Research to Practice: Few Veterans with PTSD Receive EBPs at CBOCs

Summary by Sonora Hudson, MA

A medical-record-review study in the Journal of Rural Health investigated Veterans with PTSD receiving treatment in the usual-care arm of a larger randomized controlled PTSD trial. These Veterans were selected from large- and medium-sized community-based outpatient clinics (CBOCs) in the United States. The purpose of the study was to determine the need for increasing access to, and engagement in, evidence-based psychotherapy (EBP). Several South Central MIRECC investigators participated, including Kathleen.

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TRIPS Program Gives Research Opportunities to Psychiatry Residents

The Training Residents in Psychiatry Scholarship (TRIPS) program aims to increase the number of psychiatry residents entering postresidency research training fellowships in VISNs 16 and 17. It also increases the visibility of the SC MIRECC, improves resident perception of VA and careers within VA, and recognizes residents with research interests and promise.

TRIPS awardees are psychiatry residents who are selected in their second year of training by department.

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Grubbs, PhD (now with the VA San Diego Healthcare System); Tim Kimbrell, MD; Jeffrey M. Pyne, MD; Teresa Hudson, PharmD, PhD; and William Mark Moore, PhD; along with other mostly VA-affiliated researchers.

PTSD is the most commonly diagnosed mental health condition in the VHA, and current VHA/DoD guidelines recommend Veterans have access to EBPs, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and Eye Movement Desensitization and Reprocessing (EMDR), as the first-line treatment. Veterans with PTSD can choose from a range of first-line EBPs and/or manualized or nonmanualized therapies targeting PTSD symptoms. CBOCs often have offered only general mental health care and referred Veterans to VA medical centers for specialty care; however, telemedicine has increased access to EBPs for Veterans seeking care at CBOCs. Although all large- (serving 5,000 to 10,000 Veterans) and medium-sized CBOCs (serving 1,500 to 5,000 Veterans) now provide PE and CPT, two regional studies found that few Veterans receive these treatments.

Investigators looked at data from a larger study evaluating a telemedicine-based, collaborative-care intervention for PTSD. The 132 participants were receiving treatment at five large- and six medium-sized CBOCs. A data-extraction tool was used to characterize mental health encounters for 12 months after study enrollment to identify those with PTSD content and medical management, with or without PTSD-focused therapy. Investigators used SAS to analyze data.

Most Veterans were white men, just over half were service-connected, and most lived in nonurban zip codes an average of 59 miles from the nearest CBOC. Thirty-five percent were from small and isolated small towns.

Investigators found that

- Most (80%) received at least one medication-management session with a provider, averaging 3.7 encounters for the year.
- A majority received medication management and
some discussion of trauma, PTSD symptoms, or psychoeducation about PTSD.

- Over half (58.3%) had at least one psychotherapy encounter, averaging 8.1 for the year.
- Surprisingly, none received PE or EMDR; and only one in ten received CPT.
- A few received a manualized psychotherapy, such as CPT, Acceptance and Commitment Therapy, or Seeking Safety.
- Usual-care patients did not experience meaningful reductions in PTSD symptoms.
- Social workers, psychologists and advanced practice nurses most frequently provided psychotherapy, and most psychotherapy occurred in a group.
- One third of medication-management encounters used interactive video with offsite psychiatrists, and two thirds involved a primary care health provider or psychiatric advanced practice nurse.

The authors conclude that Veterans seeking treatment for PTSD at CBOCs could benefit from greater access to and engagement in EBPs and that clinic- and Veteran-level barriers need to be addressed to increase access for rural Veterans.

This article may be accessed at http://onlinelibrary.wiley.com/doi/10.1111/jrh.12230/abstract; jsessionid=6CCD9F304D084B8D7FDD6952DD08EFD4.f03t03


**Attribution: Acknowledgement of SC MIRECC Research Support/ Employment**

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chairs or residency training directors. The awardees attend medical schools in VISN 16 or 17. Drs. Mark Kunik and Ali Abbas Asghar-Ali co-lead the program. Awardees are assigned a career mentor who keeps them up-to-date on research opportunities relevant to their interests, attend a national scientific meeting, and receive a stipend for books or tuition. Congratulations to our TRIPS awardees!

Sabrina Correa da Costa, MD is a third-year psychiatry resident at the University of Texas Health Science Center in Houston. She earned her degree as a physician at Universidade Federal do Rio Grande do Sul in Brazil. She has a keen interest in research, particularly in the intersection between psychiatry and neuroscience. She is fascinated by the pursuit of knowledge toward pathophysiological mechanisms in biological psychiatry and the opportunities that such knowledge holds to provide evidence-based approaches to psychiatric treatment. As a resident, she is committed to excellence with a drive to accomplish her career goals, including furthering her knowledge in biological and translational psychiatry and carrying out translational research that leads to novel treatments and better outcomes in clinical practice. The TRIPS program will give her the means to expand her knowledge base, share experiences and learn from other investigators, and create opportunities to develop future collaborations that are essential in translational research.

Vicki Flynn, MD is a third-year resident in Little Rock, Arkansas. While currently training for general psychiatry, her core professional goal is to identify factors that have a negative impact on the human experience and propose solutions to improve outcomes. She learned much from her diverse mentors, peers, and patients through her training at Westminster College (BA), University of Arkansas for Medical Sciences (MD), and current residency training at Central Arkansas Veterans Healthcare System, University of Arkansas for Medical Sciences, Arkansas Children’s Hospital, and Arkansas State Hospital. Dr. Flynn is developing clinical and research experience in healthcare provider burnout. She attended TRIPS in March of 2017 and the conference leaders emphasized the value of mentorship in research, clinical, and educational growth. This experience influenced her current mentoring relationships and she is excited about the launch of a project regarding medical student and resident burnout with her TRIPS mentor!

Kalyan Kandra, MD is a third-year general psychiatry resident at the University of Mississippi Medical Center. He completed his general psychiatry residency in India and worked as a senior resident in psychiatry at a teaching hospital for over a year before coming to the USA. He also worked for over 3 years as a clinical investigator/rater in psychiatry clinical trials.
He is interested in psychosis and substance use disorders with additional focus on psychiatric polypharmacy. He has learned a lot from his patients, peers and teachers over the years and believes that research and continuing education are very important for all at any stage of their career. After his residency, he wants to pursue a career in academic psychiatry as he strongly believes in “Docendo discimus—By teaching we learn”. TRIPS gives him a chance to learn more about research, fellowship and academic opportunities.

**Marguerite Patel, MD**
is a third-year psychiatry resident at Baylor College of Medicine in Houston, Texas. Born and raised in Arizona, she attended Northwestern University, where she graduated with a BA in statistics, and later received her MD from the Northwestern University Feinberg School of Medicine. Her involvement in research writing and analyses has been the perfect compliment to her clinical work caring for patients, and she has been delighted to work on several projects at the Michael E. DeBakey VA Medical Center in Houston. Her goal in the TRIPS program is to further develop and expand her knowledge and ability to conduct high-quality, meaningful research, a skill set that she hopes will be well-utilized for the rest of her career.

Bo “Liz” Peng, MD is a third-year psychiatry resident at Tulane in New Orleans, Louisiana. She received her undergraduate degree in biology with a focus in endocrinology at the University of Chicago, where she also worked as a research assistant in a radiology research group investigating cancer-targeting contrast agents for magnetic resonance imaging and on other related projects. She received her medical education at Rush Medical College, where she developed an interest in treating underserved populations through her clinical volunteering experiences and clerkship rotations at the John Stroger (formerly Cook County) Hospital. As a psychiatry resident, she is interested in multidisciplinary and integrative treatment models for mental health, with a particular interest in addiction treatment in underserved communities. The TRIPS award has increased her exposure to complementary and integrative health models of care for mental health at the VA, along with cutting-edge research in the therapeutic potential of complementary and alternative medicine for the treatment of a wide range of mental disorders and addiction.

**Veronica Perez, MD**
is a third-year psychiatry resident at UT Southwestern in Dallas, Texas. She attended Texas A&M Health Science Center for medical school. She decided to pursue a career in medicine during a humanitarian mission in South Texas while in the US Air Force, which was an important catalyst for her chosen field of psychiatry, due to it highlighting a critical demand for public awareness and education on mental health disparities. TRIPS has heightened her interest in research, particularly addiction psychiatry.

Not pictured: Bradley Peet, MD, is a resident at Louisiana State University School of Medicine Department of Psychiatry.
Clinical Education Products

New SCMIRECC Clinical Education Grant Product Available:
Acceptance and Commitment Therapy for PTSD Manual and Workbook

Developers: Regan Settles, PhD, Beth Morris, PhD, and Kristi Bratkovich, PhD

This product is designed to aid clinicians in implementing a 10-week acceptance and commitment therapy group for Veterans with trauma-related disorders. It includes a clinician manual with detailed session-by-session guidelines and a Veteran Handbook that includes notes and homework assignments. The manual offers specific guidance in utilizing the ACT framework to introduce Veterans to exposure therapy.

The target audience is licensed mental health providers who treat PTSD and other trauma-related disorders. The manual should be used to facilitate a 10-week group. The manual was designed for several groups of Veterans, including:

1. Those who would benefit from VA evidence-based psychotherapies (EBP), such as cognitive processing therapy and prolonged exposure therapy, but who decline the therapies due to fear of difficult emotions and/or revisiting their trauma
2. As an adjunct for those who are completing an EBP but struggling with willingness to do exposure exercises, and
3. Veterans who have completed an EBP but continue to struggle with issues related to acceptance and development of a meaningful life

The developers thank Dr. Steven Scruggs, Director of the Trauma and Deployment Recovery Services clinic at the Oklahoma City VA Medical Center, for providing administrative support for this project. They also thank those who served as expert and clinical reviewers of this project. Expert reviewers include: Robyn Walser, PhD, Brian Thompson, PhD, Susan Orsillo, PhD, and Victoria Follette, PhD. Clinical reviewers include: Olivia Chang, PhD, Phillip Lehman, PhD, Cheryl Bay, LCSW, and Letta Jett, LCSW. They thank Chase Bailey, PhD, for his assistance early versions of this manual. To view the product, visit https://www.mirecc.va.gov/visn16/new_and_featured_products.asp.
Calmer Life: A Culturally Tailored Intervention for Anxiety in Underserved Older Adults


American Journal of Geriatric Psychiatry, 24(8), 648-658

Summary by Ms. Fallon Keegan

Problem Addressed by Study

Anxiety disorders are common in late life, yet these disorders frequently go unrecognized or untreated in minority older adults. Standard CBT for late-life anxiety is often inadequate to meet the needs of those in underserved, low-income communities. While minority groups (in particular, African Americans) often endorse strong religious involvement and spirituality, few models of care incorporate religion or integrate with faith-based communities. Existing models of care also fail to address unmet basic needs (e.g., personal care, financial difficulties) for low-income older adults and fail to facilitate links to primary care.

To address these needs, we developed a community-academic partnership with social service and faith-based organizations serving older adults in underserved, low-income, mostly minority communities. In the context of this partnership, we developed the Calmer Life (CL) intervention, an innovative person-centered approach that incorporates content tailoring (elective modules, incorporation of religion and/or spirituality [R/S]), resource counseling to address basic needs, and facilitation of communication with primary care, along with flexible delivery options that include care at home, at a community partner site, or via telephone. We also trained a range of providers to deliver care, including community providers without mental health expertise. This pilot study examined the outcomes and feasibility of the CL intervention relative to Enhanced Community Care (ECC), a community-based information and referral intervention.

Results of the Study

Participants who received CL had significantly lower GAD severity and depressive symptoms at post-treatment (3 months) relative to those in ECC. Secondary analyses revealed significant pre-to-post changes on additional outcome measures following CL but not ECC. All participants who completed CL incorporated R/S and noted its importance in treatment. Feasibility data demonstrated good reach, high engagement, strong competence and adherence ratings for non-expert providers, and substantially lower attrition rates than in prior late-life anxiety treatment studies.

Implications and Impact of the Study

CL is the first intervention to use cultural tailoring and a person-centered approach to target late-life anxiety in underserved, predominantly minority communities. CL’s personal tailoring and flexibility in delivery emphasize the value and feasibility of incorporating R/S into treatment and offering services in a variety of delivery modes, including nontraditional, community settings. Increased flexibility and availability within the community can increase reach and access to care while decreasing treatment attrition. This study is the first to train community providers without significant prior mental health

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experience to deliver treatment for anxiety in older adults. Continuing to train community providers can further increase reach by addressing workforce shortages in geriatric care. This study emphasizes the importance of establishing and maintaining partnerships between academic and community organizations to further community-based approaches to delivery of care. A larger comparative effectiveness trial of CL and ECC, funded by the Patient-Centered Outcomes Research Institute (PCORI), is ongoing.

CBOC Mental Health Rounds

Harm Reduction in Clinical Practice

Juliana Hogan and Anthony Ecker
Michael E. DeBakey VAMC, SC MIRECC

Thursday, August 10 at 11:00-12:00 pm CT

Registration: Select the links below to register for this training in TMS. Only register for one day; registering for both days will cause delays when completing the program evaluation for CEU.

Click here to register in VA TMS for Thur 8/10

About the Topic: At the conclusion of this program, learners will be able to define harm reduction and understand the origins and purpose of harm reduction strategies, facilitate clinical conversations about safer practices, and integrate communication strategies into regular clinical practice that target the Veteran’s goals and help the patient identify targets for change.

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