Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

south central
mirecc
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SC MIRECC Unveils New Logo

To kick off the New Year, we are excited to share the new SC MIRECC logo with our readers. From 1998 through 2015, SC MIRECC served the VISN 16 Network area that served Veterans in Oklahoma, Arkansas, Louisiana, Mississippi, and parts of Texas, Missouri, Alabama and Florida; the previous SC MIRECC logo reflected the VISN 16 service area. However, with the recent VHA realignment of VISNs that changed the service area of the SC MIRECC to Arkansas, Louisiana, Mississippi and extending into VISN 17, which encompasses the entire state of Texas, it was time for our logo to change. The new SC MIRECC forgoes

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The “Pocket Guide for Clinicians for Management of Chronic Pain” was developed to assist primary care clinicians and trainees gain a basic understanding of pain and facilitate early assessment and interventions. It gives a brief synopsis of the various aspects of pain management including the types of pain, neurobiology

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LOGO (continued from page 1)
borders and fully embraces our existence as a “virtual” center.

The new logo features the acronym and full center name of the SC MIRECC and three dandelions in shades of blue and green. “The new SC MIRECC logo encapsulates our mission and inspires us at the same time. The interconnected dandelions represent our rural focus and collaboration while the florets’ resemblance to fiber optic cables underscores our commitment to embracing technology in accomplishing our mission,” says Dr. Ali Abbas Asghar-Ali, the SC MIRECC Associate Director for Education. Dr. Michael Kauth, the SC MIRECC Co-Director adds, “As we broaden our geographic boundaries, we needed a visual image that bettered captured our work. The South Central MIRECC is still dedicated to promoting equity in engagement, access and quality of mental health care for Veterans facing barriers to care, especially rural Veterans. The new image represents our outreach/connectedness to rural areas (through technology) as well as our multiple research sites and our research, education and clinical initiatives.”

Previous SC MIRECC Logo

New SC MIRECC Logo
of pain, common medical and psychiatric co-morbidities and the essential elements of pain assessment. In addition, there is an overview of Stepped Care Model for Pain Management, and the various pharmacological and non-pharmacological interventions known to be effective for pain management. Guidelines for opioid safety and risk assessment, with an emphasis on harm reduction strategies are also outlined.

Primary care providers and trainees at medical centers and community based outpatient clinics are the target audience. This product can be used as a quick reference guide to assist with assessment and management of pain, opioid conversion and safe tapering of opioids when needed. It can also be used as an educational tool for trainees.

The developers would like to thank the SC MIRECC for providing grant support for this product, Baylor College of Medicine for their assistance with graphic design, Drs. Jagadeesh Kalavar, Laura Marsh and Candy Smith for their institutional support, Dr. Asghar-Ali for his unconditional support and guidance, and Ashley McDaniel for administrative support.

The pocket guide PDF is formatted to be viewed easily on a smartphone. An additional PDF with printer’s crop marks is available for users who want to work with their local reproduction office to print and bind the guide. Visit http://www.mirecc.va.gov/VISN16/new_and_featured_products.asp to download the pocket guide.

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.
Announcements

New Webpages Developed for SC MIRECC Pilot Study Research

Visit the new pilot study research section on the SC MIRECC website at http://www.mirecc.va.gov/visn16/pilot_study_research.asp for abstracts and contact information for projects funded through our grant program. Pilot study research projects funded in fiscal years 2015 and 2016 are available; we will regularly update the website with new findings and publications from our projects.

The SC MIRECC pilot study program stimulates research that can be used to develop clinical policy or programs that improve access, quality and outcomes of mental health and substance abuse treatment services for rural and underserved Veterans. The program is intended to increase both the quantity and quality of federally funded research that will help better understand the experiences of rural/underserved Veterans and to support the development and dissemination of evidence-based practices that can make a real difference in their lives.

If you are a VISN 16 or VISN 17 researcher interested in pilot funding for research related to the MIRECC mission, this might be the program for you. Review the new pilot study research webpages for examples of fundable projects and download the request for applications (RFA) at http://www.mirecc.va.gov/VISN16/research.asp to apply. The next deadline to submit a RFA is April 3, 2017. Important RFA details to note:

- The maximum duration of projects is 1 year, although it is possible to request a waiver to submit a proposal for a longer period.

- The maximum budget request is $55,000; again, it is possible to request a waiver to submit a proposal with a larger budget.

- The maximum length of the proposal narrative is 5 pages to give applicants more room to provide methodologic detail.

- Fellows who are applying must include a plan describing how the project will be completed if the fellowship ends before project-completion and must identify a doctoral-level faculty co-investigator who will assume responsibility for completing the project, if necessary. An additional 1/2 page may be added to the usual maximum of 5 pages to allow Fellows to describe the plan.

- Medical students, interns and residents are not eligible to apply for pilot awards unless they request and receive a waiver prior to submission.

(ANNOUNCEMENTS continued on page 5)
The VHA Office of Suicide Prevention released “Suicide Among Veterans and Other Americans: 2001–2014” in August 2016. The report provides information regarding suicide mortality for the years 2001–2014. It incorporates the most recent mortality data from the VA/Department of Defense (DoD) Joint Suicide Data Repository and includes information for deaths from suicide among all known Veterans of U.S. military service. This report also provides direct comparisons of Veterans’ suicide rates with those of analogous civilian populations, calculation of suicide rates among populations with known elevations in suicide risk (i.e., mental health diagnoses), groups with emerging risk (i.e., patients prescribed opioids), and comparisons between Veterans with and without use of VHA services.

Findings on suicide counts and rates are based on analyses conducted at the VHA Office of Suicide Prevention with support from the VISN 2 Center of Excellence for Suicide Prevention, VISN 19 Mental Illness Research, Education and Clinical Care Center, and Post-Deployment Health Service. Key findings from the report include:

- In 2014, an average of 20 Veterans died by suicide each day. Six of the 20 were users of VHA services.
- In 2014, Veterans accounted for 18 percent of all deaths by suicide among US adults and constituted 8.5 percent of the US adult population (ages 18+). In 2010, Veterans accounted for 20.2 percent of all deaths by suicide and represented 9.7 percent of the US adult population.
- The burden of suicide resulting from firearm injuries remains high. In 2014, about 67 percent of all Veteran deaths by suicide were the result of firearm injuries.

Visit http://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf to download the complete report.
SC MIRECC Clinical Education Product Highlight: Cognitive Behavioral Therapy Manuals

The SC MIRECC offers a variety of clinical education manuals on delivering cognitive behavioral therapy. To download these products, visit http://www.mirecc.va.gov/visn16/new_and_featured_products.asp.

A Therapist’s Guide to Brief Cognitive Behavioral Therapy Manual. This manual helps mental health practitioners establish a solid foundation in CBT skills. Essential CBT skills are discussed, including goal and agenda setting, homework, identifying and challenging maladaptive thoughts and beliefs, behavioral activation, problem solving, relaxation, and maintenance. This program should be used within the context of a psychotherapy supervisory relationship to ensure appropriate application of the training materials and timely feedback.

ACCESS: Adjusting to Chronic Conditions with Education, Support, and Skills Manual. This clinician manual and patient workbook is an evidence-based cognitive-behavioral intervention designed to address the physical and emotional issues faced by chronically ill patients. ACCESS has 6 active treatment sessions (weekly meetings of 30-45 minutes in duration) and up to 4 follow-up booster sessions. The length of the total treatment (active treatment and boosters) is 16 weeks.

Multi-Setting Peaceful Mind Manual. This manual helps providers who are not specialists in dementia, anxiety, or CBT deliver evidence-based CBT to address anxiety in Veterans with mild-to-moderate dementia or cognitive impairment from other causes. The material can be taught by a healthcare provider to a Veteran in individual or group settings, with or without the use of a coach (home healthcare provider, friend, family member, or residential staff or volunteer). The manual includes tools on awareness, breathing, pleasant activities, peaceful sleep, and calming thoughts and briefly reviews the purpose and use of each tool. Worksheets are provided for the Veteran.

Self-Help STOP WORRY: A Tool for Older Veterans Clinician’s Guide and Workbook. This clinician guide and self-help patient workbook provide a user-friendly, guided cognitive behavioral treatment of generalized anxiety disorder for Veterans 60 years of age or older who experience high levels of worry and anxiety. The program is designed to be delivered in an individualized setting and includes eight different treatment components, each covered in a 45-minute session. The self-help workbook contains practice exercises and forms to monitor progress. The workbook may be used independently or as a component of formal treatment.
A Tipping Point for Measurement-Based Care

Fortney, JC, Unützer, J, Wrenn, G, Pyne, JM, Smith, GR, Schoenbaum, M, & Harbin, HT

Psychiatric Services, 2016, Advance online publication

Measurement-based care involves the systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient. This literature review examined the theoretical and empirical support for measurement-based care. Articles were identified through search strategies in PubMed and Google Scholar. Additional citations in the references of retrieved articles were identified, and experts assembled for a focus group conducted by the Kennedy Forum were consulted.

Fifty-one relevant articles were reviewed. There are numerous brief structured symptom rating scales that have strong psychometric properties. Virtually all randomized controlled trials with frequent and timely feedback of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes. Ineffective approaches included one-time screening, assessing symptoms infrequently, and feeding back outcomes to providers outside the context of the clinical encounter. In addition to the empirical evidence about efficacy, there is mounting evidence from large-scale pragmatic trials and clinical demonstration projects that measurement-based care is feasible to implement on a large scale and is highly acceptable to patients and providers.

In addition to the primary gains of measurement-based care for individual patients, there are also potential secondary and tertiary gains to be made when individual patient data are aggregated. Specifically, aggregated symptom rating scale data can be used for professional development at the provider level and for quality improvement at the clinic level and to inform payers about the value of mental health services delivered at the health care system level.

Visit https://www.ncbi.nlm.nih.gov/pubmed/?term=27582237 to access this article.
CBOC Mental Health Rounds

Domains of Posttraumatic Growth in Clinical Practice: How Clinicians and Patients Can Enhance Growth Following Trauma

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "Domains of Posttraumatic Growth in Clinical Practice: How Clinicians and Patients Can Enhance Growth Following Trauma," on Thursday, January 12 at 11:00-12:00 pm CT. This Microsoft Lync session will be presented by Dr. Daniel DeBrule. At the conclusion of this educational program, learners will be able to:

1. Describe the five domains of posttraumatic growth
2. Recognize these domains in clinical practice
3. Identify three clinical methods that enhance posttraumatic growth when working with clients who have survived trauma
4. Discuss clinical contexts that enable exploring the experience and nature of posttraumatic growth compared to those that are not ideal for exploring growth

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.

Learn more about SC MIRECC by visiting http://www.mirecc.va.gov/visn16/index.asp