Eye on a SC MIRECC Researcher: Mary Bollinger, PhD

Q. Please tell us about your educational and career background. In particular, what about research piqued your curiosity and when did you know that a career in this field was right for you?

I am a demographer with a public health background. I’ve always been curious about everything, which is not always good, so what drove me to research was the chance to answer some of the many questions I had. I’m also a numbers person. My husband jokes that I remember every number I’ve ever heard.

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Clinical Education Product Highlight: Free Resources for Veterans and Families

SC MIRECC has several free resources for Veterans and families on topics such as reintegration, couples training, discussing stress and mental health diagnoses with children, family and friends, parenting, and dementia. To access these products, visit http://www.mirecc.va.gov/visn16/new_and_featured_products.asp. Featured products include:

A Veteran’s Guide to Talking With Kids About PTSD. This booklet helps Veteran parents living with PTSD talk about their feelings and experiences with their children. It can be used independently by a Veteran or

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So, demography was a natural fit, and add to that the fact that demographers know where all of the data is buried plus are very interested in the “wheres” and the “whys” of everything, then you get a perfect storm on which to base my research.

Q. You joined the SC MIRECC a few months ago. What attracted you to our center?

I had worked with a couple of MIDAS consultants and was very impressed with their talents and interpersonal skills. I had a chance to talk with SC MIRECC leadership and was equally impressed with their commitment to mental health access particularly for rural Veterans. As someone from a rural area in Texas, this is particularly important to me.

Q. What are your research priorities going forward?

I’ve focused on spatial methods—understanding the “where” of events—and using it to put health phenomena in the appropriate context. There are a number of steps in this process but it starts with Geographic Information Systems (GIS) to map the “where” so that we have a visual display of how health outcomes might relate to one another. For instance, do there appear to be clusters of disease? Where do we see patterns in the data? Data patterns are then examined statistically, to determine whether disease is spreading or if we are observing isolated cases. If statistically significant patterns of disease are present, i.e., the disease is spreading, then we want to know why—what is it about places that acted as a facilitator or barrier to the disease patterns we observed? What underlying processes seem to be at work?

These methods have played a starring role in my work which has focused mainly on applying these methods to rural issues and mental health. I do plan to carry this work forward with more of a focus on suicidality and pain issues.

Q. You work with our MIDAS methodologic and analytic support program. What role do you serve in the program?

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Like most MIDAS consultants, I support projects in my areas of design, implementation and analytic expertise. Though I do anticipate this will be especially true for my expertise in spatial methods and "data archeology." As a demography student, I was given a huge book of online data sources which very quickly became outdated—the beginning of my data archeology career! More and more data are becoming available online either through government sources or through educational and private sector sources. Within the VHA system, I served as Chair of the Data Security Subcommittee of the HSR&D Committee at the South Texas Health Care System because of my knowledge of VA data sources as well as data security and privacy concerns. So, I’m aware of data sources and data issues both within and outside of VA.

All of this data can be used either in the place of primary data collection or in conjunction with primary data collection to provide additional context. For instance, in one of my current projects, our group is looking at VHA utilization by rural users. We are using VHA data for utilization outcomes and using an Area Health Resource File (AHRF) to get information on the types of healthcare providers available in each county. We are using an AHRF because it may be that people with few choices of providers in their counties would choose to use the VA for medical care, in contrast to people with many choices who would might choose not to use VA care. VHA researchers have used many of the survey data sets available through the Centers for Disease Control and Prevention (CDC) to answer questions about Veteran health. For instance, the National Health Interview Survey (NHIS) has been used to examine H1N1 and season flu vaccination uptake in Veterans compared to non-Veterans, while the Behavioral Risk Factor Surveillance Survey (BRFSS) has been used to examine correlates of suicide ideation in Veterans.

Q. How will researchers who receive MIDAS services benefit from your expertise?

I think that I offer a different perspective with regard to the availability of data and to statistical methods that can benefit MIDAS projects—whether that is interest in new methods, data sources, or a desire to find internal VHA data sources. I’m really excited to be working with MIDAS and am looking forward to helping MIDAS projects be successful.

Q. How can people get in touch with you if they have questions about your work?

They can contact me at Mary.Bollinger2@va.gov or at MJBollinger@uams.edu.
with a therapist as part of a therapy group, class, or workshop. Parents’ strengths are emphasized, and readers are encouraged to draw upon support from family members, friends, other Veterans, and mental health professionals. This resource is rooted in a recovery approach and instills hope in Veteran parents, for both themselves and their children.

Dementia and Driving: Hanging Up the Keys. This 23-minute video helps providers and Veterans and their family members identify risk factors for unsafe driving and addresses how to plan and manage retirement from driving. This resource helps Veterans with dementia and their families maintain safety and mobility.

LifeGuard, Operation: Coming Home. This website gives returning Veterans and their family members an opportunity to experience five skills that help them respond to the thoughts, feelings, and memories that occur on a daily basis after deployment. This resource helps Veterans reintegrate into their communities and families.

Operation Enduring Families: A Support and Education Program for Returning Iraq and Afghanistan Veterans and Their Families. This 5-session psychoeducational class allows providers to offer information and support to returning Veterans and their families. Topics include deployment and its impact on the family, parenting, communication, and coping with depression, PTSD, and anger. The manual also includes promotional materials, a leader’s guide, and participant handouts.

Veteran Parenting Toolkit. This toolkit includes five sets of age-specific parenting materials for Veteran parents and their partners. It also includes an instructional guide for providers interested in giving the toolkits to patients. Topics include interesting facts about children, childhood development, deployment, managing challenges, red flags, communication, and self-care.

Working with Couples Training Modules. These six modules provide an overview of essential content and skills for treating Veterans and their partners/spouses who struggle with communication problems, anger and conflict, mental illness, trauma, and reintegration into the family after deployment. This training targets VA clinicians but may be helpful to non-VA providers who work with Veterans. Additional training and supervision are required to become competent in couples therapy.
Announcements

National Center for PTSD Launches PTSD Treatment Decision Aid

In March, the National Center for PTSD (NCPTSD) launched the “PTSD Treatment Decision Aid,” which helps users learn about effective PTSD treatment options. Users can read about the treatments, watch videos explaining how they work, or build a chart to compare the treatments they like most. This decision aid also includes information specifically for people who have served in the armed forces, which is designated by a blue star.

Former SC MIRECC Fellow Dr. Juliette Harik (Mott) led the development of this tool and now works in the NCPTSD Executive Division. Additionally, several Houston VA Medical Center clinicians and SC MIRECC researchers are featured in the provider videos describing the various PTSD treatment options. Their contributions to this product will help countless Veterans across the nation engage in evidence-based treatments for PTSD. Visit http://www.ptsd.va.gov/decisionaid to access this new tool.

Investigators at the Jackson VAMC Receive Grant Funding to Improve Mental Health Care

SC MIRECC congratulates Drs. Elizabeth Nosen and Kelly Buckholdt at the Jackson VA Medical Center in Mississippi (VISN 16) on their recent grant funding awards to enhance mental health care at their facility. The funded projects are:

Using Virtual Reality to Improve PTSD Treatment at the Jackson VAMC (Spark Grant)

Dr. Nosen's project aims to improve Veteran engagement in PTSD treatment through virtual reality (VR) technology. As an immersive, fully sensory experience, VR offers a unique opportunity to help Veterans practice facing feared situations in a safe, supportive environment. These features may be particularly helpful for Veterans who have had limited success with previous therapy (e.g., difficulties engaging with mental imagery) or who could benefit from virtual "stepping stones" towards their recovery goals (e.g., driving on highways, conquering crowds).

The Universal Symbol for Mental Health: Providing a Pathway to Access Care (Seed Grant)

Dr. Buckholdt's project is an innovative branding campaign for mental health so that even as the system and resources shift and change, Veterans and staff will always know how to connect with needed services through a universal symbol that will indicate staff, offices or units that can help a Veteran on their pathway to mental health. For more information on how to be a pilot site for this innovation, please contact Kelly.Buckholdt@va.gov.
Factors Associated With High Frequency of Suicidal Ideation in Medically Ill Veterans

Wendell, J, Ratcliff, C, Price, E, Petersen, N, & DiNapoli, E


Problem Addressed by Study
It is important to identify patients at risk for suicidal ideation (SI), or desire for death and thoughts of harming or killing oneself, and to develop targeted interventions to reduce SI. Frequent SI is associated with a 10-fold risk of suicidal behavior, and, is associated with severe depressive symptoms, poor quality of life, and increased risk of all-cause mortality. Previous research indicates that chronic health conditions and mental health disorders are associated with increased SI, but few studies have examined the impact of modifiable health-related factors, such as perceived illness intrusiveness, health locus of control, or health-related coping style, on SI in this population. This study examined demographic, physical health, and health-related psychosocial factors associated with a high frequency of SI in a sample at particular risk for SI: older Veterans with medical illness (chronic obstructive pulmonary disease or congestive heart failure) and elevated symptoms of anxiety and depression (N=302).

Results of the Study
SI was reported by 26.8% of the sample, and high SI (i.e., SI more than half the days in the past two weeks) was reported by 12.6% of participants. The odds of high SI compared to no SI increased 4.7 times for each 1-unit increase in maladaptive coping (using the Brief-COPE measure) and 4.1 times for each 1-unit increase in physical health severity/functional limitations (using a measure comprised of patients’ Medical Research Council (MRC) dyspnea scale score and New York Heart Association (NYHA) functional impairment classification).

Implications and Impact of the Study
SI is common in older, medically ill Veterans with comorbid depression and/or anxiety; over a quarter of participants reported some SI in the past two weeks. Veterans were at risk of experiencing frequent SI (i.e., more than half the days) if they engaged in maladaptive coping strategies and/or had high levels of functional impairment due to their medical illness. Effective interventions to reduce SI for this population should focus on reducing maladaptive coping and minimizing negative behavioral, cognitive, and emotional reactions to functional limitations.

It’s Worth it in the End: Veterans’ Experiences in Prolonged Exposure and Cognitive Processing Therapy

Hundt NE, Barrera, TL, Arney, J & Stanley, MA

Cognitive and Behavioral Practice, 2017, 24, 50-57

Problem Addressed by Study
Evidence-based psychotherapies for PTSD exist; namely prolonged exposure (PE) and cognitive processing therapy (CPT). However, some providers have expressed concerns...
that these treatment may be too stressful or difficult for Veterans, who often have difficulty speaking about their traumatic events. In order to understand the impact of these therapies on Veterans, we qualitatively interviewed 23 Veterans who had completed an evidence-based PTSD therapy.

Results of the Study
While a small minority of Veterans reported that the therapy did temporarily increase PTSD symptoms, the majority of Veterans reported positive experiences and felt that, despite being stressful, these treatments were “worth it.” Most Veterans discussed thoughts of discontinuing treatment prematurely, but stated that they continued in therapy due to their relationship with their therapist, commitment to finishing, desperation for relief, and family support. Veterans believed facing the trauma made an important contribution to improving PTSD symptoms, as did greater self-understanding and changing negative or unhelpful beliefs.

Implications and Impact of the Study
These findings indicate Veterans were satisfied with the evidence-based PTSD psychotherapies offered by the VA, and may assist providers to develop strategies to encourage Veterans to complete treatment.

MIRECC Implementation, Design and Analysis Support Available for MIRECC Affiliates
MIRECC Implementation, Design and Analysis Support (MIDAS) offers centralized design, methodologic and analytic support to investigators in VISNs 16 and 17 who are seeking intramural or extramural funding or conducting pilot projects.

With expertise in biostatistics, epidemiology, psychometrics, qualitative methods, application of technology to research and education, and project implementation, team members can work with you around such topics as study design, instrument selection or design, recruitment and data collection procedures, analysis of qualitative data, identification of best VA data sources and access procedures, manuscript preparation, and much more! For more information or to request MIDAS services, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711.

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.
CBOC Mental Health Rounds

Complicated Grief and Its Treatment

M. Katherine Shear, MD

Wednesday, April 12 at 8:00-9:00 am CT or
Thursday, April 13 at 11:00-12:00 pm CT

Registration:

Click here to register in VA TMS for 4/12 at 8:00 CT
(6:00 am PT / 7:00 am MT / 8:00 am CT / 9:00 am ET)

Click here to register in VA TMS for 4/13 at 11:00 CT
(9:00 am PT / 10:00 am MT / 11:00 am CT / 12:00 pm ET)

About the Topic: At the conclusion of this program, learners will be able to discuss the idea that grief is a form of love, describe how to recognize and assess for complicated grief, and define the overall objectives and structure of complicated grief treatment.

Audio: Call 1-800-767-1750 and use access code 37009#

Visual: Join Adobe Connect through VA TMS

Contact: Ashley.McDaniel@va.gov

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