Meet the SC MIRECC Researcher: Natalie Hundt, PhD

Q. Please give us some background on your career. Tell us about your degree(s) and the colleges/universities you attended.

I am a clinical psychologist. I received my Ph.D. from the University of North Carolina at Greensboro and completed my predoctoral internship at the Salem VA Medical Center in Virginia before coming to the Michael E. DeBakey VA Medical Center for a 2-year SC MIRECC psychology fellowship.

Q. You recently completed the Houston fellowship program and joined the MIRECC as junior faculty. Describe your experience in the program and its impact on your research career.

During my fellowship I received wonderful mentoring and many

Now Available: LifeGuard, Operation: Coming Home Website

Developed by J. Vince Roca, Ph.D., Remzi Seker, Radu Babiceanu, Harry Hull, Keith Bush, Kevin Cates, Chia-Chu Chiang and Leonard Chambliss

VA has historically offered care through its own physical locations, both large medical centers and community–based outpatient clinics (CBOCs). However, most Veterans do not access VA medical centers for care. Many feel they are coping sufficiently with post-deployment stress, or they may conclude that, while they might benefit from having someone to talk to, they don’t need formal clinical care, and so they miss out on some of the very helpful resources available to Veterans. For those reasons, building resilience in our Veteran population requires us to go outside of our buildings and into the communities, not solely to identify Veterans for our therapy programs, but to provide care to our sub-clinical Veteran population and their families. Community-based educational workshops and web presentations are a few tools the VA can use to reach Veterans outside traditional clinical settings.

LifeGuard is a community-based, resilience-promoting workshop based on the Acceptance and Commitment Therapy (ACT) model, one of the VA-supported evidence-based treatments for depression and co-morbid anxiety.
opportunities to engage in my mentors’ and my own research. The freedom to develop according to an individualized training plan allowed by the MIRECC fellowship was invaluable to developing my career.

**Q. What are your new responsibilities as a MIRECC faculty member?**

Currently I spend half of my time conducting therapy with homeless Veterans with a mental health or substance abuse condition, and the other half of my time engaged in research, supported by the MIRECC. I will also be taking over responsibility for the SC MIRECC Psychology Fellowship in Houston, and I am very excited about the opportunity to provide mentorship to the promising fellows of the SC MIRECC.

**Q. What areas of research are you interested in and what are the potential benefits of this research?**

My research focuses on improving the treatment of PTSD in Veterans, increasing access to care, and using non-traditional mental health approaches such as peer support and guided self-help. Given the influx of recently returning Veterans from the Iraq and Afghanistan conflicts, maintaining and increasing access to care are high priorities for VA. Many recently returned Veterans are reluctant to enter mental health treatment, so alternative approaches such as peer support may help these patients engage with the mental health system.

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**CBOC Mental Health Rounds**

*Sponsored by the South Central MIRECC*

VA Mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “Strategies and Programs for Reducing Access to Lethal Means" on Wednesday, November 13 at 8:00-9:00 a.m. CT or Thursday, November 14 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Robert Bossarte, Ph.D. and Marcia Valenstein, M.D., M.S. At the conclusion of this educational program, learners will be able to:

1. List Veteran preference for counseling on reducing access to lethal means;
2. Communicate and work with patients on reducing access to lethal means, such as firearms; and
3. Identify existing programs for supporting safety planning and safe storage of firearms.

Call 1-800-767-1750 and use access code 26461# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.
Keeping Up with SC MIRECC Research: Exploring LGBT Veterans’ Experience at the VA and VA Providers’ Practices and Attitudes about LGBT Issues

Investigators: Michelle Sherman, Ph.D., Michael Kauth, Ph.D., Lauren Ridener, Ph.D., Jillian Shipherd, Ph.D., Kristi Bratkovich, Ph.D., and Gregory Beaulieu, Ph.D.

Approximately one million gay and lesbian Americans are Veterans. With repeal of the military policy, “Don’t Ask, Don’t Tell” in 2011, the VA healthcare system is focusing on the unique needs of lesbian, gay, bisexual, and transgender (LGBT) Veterans. As a result of research in the private sector documenting stigmatizing attitudes and discrimination toward LGBT individuals in health care settings, the Institute of Medicine and The Joint Commission published recommendations for responding to the needs of LGBT individuals. However, minimal research has examined the unique needs of LGBT Veterans and their experiences in VA.

This two-site (Oklahoma City, OK; Houston, TX), mixed-methods study included 202 VA providers and 58 LGBT Veterans, and was funded by a clinical education grant from the SC MIRECC. Experiences at VA, comfort in providing and receiving care, barriers LGBT Veterans face in coming to VA, and recommendations for making VA more welcoming were assessed. In late 2012 and early 2013, six focus groups and six individual interviews were conducted with Veterans; providers completed anonymous surveys. Less than one-third of LGBT Veterans and providers viewed VA as welcoming to LGBT Veterans. Half of providers indicated they do not assess sexual orientation with any of their patients. Further, half of providers reported that they do not alter their treatment plans even if they know the Veteran is lesbian, gay, or bisexual. Many constructive suggestions regarding how VA can be more welcoming arose in the Veteran inquiry and the provider survey. Based on our findings and the broader literature, recommendations for providers and administrators are described, including:

1. Seek out training in working with sexual and gender minority clients. Examples include:
   b. The VA Transgender (http://vaww.infoshare.va.gov/sites/pesclipro/trer) Education SharePoint intranet website.
   c. Fenway Institute’s National LGBT Health Education Center (http://www.lgbthealtheducation.org/)
   d. The Human Rights Campaign’s workplace resources (www.hrc.org)
2. Provide LGBT-sensitive care that reflects research on health disparities (e.g., asking about sexual orientation and gender identity at intake, talking about why this information is important for good health care)
3. Explore your local culture regarding supportiveness of LGBT individuals.
4. Consider how your clinic/practice can be inclusive and affirming of LGBT individuals. (e.g., use of inclusive language on clinical forms, publicizing information about LGBT community resources)

Citation

Upcoming CBOC Mental Health Rounds
Second Wednesdays and Thursdays Monthly
8:00-9:00 am CT; (800) 767-1750; 26461#

November 13 & 14, 2013
Strategies and Programs for Reducing Access to Lethal Means

December 11 & 12, 2014
Sleep Disorder

January 8 & 9, 2014
Ethics
Now Available: Parenting for Service Members and Veterans Web Course

Parenting for Service Members and Veterans was built by VA Mental Health Services in partnership with the Department of Defense National Center for Telehealth and Technology as part of a coordinated public health initiative to help Veterans and Service members who are having difficulties. This free online course provides military and Veteran parents with information and strategies to improve their parenting skills, guidance to help them reconnect with their children after a deployment and beyond, and videos of real families' stories, helpful exercises and practical parenting tip sheets. Some content from a MIRECC clinical education product (Veteran Parenting Toolkits; Sherman, Bowling, Anderson & Wyche, 2011) was adapted and used in this online course, and some SC MIRECC personnel were major contributors to the development of the project. Visit the website at http://militaryparenting.org/.

Reference


ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.
LIFEGUARD (continued from page 1)

The workshop was originally designed for Servicemembers of the Arkansas National Guard attending drill weekend; consequently, the workshop could run for no more than two hours. The workshop was well-received by the Servicemembers and was later presented to a wider audience: Servicemembers’ families, clergy, police officers, firefighters, and college counselors (Roca, et al., 2008). In 2008, the SC MIRECC funded a grant to evaluate the effectiveness of the LifeGuard workshop. Changes in mental health symptoms were assessed for those who did and did not receive the LifeGuard intervention over a two-month period. Workshop attendees reported significant drops on measures of PTSD, generalized anxiety, and depression. In addition, they reported increased satisfaction with relationships. No significant changes were reported in the Servicemembers who did not attend the training. The drop in depression and increase in relationship satisfaction remained significant when these two groups were compared (Blevins, Roca, & Spencer, 2011). The LifeGuard workshop has also been included in the list of DoD/VA Integrated Mental Health Strategic Actions under resilience programs (SA#24).

To increase Servicemembers’ access to this intervention, a web version was created through a grant from the VA Office of Rural Health (http://www.mirecc.va.gov/apps/activities/lifeguard/). The LifeGuard website gives Veterans and their family members an opportunity to experience five skills that help them respond to their thoughts, feelings, and memories that occur on a daily basis. The website presents these skills in five steps. For each step, the user is presented a workshop video clip that demonstrates the skill. Users are then shown two separate vignettes where actors demonstrate in ‘real life’ settings (1) what skill utilization can look like and (2) what can happen if the skill is not used. Handouts and worksheets are available for each of the five skill sets.

Although the live workshop was designed for returning Veterans and their families, anyone can use the website. Anecdotal reports from non-Veteran participants who attended the live workshop have suggested that these skills are applicable to diverse groups of people. The website has been created so that users are anonymous; no registration information is required to log on and view the material.
The developers would like to thank the VA Office of Rural Health, the SC MIRECC, and the University of Arkansas at Little Rock (UALR) for their contributions to the website. UALR staff (Remzi Seker, Radu Babiceanu, Harry Hull, Keith Bush, Kevin Cates, Chia-Chu Chiang and Leonard Chambliss) provided the web programming, film production, and actors for the website. The project was funded by the Office of Rural Health and is hosted by the SC MIRECC. Visit the LifeGuard website at http://www.mirecc.va.gov/apps/activities/lifeguard/.

References


If you are interested in hosting a LifeGuard workshop in your community, visit https://vaww.portal.va.gov/sites/act_community/Lists/Protocols/AllItems.aspx?PageView=Shared#community from a VA computer to download a workshop outline.