Dr. Michael Cucciare Named SC MIRECC Associate Director for Research Training

Please join us in congratulating Dr. Michael Cucciare on his selection as the new SC MIRECC Associate Director for Research Training.

Dr. Cucciare is a clinical psychologist and health services researcher. In 2013, he joined the SC MIRECC as a core affiliate and the VA HSR&D Center for Mental Health and Outcomes Research (CeMHOR) Center of Innovation as a research health scientist. He has served as the director of the CeMHOR postdoctoral fellowship program since 2014. He is also an assistant professor and staff psychologist at the University of Arkansas for Medical See TRAINING on page 2

SC MIRECC Pilot Study Research Program Update: A Veterans Peer Support Follow-Up Care Program for PTSD

Interview with Natalie Hundt, PhD

Q. Please tell us about your educational and career background.

I am a clinical psychologist and I received my PhD from the University of North Carolina at Greensboro. I joined the VA for my internship at the Salem VAMC and See PILOT on page 4
TRAINING (continued from page 1)

Dr. Cucciare completed a BA in psychology at San Jose State University in 1999, and went on to complete a PhD in clinical psychology at the University of Nevada, Reno in 2006. He completed a predoctoral clinical psychology internship at the VA Palo Alto Health Care System with an emphasis on behavioral medicine. Following his internship, he completed a two-year postdoctoral research fellowship in health services research under Dr. Kenneth Weingardt at the HSR&D Center for Health Care Evaluation at the VA Palo Alto Health Care System and Stanford University School of Medicine.

Dr. Cucciare is primarily interested in using technology to extend the reach of evidence-based mental health practices, and particularly addiction focused interventions, in medical settings. For example, he has worked on projects that use a desktop computer to directly administer a brief alcohol intervention to patients during a primary care visit and to Veterans in liver clinics. He is interested in evaluating the effectiveness of technology-delivered interventions and studying ways to improve their adoption among providers and patients. He has been greatly influenced by the VA Quality Enhancement Research Initiative and by implementation science, which provides a framework for understanding the clinical context in which technology-based interventions are adopted.

Dr. Cucciare is the principal investigator for two HSR&D Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) grants, “Web-based Intervention to Reduce Alcohol Use in Veterans with Hepatitis C” and “A Computer-Assisted CBT Tool to Enhance Fidelity in CBOCs.” He is the principal investigator of a SC MIRECC Pilot Study Research Grant, “Tailoring a Shared Decision-Making Intervention for Women Veterans.” He is also a co-investigator and site PI on two HSR&D grants, “Improving Treatment Engagement and Outcomes among Justice-Involved Veterans” and “Patterns and Experiences of Maternity Care Coordination for Women Veterans.”
Q&A with Dr. Michael Cucciare, the New SC MIRECC Associate Director for Research Training

**Q.** What are your priorities and goals for the Research Training Core as you transition into this new role?

I want to first say that I am very excited to be moving into this position, as I am deeply passionate about research training and mentorship. I am dedicated to continuing the success of our key training programs including the Advanced Fellowship in Mental Illness and Research Treatment, Grant Writing Scholars program, and our Training Residents in Psychiatry Scholarship program. It is a high priority of mine to continue to ensure that the training content of these programs reflects the training needs of participating investigators. Another priority area will be to identify additional ways to support the research training needs of junior researchers in our VISN. This might include developing resources to help junior researchers establish virtual networks of potential collaborators and developing online resources to help junior researchers identify funding opportunities and develop grant proposals. I am also excited about attending our upcoming leadership meeting in July to identify additional priorities and goals to support the training needs of researchers throughout our VISN.

**Q.** Are there any people you would like to acknowledge or thank who have helped you build your career?

I feel so incredibly fortunate to have had wonderful mentors over the course of my career. Drs. Brenda Booth, Geoffrey Curran, Susan Frayne, and Ken Weingardt have each had an incredible influence on my career. They are wonderful examples of research mentors and dedicated to the success of their mentees. They have also helped me appreciate the importance of research mentorship in the career development of junior researchers.

**Q.** Is there anything you want our readers to know that I haven’t asked?

I am excited about joining the South Central MIRECC leadership team. I am looking forward to learning from this incredibly accomplished group of individuals and finding ways to further collaborate with one another to support the needs of our VISN.
PILOT (continued from page 1)

joined the SC MIRECC for my postdoctoral fellowship. Currently, I am an investigator with the SC MIRECC and an assistant professor at Baylor College of Medicine. My research centers around increasing access to evidence-based care for PTSD, including targeting provider factors, patient factors, and system factors.

Q. What was the focus of your pilot study research project?

My pilot study focused on using peer support to encourage Veterans to begin and complete evidence-based psychotherapies for PTSD, and to support Veterans’ remaining psychosocial needs after completing therapy. This research has led to a funded HSR&D Career Development Award (currently year 1).

Q. What interested you in the SC MIRECC pilot study research program?

I knew that I was interested in a research career, and I saw the SC MIRECC pilot study as an excellent stepping-stone to larger sources of grant funding.

Q. What did your research reveal about the treatment you provided or the patient population you were studying?

Veterans were very positive about peer support. They really felt that other Veterans would understand them in ways that civilian providers couldn’t, and that Veterans who had been in psychotherapy for PTSD would be able to provide them with a realistic preview of what PTSD treatment at the VA would be like. This suggests that peer support providers would probably be very effective at encouraging treatment-reluctant Veterans to begin treatment.

Q. How has the knowledge you gained from this study informed your research?

We have worked on modifying our plan for a peer support intervention based on the preferences of the Veterans we interviewed.

Q. What advice do you have for investigators interested in applying for SC MIRECC pilot study funds?

Talk to investigators in the SC MIRECC to see what advice they have about tailoring your research to VA and SC MIRECC priorities.
Dr. JoAnn Kirchner Takes on New Roles at VA and Washington University

Dr. JoAnn Kirchner was recently appointed the leader of the VA Diffusion of Excellence Initiative Employee Engagement Action team by the VA Under Secretary for Health, Dr. David J. Shulkin. Dr. Kirchner is the principal investigator of the VA Quality Enhancement Research Initiative (QUERI) for Team-Based Behavioral Health and an investigator with SC MIRECC, the VA HSR&D Center for Mental Health and Outcomes Research, and the Psychiatric Research Institute Division of Health Services Research at the University of Arkansas for Medical Sciences.

The Employee Engagement Action team was created to help disseminate best practices and innovations in the most effective and efficient ways throughout the VA health care system. As the leader of the Employee Engagement Action team, Dr. Kirchner is charged with supporting the implementation of two innovations:

1. The placement of a unit tracking board that documents core quality measures within the White River Junction VA Medical Center Surgical Intensive Care Unit in Vermont. This innovation provides a solution to the often-chaotic problem of distributing data to the nursing staff; and

2. The identification, development, and measurement of non-clinical performance metrics at the San Francisco VA Health Care System.

She also serves as the liaison between the Diffusion Council and the projects. She attended a planning summit in Washington, DC, March 3-4 as part of this effort.

Dr. Kirchner was also named to the core faculty of the Implementation Research Institute (IRI) at Washington University in St. Louis, Missouri, on May 17. As a participant in the IRI, Dr. Kirchner will spend four years as part of a learning collaborative of implementation researchers. She will spend a week at Washington University’s Center for Mental Health Services Research each summer for the next four years, serving as a primary mentor for two to three VA fellows. Please join us in congratulating Dr. Kirchner on her new roles.
CBOC Mental Health Rounds

Emphasizing Means Safety in Safety Planning: Suicide Prevention and Risk Management

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "Emphasizing Means Safety in Safety Planning: Suicide Prevention and Risk Management," on Wednesday, June 8 at 8:00-9:00 am CT or Thursday, June 9 at 11:00-12:00 pm CT. This Microsoft Lync session will be presented by Melodi Billera, LCSW. At the conclusion of this educational program, learners will be able to:

1. Develop a personal and specific safety plan; and
2. Incorporate in-depth means safety strategies into the safety planning process

Call 1-800-767-1750 and use access code 37009# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750;
37009#

July 13 & 14, 2016
A Better Way to Give Advice

August 10 & 11, 2016
Imagery Rehearsal Therapy

Attribution: Acknowledgement of SC MIRECC Research Support/Employment

SC MIRECC researchers and educators have a responsibility to ensure 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 SC MIRECC if they receive either direct or indirect SC MIRECC support. For example, "This work was supported in part by the VA South Central Mental Illness Research, Education and Clinical Center." If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.
Veterans’ Perspectives on Benefits and Drawbacks of Peer Support for Posttraumatic Stress Disorder

Hundt, NE, Robinson, A, Arney, J, Stanley, MA, Cully, JA

Military Medicine, 180(8), 851-856

Peer support has been increasingly utilized within the Department of Veterans Affairs and offers an opportunity to augment existing care for PTSD. The current study sought to examine Veterans’ perspectives on the potential benefits and drawbacks of peer support for PTSD. A sample of 23 Veterans with substantial treatment experience completed one-time qualitative interviews that were transcribed and coded for thematic content using grounded theory methodology.

Results indicated that Veterans identified numerous potential benefits to a peer support program, including social support, purpose and meaning, normalization of symptoms and hope, and therapeutic benefits. Veterans also identified ways that peer support could complement psychotherapy for PTSD by increasing initiation and adherence to treatment and supporting continued use of skills after termination. Results also indicated that Veterans may prefer peer support groups that are separated according to trauma type, gender, and era of service. Other findings highlighted the importance of the leadership and interpersonal skills of a peer support group leader. Overall, Veterans found peer support to be a highly acceptable complement to existing PTSD treatments with few drawbacks.

Related Publications


Announcement

Fiscal Year 2017 Clinical Educator Grant Program Call for Applications

Don't miss your chance to submit a proposal for the fiscal year 2017 SC MIRECC Clinical Educator Grant program. We designed these grants (up to $10,000 for multi-site projects) to help VISN 16 and VISN 17 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other underserved Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include brief videos for reviewing the metaphors of acceptance and commitment therapy, a website dedicated to helping returning Veterans reintegrate into their families and communities, and a behavioral activation workbook designed to complement formal treatment for depression. The Clinical Educator Grant program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge.

If you have an idea for an educational tool to improve care delivery, this may be the opportunity for you! **The deadline for submitting a proposal is August 5, 2016.** For more information about the Clinical Educator Grant program, please contact Dr. Geri Adler at Geri.Adler@va.gov. To view completed clinical education products, visit http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp.

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- Download Example Application 2 at http://www.mirecc.va.gov/VISN16/docs/CEG_sample_application_2.pdf

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