured suicide risk assessment and documentation of protective and risk factors requires in-person training (minimum 1 hour) with follow-up as needed to address additional questions.
- With appropriate staff training, nearly 100% compliance with Suicide Clinical Reminder Completion can be achieved.
- In a review of charts of veterans placed on Suicide Observation during the 4th quarter of 2007, all 15 veterans were properly coded and received appropriate follow-up.

For more information: anita.heider@va.gov.



MIRECC /COE Poster Presentations

J Boehnlein, R Tsukuda *A Comprehensive Interagency Approach to Meeting Post Deployment Health Needs*

A Eakin *A Randomized Controlled Trial of a Close Monitoring Program for Minor Depression and Distress*

R Walser *Acceptance and Commitment Therapy and the Treatment of Posttraumatic Stress Disorder*

M Aiello *Characteristics of At-Risk Drinkers Identified in a Primary Care Based Intervention Study: Telephone Care Management*

W Pigeon, S Matteson-Rusby, et al *Cognitive-Behavioral Management of Insomnia and Nightmares in OEF/OIF Veterans*

D Baker, P Heppner, et al *Combat Exposure and Physical Injury: Intermediaries of Mental Health Among US Veterans*

S Mavandadi, V Farrow, et al *Correlates of Improvement in Depressive Symptoms among Veterans Enrolled in a Telephone-Based Program*

P Ouimette *Effects of PTSD on Women Veterans Perceptions of VA Healthcare*

A Cohen *Evaluating Challenges and Facilitators to Improving Care for Schizophrenia: EQUIP Results at Eight VA Medical Centers*

E Rowland *Examining the Value of a Brief Follow-up Service for Alcohol Dependent Patients: Can a Simple Follow-up Improve Engagement?*

N Afari *Headaches in Veterans Returning from Iraq/Afghanistan: Relation to Trauma and Combat-Related Injury*

G Tan, J Thornby, et al *Heart Rate Variability (HRV) and Posttraumatic Stress Disorder (PTSD)*

M Chinman, A Lucksted, et al *Implementation of Mental Health Peer Support Technicians in the VA*

Posters continued on page 5



Bringing Research to Practice to Improve Care

Michael R. Kauth, PhD, Patricia Sweeney, Psy.D., CPRP and Ruth Ann Tsukuda, EdD, MPH

Research findings are used to develop new or more effective treatments and to improve delivery of care. However, adoption of new practices is often slow. Developing and validating ways to facilitate change in order to improve care is a core mission of the MIRECC/COEs.

Implementation of Telemedicine-Based Depression Care Management in Contract CBOCs (VISN 16 & 22 MIRECCs)

As part of a larger project, implementation of telemedicine-based care management was tested at one community-based outpatient clinic (CBOC).

- 1 depression care manager served 4 CBOCs.
- 91 veterans enrolled.
- 66% received pharmacotherapy, 5% received psychotherapy, 10% received both, and 19% were on a watchful waiting trial.
- Follow-up assessments during the initial phase of treatment were completed about every 19 days.
- 27% responded to treatment successfully, 35% were referred to specialty Mental Health treatment, 15% could not be contacted, and 15% refused treatment.

Telemedicine-based collaborative care is a promising method for supporting treatment of depression by primary care providers in CBOCs.

For more information: jay.otero@va.gov.

Diagnostic Efficiency of the Primary Care PTSD Screen (PC-PTSD) for Veterans of the Global War on Terrorism (VISN 6 MIRECC)

The accuracy of two brief PTSD measures – the PC-PTSD and the SPAN – were compared.

- Veterans scoring 3 or higher (the cut-off) on the PC-PTSD were 5.5 times as likely to have a PTSD diagnosis.
- Veterans scoring 6 or higher on the SPAN were 7 times as likely to have a PTSD diagnosis.

The SPAN was better at detecting PTSD. For more information: scott.mcdonald@va.gov.

Research continued on page 5

Special Populations

Patricia Sweeney, PsyD, CPRP, Lisa Brenner PhD and Laura O. Wray, PhD

As the VA system moves towards offering more recovery-oriented services for veterans, a spectrum of needs are being assessed and treated. Focus on particularly vulnerable populations is important.

Using VBA and New York City Shelter Data to Target Benefits Outreach (VISN 3 MIRECC)

Sources of income for homeless veterans in New York City shelters and ways for homeless veterans to increase income were investigated.

- Increasing the acquisition of veteran benefits was explored as a source of income for the veterans in the shelters.
- Veterans underreported their veteran status, so shelter staff did not know about the veterans' eligibility for benefits.
- Data matches were made between the New York City shelter database and the database of the Veterans Benefits Association to identify veterans who would gain from benefits outreach.

For more information: bruce.levine@va.gov

Enhanced Contingencies to Improve Homeless Adults' Transition to Community Housing (VISN 1 MIRECC)

This study tested whether a contingency management (CM) intervention could improve community reintegration for homeless veterans with mental illnesses. Veterans living in a VA transitional residence (TR) received either the traditional TR services or TR services plus CM.

- CM consisted of offering cash incentives for completing tasks such as: looking for housing; saving money for future housing expenses; addressing transportation needs; and taking steps to resolve outstanding legal issues that could impede housing acquisition.
- Veterans who received CM saved more money, were more likely to be competitively employed, and were more likely to be living in community housing after leaving the TR than the veterans who received only the TR services.

For more information: charles.drebing@va.gov.

Traumatic Brain Injury, Executive Dysfunction, and Suicidality: Lessons for General Clinical Practice (VISN 19 MIRECC)

Clinicians are in need of additional tools aimed at increasing understanding of veteran suicide-related behaviors.

- Examination of the literature was combined with MIRECC findings and clinical observation to develop a model aimed at increasing clinician understanding regarding suicidality and executive dysfunction in vulnerable populations (e.g., those with a history of traumatic brain injury).
- Means of assessing potentially important areas of executive dysfunction (e.g., aggression, impulsivity) in clinical practice were discussed.

For more information: lisa.brenner@va.gov.

Special continued on page 5



Access and Program Evaluation

Ruth Ann Tsukuda, EdD, MPH

Careful evaluation of programs to identify facilitators, barriers, and sources of delays is central to assuring excellence in health care

Understanding and Enhancing Entry and Completion of Rehabilitation and Recovery Services: A Pathways-To-Care Approach (VISN 1 MIRECC)

This 3-year multi-site VA study examined factors that delay veterans with PTSD from seeking treatment and being referred to or retained in vocational rehabilitation.

- Delays - An average of 30 months elapsed before the first steps in obtaining vocational services were taken.
- Barriers - The individual, family, and non-vocational mental health clinicians who discouraged patients from seeking employment.
- Successful interventions - Motivational interviewing and contingency management, patient and family education, re-training of staff about functional factors that interfere with help seeking, and integration of vocational rehabilitation with other services.

Single-session motivational interviewing increased entry, retention, and employment rates.

For more information: charles.drebing@va.gov

Implementing Recovery Oriented Services

Michael R. Kauth, PhD

The transformation of VA Mental Health to a recovery orientation continues, with a wide range of approaches and programs.

More than Welcome at the Table: The Critical Role of Peers in Recovery-Oriented Care at VA Connecticut (VISN 1 MIRECC)

The VA Connecticut Health Care System is implementing Vet-to-Vet, a Peer Support self-help program.

- Also, 17 new Peer Support Technicians (PSTs) in the past 3 years.
- All PSTs are fully functioning members of Mental Health teams.

For more information: laurie.harkness@va.gov

Improving Vocational Rehabilitation Outcomes through Supported Self Employment: An Empirical Evaluation of a New Model of Vocational Rehabilitation (VISN 1 MIRECC)

Supported Self-Employment, a new model of vocational rehabilitation, includes training in business development and management.

- Of 30 new businesses started, 24 are still in operation, with hours worked ranging from 2-50 hours per week.
- 90% of veterans worked less than 40 hours due to other employment, therapy commitments, desire to avoid disability conflict, and preference.

For more information: jerry.pinsky@va.gov

Implementing Family Services at Two VA Outpatient Mental Health Clinics (VISN 22 MIRECC)

A survey and qualitative interviews were conducted to understand why a new family services program, Enhancing Quality of care In Psychosis (EQUIP), had received few referrals.

- Providers reported high levels of job burnout and underestimated family involvement.
- Families did not respond to contacts about family services.
- Consumers worried about burdening their families and about loss of privacy.

Family forums, outreach, and other approaches have been developed to engage families. For more information: amy.cohen@va.gov.

Employing Performance Monitoring and Facilitation to Promote Consumer Councils and Recovery Plan Adoption in VISN 16 (VISN 16 MIRECC)

The network Recovery Committee, co-chaired by a MIRECC educator, employed two implementation strategies to advance its recommendations.

- One additional medical center formed a Consumer Council in the past year. Now, 7 of 10 facilities have a Council.
- All nine Mental Health Intensive Case Management (MHICM) teams adopted a standard Recovery Plan.
- Local recovery coordinators provided on-site support.

For more information: michael.kauth@va.gov

Improving Outcomes for SMI via Web-based Treatments Designed for Those with Cognitive Impairments (VISN 4 MIRECC)

Design elements commonly used in websites can be confusing for people with a serious mental illness.

- Alternative design elements for websites and telehealth applications demonstrated increased usability by people with SMI and family members.
- The website included on-line therapy groups, access to experts, frequently asked questions, and a library.

For more information: Armando Rotondi rotondi@pitt.edu.



Posters continued from page 2

- AL Teten** *Intimate Partner Abuse Among Iraq, Afghanistan, and Vietnam Veterans with and without Posttraumatic Stress Disorder*
HA Von Bergen *Operation S.A.V.E.: A Descriptive Report of VA Guide Training in Suicide Prevention Across the Nation*
A Lucksted *Peer Housing Location Assistance Group (PHLAG) - A Multi-site Pilot to Help Homeless Veterans*
AJ Gordon, M Hilton, et al *Personal, Medical and Healthcare Utilization Differences Between Metropolitan/Non-Metropolitan Homeless*
RE Breshears, L Brenner, P Gutierrez *Predictive Validity of the Suicide Potential Index in Veterans with Traumatic Brain Injury*
JC Beckham, ME Becker, et al *Preliminary Findings from a Clinical Demonstration Project for Veterans Returning from Iraq or Afghanistan*
SA Maisto. *Primary Care Providers' (PCPs) Familiarity with and Use of Mental Health Clinical Guidelines*
J Olson-Madden, LA Brenner, et al *Psychiatric Outcomes in Veterans with Traumatic Brain Injury and Substance Abuse*
JH Shore, M Thurman, HT Nagamoto *Resident Telepsychiatry Training Service: Improving Care for Rural Veterans*
SA Maisto *Severity of Alcohol Problems and Readiness to Change Alcohol Use among AUDIT-C Positive Individuals Presenting in Primary Care*
H Kudler, K Straits-Troster *State-Level partnerships Can Increase Access to Care for OEF/OIF Veterans and their Families*
J Kemp, K Knox *Suicide Hotline Data Collection and Reporting System*
G Sullivan, M Farmer, D Blevins *The Status of Veterans with Mental Illness and Substance Use Disorders Two Years After Hurricane*
SC Matthews, AN Simmons, et al *Understanding the Brain Mechanism Underlying Depression in Combat-Related Traumatic Brain Injury*
C Rodgers, S Thorp, Z Agha *Veterans Telemedicine Outreach for PTSD Psychotherapy Services*

Research continued from page 3

Preferences for Family Participation in Treatment among Veterans with SMI and PTSD (VISN 5 MIRECC)

Family Psychoeducation (FPE) is an evidence-based practice for treating people with serious mental illnesses (SMI). VISN 5 MIRECC is coordinating this multi-site study.

- The VA Maryland Healthcare System is developing a 32-item assessment to evaluate the preferences of veterans with SMI regarding involving families in their treatment.
- The VA Eastern Colorado Healthcare System implemented Family Focused Treatment and Brief Psychoeducation. Implementation issues addressed include training and supervision of clinical staff; flexibility with the model; and participant engagement.
- The DeBakey VA Medical Center is studying the effectiveness of implementing FPE for veterans with SMI. Outcomes assessed include hospitalization rates, symptoms, medication adherence, family functioning, quality of life satisfaction, and veterans' recovery orientation. Implementation issues addressed include effective marketing to clinical staff; staffing; imbedding FPE within existing services; administrators' workload concerns; and practical issues such as transportation and work schedules that might otherwise prohibit family participation.

For more information, contact aaron.murray-swank@va.gov.

Improving Care for Schizophrenia: Process Evaluation of Implementation in EQUIP (VISN 22 MIRECC)

Enhancing QUality-of-care In Psychosis (EQUIP) is a chronic care model. Specific challenges were identified during the initial 15 months of implementation at two VA medical centers.

- Family services were resisted and needed reorganization.
- Side-effect management benefited from routine patient assessment, attention to adherence, therapy groups, and interventions to persuade psychiatrists to change treatment.
- Clinicians reported high levels of burnout and little support from services outside Mental Health.

Implementation of evidence based treatments need to be tailored to the site. For more information: alexander.young@va.gov.

Special continued from page 3

Telehealth Education Program (TEP) for Caregivers of Veterans with Moderate to Severe Dementia (VISN 2 CIH)

Family caregivers of veterans with advanced dementia may have difficulty accessing support groups. This study examined the effectiveness of a telephone-based education/support group.

- Caregivers who participated in TEP reported significantly more improvement in their thoughts, feelings, and behaviors about caregiving than those who received usual care.
- There were no significant differences between the groups in veterans' psychiatric symptoms, agitation, and depression.
- The cost of VA care for veterans whose caregivers participated in TEP was significantly less than for those in the usual care group during the 6-month trial.

Telephone support groups for homebound caregivers are feasible and may provide significant cost savings.

For more information: laura.wray@va.gov.

RAPID: Recognizing and Assessing the Progression of Cognitive Impairment and Dementia (VISN 2 CIH)

Recognition and management of dementia presents a significant challenge to busy primary care providers. VISN 2 (Upstate New York) is engaged in a quality improvement project to address this challenge as well as provide education and support to family caregivers.

- Older veterans at risk for cognitive impairment receive a screening call from the Behavioral Health Assessment Center prior to a scheduled primary care appointment.
- Veterans who screen positive are called by a Dementia Care Manager (DCM), who provides education about normal cognitive aging and completes further telephone assessment. If appropriate, the veteran is referred to Geriatric

Special continued on page 6



Special continued from page 5

Evaluation and Management for a full evaluation.

- Most veterans called by the DCMs received education and assistance with accessing appropriate programs and services.
- 18% of veterans screened positive for possible cognitive impairment. Many of these veterans had more than 10 active prescriptions and concurrent depression.
- Less than half of the veterans who could benefit agreed to continue for a thorough evaluation.

Primary care providers need to be alert to problems with cognition that may result from the use of many medications for chronic medical conditions and limit the veteran's ability to adhere to complicated medication regimens. For more information: laura.wray@va.gov.

Suicide Behavior in Homeless Veterans: Significance of Comorbid Medical and Mental Health Problems in Screening for Recent Suicidal Ideation and Attempt Behavior (VISN 4 MIRECC)

Data were analyzed from community-based interviews with homeless veterans to understand the relationship between suicidal behavior and the medical and psychiatric problems experienced by this population.

- Homeless veterans reported much higher rates of suicidal thoughts and suicide attempts than either non-homeless veterans or the general population.
- Serious medical problems were common among homeless veterans, particularly those reporting suicidal thoughts or suicide attempts.
- Suicidal homeless veterans had higher rates of medical and mental health problems than did non-suicidal homeless veterans.
- Symptom self-report was found to be a useful tool in distinguishing between homeless veterans at risk for suicide and those who were not at risk.

For more information: gretchen.haas@va.gov.

IPC continued from page 1

Applying the VISN 16 Blended Facilitation Model: Outcomes in Implementing the PCMH Initiative (VISN 16 MIRECC)

The VISN 16 MIRECC and Mental Health Product Line have partnered to overcome the challenges of implementing new IPC programs. Internal facilitators (network level clinical personnel) and external facilitators (implementation and intervention program experts) work together in this blended model.

- Facilitators were able to develop timely and creative solutions to challenges.
- Flexibility is key, as facilitators must ensure that the program meets the needs of local sites.
- By the end of the project, internal facilitators assume full responsibility for implementation, ensuring that the clinical program can be sustained.

For more information, contact joann.kirchner@va.gov.



PTSD continued from page 1

Prazosin: New Kid on the Block (VISN 20 MIRECC)

Prazosin, which had previously been used to treat hypertension, is showing great promise as a treatment for trauma-related nightmares. Early trials in veterans with PTSD found that prazosin:

- Significantly improved sleep quality.
- Reduced trauma-related nightmares.
- Improved quality of life and functioning.

Clinical trials of the effect of prazosin on nightmares are now underway, one in veterans and one in active military personnel.

For more information: murray.raskind@va.gov



Fellows continued from page 1

MIRECC Fellow Poster Presentations

VM Payne Adjunctive Pregnenolone in PTSD: Proof-of-Concept Findings Consistent with Antidepressant & Resilience-Enhancing Actions

AM Eggleston Alcohol and Other Substance use Among Global War on Terror (GWOT) Veterans with and without PTSD

JV Roca A Community-Based Intervention for Returning Veterans and Their Families

A Simmons Altered Insula-Amygdala Activation Patterns During Emotional Face Processing in Iraqi War Veterans

EW Twamley CogSmart: Cognitive Symptom Management and Rehabilitation Therapy for OEF/OIF Veterans with TBI

HS Wortzel Exploring Suicide Rates Among Incarcerated Veterans

CJ Appelt Patient-Initiated Dialogue in Chronic Heart Failure Care: Implications for Recovery-Oriented Care

C Bellotti Re-visioning Veteran Readjustment Services: Evaluating the Mental Health Outcomes of a Green-jobs Training Program

M Nidecker Substance Dependence and Remission in Schizophrenia

J Peer The Points Incentive Program: Enhancing Participation in Inpatient Rehabilitation for Veterans with Serious Mental Illness



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National MIRECC Website

www.mirecc.va.gov



VISN 1 MIRECC

Bruce Rounsaville, MD, Director

West Haven, Connecticut

Improve care for veterans with mental illness and substance dependence

The Peer Education Center offers seminars and work-

shops for VA Peer Support Providers

Contact: Patricia.Sweeney@va.gov

VISN 2 Center for Integrated Healthcare (CIH)

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 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 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 - March 2009,

New York NY

Contact: Bruce.Levine@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 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 6 MIRECC

John A. Fairbank, PhD, Director

Durham, North Carolina

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

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 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

Grand Rounds: Implementing Cognitive Behavioral

Therapy - January 7 2009, Houston, TX

Contact: Michael.kauth@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 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

Survivor of Suicide Loss Support Group Facilitator

Training - February 5-6 2009, Denver CO

Contact: Lisa.brenner@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

Behavioral Health Conference for TriWest and other

community providers - March 6 2009, Eugene OR

Contact: Lauren.Stoner@va.gov

VISN 21 MIRECC

Jerome Yesavage, MD, Director

Palo Alto, California

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

MIRECC Fellowship Hub Site

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

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 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: LLindamer@ucsd.edu or

Carie.Rodgers@va.gov

Treatment of OEF/OIF Veterans

Katherine H. Taber, PhD

The VA's newest cohort - OEF/OIF veterans – has a broad range of care needs. These include treatment of physical injuries, mental health issues, and social issues such as relationship, employment or financial challenges. Several innovative approaches to specific areas developed with the help of MIRECC/COEs were presented.



Multi-Pronged Multi-Stage “Best Practices” For Outreach (VISN 6 MIRECC)

Essential points for implementing effective outreach include:

- **Building relationships with key partners** - DoD, National Guard/Reserve, Vet Centers, Veteran organizations, community-based programs
- **Outreach at all stages of the deployment cycle** – pre, during, post
- **Outreach to all constituencies** – active duty, veterans, families, friends, community
- **Provision of supportive information** – benefits, common health issues, common readjustment issues
- **3-phase strong case management** – screening and follow-up, engagement in care, recovery-oriented services

For more information, or to request the *Team Salisbury Outreach Guide*: debra.volkmer@va.gov

An Integrated Approach to Post-Combat Mental Health and Primary Care (VISN 20 MIRECC)

Advantages of this multidisciplinary one-stop shop approach include:

- Maximizing convenience
- Minimizing stigma
- Enhancing coordination of care

Promoting early detection/prevention of mental health issues
For more information: miles.mcfall@va.gov

Simultaneous Treatment of PTSD and Substance Use Disorders (VISN 22 CESAMH)

Key changes in the “Seeking Safety” program to address challenges with engagement and retention of OEF/OIF veterans included:

- Emphasizing the program as training rather than treatment
- Focusing on seeking strength rather than safety
- Addressing common readjustment and reintegration issues

For more information: carie.rodgers@va.gov

