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VA/DoD Clinical Practice Guideline for the Management of Substance-Use Disorders
Summary by Sonora Hudson, MA

The VA/DoD Guideline for the Management of Substance-Use Disorders (SUDs) was updated at the end of 2015 and emphasizes early engagement and retention of patients who might benefit from addiction-focused treatment, patient-centered care and delivery of addiction-focused medical management. It includes an algorithm for screening and treatment and another for stabilization, a table of 36 recommendations (showing strength of evidence and status in relation to the previous guideline), a table of screening tools and tables.

See SUBSTANCE on page 2

New SC MIRECC Clinical Education Product: Dialectical Behavior Therapy-A Visual Review

Developers: Stephanie Johnston, LCSW and Steve McCandless, PsyD

"Dialectical Behavior Therapy (DBT): A Visual Review" is a training on DBT program modules (individual therapy, group therapy, consultation team, and phone coaching) and skills (mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation).

The training consists of 2 videos (totaling 1.5 hours) and handouts. The videos were produced as narrated.

See DBT on page 4
SUBSTANCE (continued from page 1)

providing information on pharmacotherapy for alcohol and opioid use disorders, withdrawal assessments of alcohol and opiates, sedative-hypnotic-conversion and psychosocial interventions. As with other guidelines, the full guideline; clinician summary; pocket cards; and patient materials, including a brochure covering effects on families and a booklet covering medication-assisted treatment for alcohol dependence, are provided. **All can be downloaded and printed by accessing** https://www.healthquality.va.gov/guidelines/MH/sud.

New and reviewed/replaced recommendations based on strong evidence include the following for patients with alcohol use disorder (AUD):

- A single, brief intervention about alcohol-related risks and advice to abstain or drink within established limits for daily/weekly consumption for patients without documented AUD screening positive for unhealthy alcohol use.
- Offering acamprosate, disulfiram, naltrexone-oral or extended release or topiramate for patients with moderate-severe AUD.
- Offering an intervention based on patient preference and provider training/competence (to include behavioral couples therapy for AUD, cognitive-behavioral therapy [CBT] for SUD, the community reinforcement approach, motivational enhancement therapy or a 12-step facilitation.

For patients with opioid-use disorder, new and reviewed/replaced recommendations based on strong evidence include the following:

- Offering either buprenorphine/naloxone or methadone in an opioid treatment program.
- Individualizing choice of appropriate treatment setting, based on patient preference, for patients for whom buprenorphine is indicated.
- Offering extended-release injectable naltrexone for patients for whom opioid agonist treatment (continued on page 3)
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is contraindicated, unacceptable, unavailable or discontinued and who have established abstinence for a sufficient period.

- Addiction-focused medical management alone or with a psychosocial intervention at initiation of office-based buprenorphine.

For patients with cannabis or stimulant-use disorders, psychosocial interventions are recommended. Patients with cannabis-use disorder should be offered one or more of the following: CBT, motivational enhancement therapy and/or combined CBT/motivational enhancement therapy. Patients with stimulant-use disorder should be offered one or more of the following: CBT, recovery-focused behavioral therapy, general drug counseling, the community reinforcement approach, and/or contingency management and one of the above.

Other reviewed or replaced recommendations based on strong evidence include promoting active involvement in group mutual help programs using either peer linkage, network support or 12-step facilitation for patients with SUDs in early recovery or following relapse, offering and encouraging ongoing systematic relapse-prevention efforts or recovery support individualized according to treatment response for patients initiating intensive outpatient or residential treatment, and offering clonidine as a second-line agent for opioid withdrawal management for patients with opioid use disorder for whom methadone and buprenorphine are contraindicated, unacceptable or unavailable.

Strong evidence recommends against automatic discharge from care for patients not responding to treatment or relapsing in SUD specialty care and withdrawal management alone for patients not yet stabilized from opioid-use disorder because of high risk of relapse and overdose.

A Provider Opinion

As a clinical psychologist, I am pleased to see that current recommendations acknowledge and support the importance of integrated treatments for SUDs. It is essential to consider both medical and behavioral interventions when engaging in treating Veterans who are struggling with substance use. The 2015 guidelines highlight the many effective strategies that support recovery and continue to encourage Veterans, providers and the community to take an active role in our Veterans’ health care.

Julianna Hogan, PhD
DBT (continued from page 1)

PowerPoint slide presentations and are geared towards mental health clinicians who would like to learn more about DBT or enhance their current DBT practices. The training can also be viewed by clients or used during individual or group DBT therapy to provide psychoeducation.

Custom graphics demonstrate DBT skill concepts and are available as flash cards that can be provided to clients, posters that can be used for informational programs, and handouts that can be provided to clients to complement their DBT manuals.

The developers would like to thank their graphic designer, Kevin Cates, and their DBT consultation team for all of their support and advice. They hope that this project can take some of the mystery out of DBT and make it more accessible to both clinicians and clients across the nation. This project was created through the support of a SC MIRECC Clinical Eductor Grant. To view the product, visit https://www.mirecc.va.gov/visn16/new_and_featured_products.asp.

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

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. Michael Kauth Co-Led Town Hall for June LGBT Pride Month

Dr. Michael Kauth, Co-Director of the SC MIRECC, co-led a town hall for LGBT Pride Month with Dr. Jilian Shipherd. Drs. Kauth and Shipherd are co-directors of the VA LGBT Health Program and discussed creating a welcoming environment for LGBT Veterans, defined sexual orientation and identity, and explained differences between sex, gender and gender identity at the webinar. They also described the experience of LGBT Veterans accessing VA care, including the barriers to physical and mental health care that they encounter and the populations' increased rates of trauma, PTSD, smoking, and suicidal ideation and attempts. The town hall ended with an audience Q&A.

If you missed the town hall, **there are many resources available that can be accessed from the LGBT Health Program SharePoint at http://vaww.infoshare.va.gov/sites/LGBEducation/default.aspx (VA only, includes links to related programs) or https://www.patientcare.va.gov/LGBT/ on the web.** Resources include online training, fact sheets, and posters, and contacts for facility LGBT Veteran Care Coordinators, VA clinical consultation programs in transgender care, and an LGBT fellowship. For more information about the LGBT Health Program, email VALGBTProgram@va.gov.
Motivational Interviewing as an Adjunct to Cognitive Behavioral Therapy for Anxiety

Barrera, TL, Smith, AH, and Norton, PJ

Journal of Clinical Psychology, 2016, 72(1), 5-14

Problem Addressed by Study

Despite the demonstrated effectiveness of CBT for anxiety disorders, 15%-50% of patients fail to respond to this treatment and approximately 15%-30% of treatment-seeking individuals withdraw from CBT prematurely. These problems have led to increased focus on engaging patients in treatment to help maximize the benefits of CBT. One potential method for increasing treatment engagement in CBT is the addition of motivational interviewing (MI) to standard CBT. MI is a collaborative, person-centered therapeutic style designed to strengthen individuals' motivation and commitment to change. This manuscript presents findings from a randomized study that examined the effect of a single-session motivational interviewing (MI) pretreatment intervention on engagement in a 12-week transdiagnostic group CBT treatment for anxiety.

Results of the Study

Participants were randomized to MI (N = 20) or non-MI (N = 19) conditions before enrolling in a 12-week group CBT program for anxiety. Participants in the MI condition received an individual 50-minute MI session adapted from a longer MI pretreatment protocol. The MI intervention followed the four MI processes of engaging, focusing, evoking, and planning, with a focus on ambivalence and motivation to change anxiety-related problems. Rates of CBT initiation and treatment expectancies were significantly higher among participants who received the MI pretreatment intervention. Results indicate substantial reduction in clinician-rated anxiety severity after transdiagnostic group CBT, with no significant differences between MI and non-MI conditions.

Implications and Impact of the Study

These findings suggest that a single MI pretreatment session may have positive effects on proximal measures of treatment engagement, but that these effects may not affect the severity of anxiety symptoms over the course of CBT. Although increased doses of MI may provide greater effects, they also require additional resources and time for both providers and patients. Thus, the finding that a minimal intensity MI intervention has the potential to increase initiation and engagement in CBT for anxiety is promising.

Veterans’ Perceptions of the Impact of Their PTSD on Their Parenting and Children

Sherman, MD, Gress-Smith, JL, Straits-Troster, K, Larsen, JL, and Gewirtz, A

Psychological Services, 2016, 13(4), 401-410

Problem Addressed by Study

Although considerable research has examined the impact of PTSD on couples and partners, relatively little is known about how it can affect parenting, children, and the parent-child relationship. Although adverse effects of parental PTSD on child functioning have (continued on page 7)
welcoming to them as parents, citing both logistical issues (e.g., lack of childcare) and provider neglect of parenting concerns.

Veterans also reported parenting difficulties which were associated with three PTSD symptom clusters, including avoidance, alterations in arousal and reactivity, and negative alterations of cognitions and mood. Veterans described both emotional (e.g., hurt, confusion, frustration, fear) and behavioral (e.g., withdrawal, mimicking parents’ behavior) reactions in their children.

Implications and Impact of the Study
Interventions geared at supporting parents’ distress tolerance and helping them talk with their children about PTSD symptoms may be useful in modulating the impact of PTSD on parenting and children. Findings from our research guided the development of a free, online Veteran and family education booklet named “A Veteran’s Guide to Talking with Kids about PTSD” (https://www.mirecc.va.gov/visn16/new_and_featured_products.asp). This interactive pamphlet may be provided directly to Veteran parents for psychoeducation or used in combination with clinician-guided psychotherapy.

Results of the Study
This three-site, mixed methods study involved 19 Veteran parents who had a diagnosis of PTSD. Veterans participated in focus groups or individual interviews and completed questionnaires, responding to questions about disclosure of PTSD to their children, the content of such disclosure, the impact of PTSD on parenting, and experiences at the VA as a parent.

Although many Veterans described a desire to talk with their children about PTSD, they experience many barriers to doing so, including both personal reservations and feelings (e.g., avoidance of discussing PTSD, shame) and concerns about the consequences of disclosure on their children (e.g., child distress, loss of child’s respect for Veteran). Regarding Veterans’ experience at the VA, 21% reported that none of their providers had assessed if they have children, and 21% experienced the VA system as not welcoming to them as parents, citing both logistical issues (e.g., lack of childcare) and provider neglect of parenting concerns.

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.
CBOC Mental Health Rounds
Staying Safe: Managing Disruptive Behavior

Presented by Bridget Truman, PhD and Kelly Vance, PhD

Wednesday, June 14 at 8:00-9:00 am CT or
Thursday, June 15 at 11:00-12:00 pm CT

Registration:

Click here to register in VA TMS for 6/14 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 6/15 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 best practices in behavioral safety, discuss how to engage local law enforcement and VA police, and describe solutions to at least three personal safety concerns.

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