SC MIRECC Receives 5-Year Renewal
Mark Kunik, MD and Michael Kauth, PhD

We are happy to announce that the SC MIRECC has been funded for another 5 years by VA Central Office (VACO). In March, the SC MIRECC leadership team presented a summary of our research, education, and clinical accomplishments within our mission “to promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans” to a VACO review panel. Our presentation and discussion with reviewers focused on how our work achieves our mission and how it relates to the overall VA mission and current priorities.

We thank our SC MIRECC Associate Directors, affiliates, and administrative staff for their contributions to making this renewal process a success. Strengths of the Center

See RENEWAL on page 2

VA/DoD Clinical Practice Guideline: Management of Posttraumatic Stress Disorder and Acute Stress Disorder
By Sonora Hudson, MA

Last June, the most recent revision of this guideline (Version 3.0) was released. This version updates the 2010 version, which was based on evidence reviewed through March 2009. The new version covers diagnosis and assessment, prevention of posttraumatic stress

See GUIDELINE on page 5
RENEWAL (continued from page 1)

identified by VACO include our:

- MIRECC Implementation, Design and Analysis Support (MIDAS) and research pilot programs
- Research productivity
- Collaborative relationships with the local Center of Innovation (COIN), Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE), and Quality Enhancement Research Initiative (QUERI) programs
- Partnership with VISN including clinical training and demonstration projects to enhance access
- Consumer Advisory Board
- National CBOC Mental Health Rounds and other VISN-wide trainings
- Clinical Educator Grant program
- Clinical Video-Telehealth to the Home and FLOW clinical demonstration projects

We also thank our VACO review team, which included Drs. Harold Kudler, Wendy Tenhula, Marsden McGuire, Leslie Morland, John Fairbank, Alfred Ozanian, Richard Huang, and David Atkins.

The SC MIRECC leadership team will meet in September to strategize the next steps to strengthen our position as a leader in promoting access and engagement in mental health treatment for rural and other vulnerable populations of Veterans. Some ways we will do this is by connecting our work more closely with national VA efforts and initiatives, expanding our focus on the effects of VA policies and clinical practice on the population we serve, and integrating more with national efforts to increase access to treatment through technology.

Finally, we thank you, our stakeholders, for allowing us to serve you to improve care for Veterans through our research support and dissemination, educational training and resources, and clinical care improvement initiatives

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for 19 years. In January 2018, we will celebrate the 20th anniversary of the SC MIRECC. We would not be able to achieve this milestone without the support of our leaders, investigators, administrators, VA and non-VA providers, Veterans and their families, and the public. We hope to continue to assist you and the Veterans you serve for many more years.

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**Earn Up to 4 Free Hours of Continuing Education Through PACERS Dementia E-Learning Courses**

The Program for Advancing Cognitive Disorders Education for Rural Staff (PACERS) offers VA and non-VA health care providers (physicians, nurses, social workers, and counselors) free continuing education credit through a dementia e-learning program. Each self-study course is accredited for one hour of continuing education credit (ACCME, ACCME-NP, ANCC, APA, ASWB, NYSED, NBCC) and can be accessed through the VA Talent Management System (VA providers) or VHA TRAIN (non-VA providers). The newest course is “PACERS: Dementia Case Studies.”

Dementia is a major public health concern affecting over 770,000 Veterans. The incidence of dementia increases with age and most people affected are over the age of 60. 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.

VHA is committed to providing up-to-date training for its workforce to provide the highest quality healthcare for all Veterans, including those with neurocognitive disorders. PACERS e-learning courses were developed with funding from the VA Office of Rural Health to assist providers who are caring for patients with cognitive disorders in rural communities and improves outcomes for Veterans and their caregivers.

Learn more about each course below and use the links provided to begin each course. **Non-VA providers accessing the courses in VHA TRAIN can click here for instructions on navigating the platform.** Visit [https://www.mirecc.va.gov/VISN16/PACERS.asp](https://www.mirecc.va.gov/VISN16/PACERS.asp) to access additional resources from PACERS.

**New!! PACERS: Dementia Case Studies**

Learn how to apply the comprehensive assessment to a clinical scenario, describe a diagnosis of a specific type of dementia, and identify ways to support Veterans with dementia and their family after a diagnosis is made.

[Click here for TMS for VA](https://www.mirecc.va.gov/VISN16/PACERS.asp) | Coming Soon: TRAIN for non-VA
(continued from page 3)

**PACERS: Identifying and Assessing for Dementia**

Learn how 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, and distinguish between dementia and other illnesses that may present with signs and symptoms similar to dementia.

[Click here for TMS for VA] [Click here for TRAIN for non-VA]

**PACERS: Dementia and Delirium**

Learn how to define delirium and dementia according to DSM-5 criteria, identify the signs, symptoms, evaluation, and treatment of delirium and dementia/dementia subtypes, and indicate differences between delirium and dementia.

[Click here for TMS for VA] [Click here for TRAIN for non-VA]

**PACERS: Dementia and Driving**

Learn how to identify the impact of dementia on driving, identify risk factors for unsafe driving, and indicate different approaches to assist drivers and their families with driving decisions.

[Click here for TMS for VA] [Click here for TRAIN for non-VA]

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**SC MIRECC Educator Grant Recipients Join Rocky Mountain MIRECC Podcast to Discuss Chronic Pain Guide**

Adam Hoffberg with the Rocky Mountain MIRECC discusses chronic pain with SC MIRECC Clinical Educator Grant recipients Drs. Aruna Gottumukkala and Paul Sloan, who created the “Pocket Guide for Clinicians for Management of Chronic Pain.” With the opioid epidemic raging, this podcast could not be more timely. The podcast is approximately 35 minutes long. Click to download the [podcast](#) and [pocket guide](#).
disorder (PTSD), treatment of acute stress disorder, PTSD, and PTSD in patients with comorbid conditions. The full guideline runs 200 pages, the clinician summary is 34 pages, the pocket guide is eight pages and the patient summary is five pages. **All are available at [https://www.healthquality.va.gov/guidelines/MH/ptsd/](https://www.healthquality.va.gov/guidelines/MH/ptsd/).**

New or revised recommendations supported by strong evidence include the following:

- Individual trauma-focused psychotherapy, which includes a primary component of exposure and/or cognitive restructuring for preventing PTSD in patients with acute stress disorder;
- Individual, manualized, trauma-focused psychotherapy over other pharmacologic and nonpharmacologic interventions for primary treatment of PTSD;
- Pharmacotherapy or individual nontrauma-focused psychotherapy when individual trauma-focused psychotherapy is not readily available or preferred;
- Individual, manualized, trauma-focused psychotherapies with a primary component of exposure and/or cognitive restructuring, including Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, specific cognitive behavioral therapies for PTSD, Brief Eclectic Psychotherapy, Narrative Exposure Therapy, and written narrative exposure;
- Sertraline, paroxetine, fluoxetine, or venlafaxine as monotherapy for PTSD for patients diagnosed with PTSD who choose not to engage in, or are unable to access, trauma-focused psychotherapy.

For treating PTSD with co-occurring conditions, new or revised recommendations supported by strong evidence include the following:

- The presence of co-occurring disorders not preventing patients from receiving other VA/DoD guideline-recommended treatments for PTSD;
- Provision of VA-DoD guideline-recommended treatments for PTSD in the presence of co-occurring substance-use disorder;
- Independent assessment of co-occurring sleep disturbances in patients with PTSD, particularly when sleep problems predate PTSD onset or remain after successful completion of a course of treatment.

Three new or revised recommendations against practices are supported by strong evidence. For instance, treatment with divalproex, tiagabine, guanfacine, risperidone, benzodiazepines, ketamine, hydrocortisone, or D-cycloserine as monotherapy is **contraindicated** because of lack of strong evidence for their efficacy and/or known adverse effect profiles and associated risks. In addition, PTSD should **not** be treated with cannabis or cannabis derivatives for the
same reasons. And, finally, atypical antipsychotics, benzodiazepines and divalproex used as augmentation therapy for treating PTSD is **contraindicated** because of low-quality evidence or an absence of studies and the association of these drugs with adverse effects.

Five new or revised recommendations to treat PTSD are supported by weak evidence, including the following:

- Collaborative-care interventions facilitating active engagement in evidence-based treatments;
- Stress Inoculation Training, Present-Centered Therapy and Interpersonal Psychotherapy;
- Manualized group therapy over no treatment (one type of group therapy is not recommended over any other);
- Nefazodone, imipramine, or phenelzine as monotherapy if recommended pharmacotherapy, trauma-focused psychotherapy, or nontrauma-focused psychotherapy is ineffective, unavailable or not preferred/tolerated by the patient, with a note that nefazodone and phenelzine have potentially serious toxicities and require careful management;
- Internet-based Cognitive-Behavioral Therapy with feedback provided by a qualified facilitator as an alternative to no treatment.

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**SC MIRECC Pilot Study Research Program Applications Due October 2**

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 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](https://www.mirecc.va.gov/VISN16/research.asp) to download the request for applications (RFA) to apply. The next deadline to submit an RFA is October 2, 2017.
Research Core Updates

SC MIRECC/HSR&D COIN Investigators Present at HSR&D/QUERI National Conference

SC MIRECC collaborates with two VA Health Services Research & Development Centers of Innovation (HSR&D COIN) in Houston, Texas and Little Rock, Arkansas. We congratulate our SC MIRECC/HSR&D COIN investigators who were selected to present at the VA HSR&D/QUERI National Conference in July. This year’s theme was “Accelerating Innovation and Implementation in Health System Science.”

For the first time, the conference was live-streamed to accommodate those who could not attend in person. Visit https://www.hsrdrresearch.va.gov/meetings/2017/streamed_sessions/default.cfm to view a selection of the archived videos from the meeting.

Poster Session

Delivery of Brief Cognitive Behavioral Therapy in Primary Care: A Randomized Trial

Jeffrey Cully, PhD; Melinda Stanley, PhD; Nancy Petersen, PhD; Natalie Hundt, PhD; Michael Kauth, PhD; Aanand Naik, MD; Kristen Sorocco, PhD; Shubhada Sansgiry, PhD; and Mark Kunik, MD, MPH

Paper Session: Mental and Behavioral Health I

Diagnostic Error Among Veterans with Anxiety and Trauma-related Disorders

Terri Barrera, PhD

Paper Session: Disparities

ActiVets: A Clinical Innovation to Improve Physical Health Among Rural Veterans with PTSD

Tisha Deen, PhD

Comparing Attitudes Toward Mental Health Service Use among Rural and Non-Rural Veterans: The Impact of Varying Definitions of Rurality

Ellen Fischer, PhD

Plenary Session: Research Presentations

Rapid Qualitative Assessment for the National Rural Health Evaluation Center: Bringing the "Voice of the Veteran" into Large-Scale, Partnered Research (STREAMED)

Karen Drummond, PhD

Panel Presentation

Veteran Engagement Three Ways: Insights and Lessons Learned from Engaging Veterans at Three VA Research Centers

Leah Wendleton, MPH, MSW (moderator); Lindsey Martin, PhD; Kenda Stewart, PhD; and Kathryn LaChappelle, MPH
CBOC Mental Health Rounds

Diagnosing Dementia in Primary Care: Cases, Challenges, and Conundrums

Eleanor S. McConnell and Kahli Zietlow

Wednesday, September 13 at 8:00-9:00 am CT
Thursday, September 14 at 11:00-12:00 am 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 Wed 9/13
Click here to register in TMS for Thur 9/14

About the Topic: At the conclusion of this program, learners will be able to define major and mild neurocognitive disorder; understand the clinical impact of a diagnosis of major or mild neurocognitive disorder; identify key components of a diagnostic evaluation for cognitive complaints in primary care; utilize the most appropriate laboratory, imaging, and cognitive tests used in diagnostic evaluation for dementia; and identify and employ key resources for management of Veterans after the diagnosis of dementia.

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

Visual: Join Adobe Connect through VA TMS

Contact: Ashley.McDaniel@va.gov

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750;
37009#

October 11 & 12, 2017
Ethics in CBOCs

November 8 & 9, 2017
REACH VA

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