Research to Practice: Nightmares Are Rarely Screened and Treated
Summary by Sonora Hudson, MA

A report in the *Journal of Clinical Sleep Medicine* by two former members of the South Central MIRECC community, Michael R. Nadorff, PhD, and Danielle K. Nadorff, PhD, along with Anne Germain, PhD, of the University of Pittsburgh, calls for nightmare screening. Their study examined factors preventing individuals with clinically significant nightmares from receiving treatment.

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PACERS Unveils New Free, Accredited E-Learning Course on Dementia Identification and Assessment in VA TMS

The Program for Advancing Cognitive Disorders Education for Rural Staff (PACERS) is pleased to announce its latest e-learning course, “PACERS: Identifying and Assessing for Dementia.” Dementia is a major public health concern affecting over 560,000 Veterans. The incidence of dementia increases with age, with more than 90% of those affected aged over 60 years. It is one of the most costly chronic conditions that the VA treats and its financial impact is expected to grow with the increasing number of aging Veterans.

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The article is based on two studies with slightly different samples. Study 1 included participants recruited through Amazon's Mechanical Turk, an online pool for recruiting clinical samples in the USA. The pool consists of subjects who have psychopathology scores that are above average. Study 2 included psychology students at a Southern university. Both samples were mostly female and Caucasian.

According to the Disturbing Dreams and Nightmare Severity Index, which was used to measure nightmare/disturbing dream frequency and severity, many in both samples reported nightmares of severe to extremely severe intensity. Key findings from the study include:

- Among Study 1 (n=809) participants, 27.4% had yearly, 32.9% had monthly, and 26% had weekly nightmares.
- Among Study 2 (n=747) participants, 26.4% had yearly, 29% had monthly, and 11% had weekly nightmares.
- In Study 1, 24.2% of participants said their nightmares were a severe to extremely severe problem and 45.4% said nightmares were of severe to extremely severe intensity.
- In Study 2, 4.8% of participants said their nightmares were a severe to extremely severe problem and 12.6% said nightmares were of severe to extremely severe intensity.
- The majority of participants with clinically significant nightmare symptoms in Study 1 (62.2%) and Study 2 (88.9%) said they had not discussed nightmares with a healthcare professional.
- Additionally, participants in Study 2 were asked if they believed that nightmares were treatable. The majority (67.3%) of participants with clinically significant nightmare symptoms said they did not.

Putting all this together, the authors determined that most of those having clinically significant nightmares are not likely to report them to a healthcare provider and that nightmare severity is a better predictor of reporting...
them to a healthcare provider than believing that they are treatable. Limitations of the study include liberal coding rules that might have resulted in overestimates of those reporting nightmares, some ambiguity about the inclusion of disturbing dreams with nightmares on the measure (some think they are a separate phenomenon), and lack of assessment as to whether participants had actually received treatment.

The authors conclude that, taken together, results of the two studies show that more than 60% of those experiencing nightmares had not discussed this condition with a healthcare provider, a somewhat daunting result, given the clinical relevance of nightmares as a symptom of posttraumatic stress disorder and their association with insomnia, anxiety, depression, schizophrenia and suicidal thoughts and behaviors. They suggest that physicians and nurses, especially, need training to help in assessing sleep disorders, in addition to assessing their belief as to the treatability of the condition and education about recommended nightmare treatments.

Visit http://nadorff.psychology.msstate.edu/Nadorff%202015%20Nightmares%20under-reported%20undetected%20and%20therefore%20untreated.pdf to access this article.


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SC MIRECC Pilot Study Research Program Applications Due July 5

VISN 16 or 17 researchers interested in pilot funding for 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 are invited to submit an application to the SC MIRECC Pilot Study Research Program. This 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. Visit https://www.mirecc.va.gov/VISN16/research.asp to download the request for applications (RFA) to apply. The next deadline to submit a RFA is July 5, 2017.

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.
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PACERS courses help providers who are caring for patients with cognitive disorders in rural communities and improves outcomes for Veterans and their caregivers. The "PACERS: Identifying and Assessing for Dementia" course includes two modules on dementia warning signs and assessment. At the end of the course, learners should be able to:

- Identify dementia warning signs
- Describe potential benefits of making a dementia diagnosis
- Describe barriers to early diagnosis of dementia
- List the different steps of the comprehensive assessment
- Identify five commonly used brief cognitive tools
- Distinguish between dementia and other illnesses that may present with signs and symptoms similar to dementia

Continuing education credit is available for VA physicians, nurses, psychologists, social workers and counselors through VA TMS. VA providers can click here to take the course. In a few weeks, we will announce a free, accredited version of the course for non-VA providers in VHA TRAIN.

Additionally, there are two free PACERS dementia courses available in VA TMS and VHA TRAIN for continuing education credit on dementia and delirium and dementia and driving. To access these courses:

**PACERS: Dementia and Delirium**

- VA Providers: Click here to take this training in VA TMS
- Non-VA Providers: Click here to take this training in VHA TRAIN

**PACERS: Dementia and Driving**

- VA Providers: Click here to take this training in VA TMS
- Non-VA Providers: Click here to take this training in VHA TRAIN

The PACERS program was made possible with funding from the VA Office of Rural Health. Visit https://www.mirecc.va.gov/VISN16/PACERS.asp for more PACERS resources.
Announcements

Submit Applications for FY18 SC MIRECC Clinical Educator Grant Program by August 4

We are now accepting applications for the fiscal year 2018 SC MIRECC Clinical Educator Grants program. Applications are due August 4, 2017 and projects will be selected in early September 2017. 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 (CBOCs).

Examples of past projects include a video on provider communication, a chronic pain pocket guide, and a manual on suicide safety planning for older Veterans. The Clinical Educator Grants program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge.

Contact Dr. Geri Adler at Geri.Adler@va.gov with questions about the Clinical Educator Grants program or to submit your application. Download the application, instructions and examples, and view our inventory for inspiration at https://www.mirecc.va.gov/visn16/education.asp.

Dr. Dinesh Mittal Named the Associate Chief of Staff for Mental Health at the Jackson VA Medical Center

We congratulate Dr. Dinesh Mittal on his new position as the Associate Chief of Staff for Mental Health at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Mississippi. In his new position, Dr. Mittal will be responsible for mental health care delivery and will work with an interdisciplinary team of psychiatrists, psychologists, nurses, social workers, and other mental health providers and support staff.

We thank Dr. Mittal for his many years of contributions to the SC MIRECC as a research affiliate and the co-director of the Little Rock psychiatry fellowship program. He has also provided many years of service at Central Arkansas Veterans Healthcare System in roles that include Chair and member of the Institutional Review Board and staff psychiatrist for several mental health programs.

Dr. Mittal is a clinician at heart who loves teaching while research helps him understand the data-driven system VA is implementing. He hopes to “learn from and help Jackson providers and staff take care of Veterans and fulfill VA priorities.” We look forward to continuing our work to improve clinical outcomes through research and education for mental health providers at the Jackson VAMC with Dr. Mittal in his new role.
Recent SC MIRECC Publications

Pre-Implementation Strategies to Adapt and Implement a Veteran Peer Coaching Intervention to Improve Mental Health Treatment and Engagement Among Rural Veterans

Koenig CJ, Abraham TH, Zamora KA, Hill C, Kelly PA, Uddo M, Hamilton M, Pyne JM, and Seal KH

Journal of Rural Health, 2016, 32(4), 418-428

Problem Addressed by Study

Military Veterans who live in rural areas experience significantly greater mental health severity, have poorer outcomes than their urban counterparts, and have more difficulty remaining engaged in mental health care relative to Veterans who live in urban areas. Motivational Interviewing (MI) is an evidence-based therapeutic technique that can promote mental health treatment initiation and engagement in culturally diverse populations to explore ambivalence, negative beliefs, and stigma regarding mental health treatment. Prior research indicates that MI can be successfully delivered by telephone, and that peer counselors who share cultural values and experiences related to military service can be highly effective at engaging rural Veterans in care. We conducted pre-implementation research to design and implement a pragmatic randomized controlled trial of an MI-based telephone motivational coaching intervention that partners Veterans using VA CBOCs with Veteran peer coaches. The primary outcome is Veteran initiation in formal mental health treatment.

Results of the Study

The goal of the pre-implementation research was to adapt the intervention to be culturally appropriate and responsive to the needs of rural-dwelling Veterans and VA clinic staff. Pre-implementation research was conducted in two sequenced phases. In phase one, we used semi-structured interviews to collect data from: 1) 52 CBOC providers, staff, and leadership across eight sites; and 2) 37 Veterans in the Mid-South and Western regions. During the interviews, CBOC provider participants described feeling overwhelmed by Veterans’ mental health needs in the face of limited services, and collectively expressed needing additional mental health resources. Provider participants also agreed that Veteran peer coaches might help rural Veterans resolve ambivalence toward seeking mental health treatment.

Interviews with Veteran participants revealed that many considered themselves already engaged in mental health treatment, and that their definition of “engagement” (e.g., self-care) often differed from VA-derived definitions (e.g., formal mental health treatment). Results from phase one interviews were used to train the Veteran peer coaches who delivered the intervention. In phase two, we conducted evidence-based quality improvement (EBQI) meetings with CBOC staff at each site prior to launching the intervention. Data collected at the EBQI meetings indicated that providers believed rural Veterans with mental health concerns would benefit from referrals to VA and community mental health resources, but they were concerned this might overburden VA clinic staff. In response to this concern, we solicited endorsements of high-quality community mental health resources that

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were included in a referral list distributed to Veteran participants in the randomized control trial. So that study outcomes would more closely resemble Veteran definitions of mental health treatment engagement, these resources were subsequently added to the study as secondary outcomes.

**Implications and Impact of the Study**

This study demonstrates the importance of conducting pre-implementation research before launching a novel, complex intervention. Adaptations to the overall study design and its implementation helped ensure the intervention was acceptable to VA CBOC providers and was culturally appropriate for rural-living Veterans.

**Assessing Fidelity of Cognitive Behavioral Therapy in Rural VA Clinics: Design of a Randomized Implementation Effectiveness (Hybrid Type III) Trial**


*Implementation Science, 2016, 11, 65*

**Problems Addressed by Study**

Broadly disseminating and implementing evidence-based psychotherapies with high fidelity, particularly cognitive-behavioral therapy (CBT), has proven to be challenging for many healthcare systems, including the VA, especially in primary care settings such as small or remote clinics. A computer-based tool (based on the Coordinated Anxiety Learning and Management [CALM] program) was designed to support primary care-based mental health providers with delivering CBT. The published article discussed the future implementation of the CALM tool in VA CBOCs. The objective of this study is to modify the CALM tool to meet the needs of mental health clinicians in VA CBOCs and rural Veterans; use external facilitation to implement CBT and determine the effect of the CALM tool versus a manualized version of CALM to improve fidelity to the CBT treatment model; and conduct a needs assessment to understand how best to support future implementation of the CALM tool in routine care.

**Results of the Study**

In Aim 1, focus groups will inform the redesign of the CALM tool. Mental health providers at regional VA CBOCs; CBT experts; VA experts in implementation of evidence-based mental health practices; and Veterans with generalized anxiety disorder, panic disorder, social anxiety disorder, PTSD, and depression will be recruited.

In Aim 2, a hybrid type III design will be used to examine the effect of receiving CBT training plus either the CALM tool or a manual version of CALM on treatment fidelity. External facilitation will be used as the overarching strategy to implement both CBT delivery methods. Data will also be collected on symptoms of the targeted disorders. In Aim 3, to help prepare for the future implementation of the CALM tool in VA CBOCs, we will perform an implementation needs assessment with mental health providers participating in Aim 2 and their CBOC directors.

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Implications and Impact of the Study

This project will help inform strategies for delivering CBT with high fidelity in VA CBOCs to Veterans with anxiety disorders, PTSD, and depression. If successful, results of this study could be used to inform a national roll-out of the CALM tool in VA CBOCs, including providing recommendations for optimizing the adoption and sustained use of the computerized CALM tool among mental health providers in this setting.

CBOC Mental Health Rounds

Suicide Prevention: Collaborative Safety Planning for Older Veterans

Elizabeth Conti, PhD

Wednesday, May 10 at 8:00-9:00 am CT or Thursday, May 11 at 11:00-12:00 pm CT

Registration:

Click here to register in VA TMS for 5/10 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 5/11 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 identify special risk factors for suicide that are prevalent among older adults, describe the evidence base for safety planning, and describe a collaborative approach to safety planning, as well as modifications for older adults and individuals with neurocognitive impairment.

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 https://www.mirecc.va.gov/visn16/index.asp