



*Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans*

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# Communiqué

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### South Central MIRECC Anchor Sites:

LITTLE ROCK  
HOUSTON  
NEW ORLEANS  
OKLAHOMA CITY

**Mark Kunik, M.D., M.P.H.**  
*Acting Director*

**Michael R. Kauth, Ph.D.**  
*Co-Director and Associate Director for Education*

**John Fortney, Ph.D.**  
*Associate Director for Research*

**Patricia Dubbert, Ph.D.**  
*Associate Director for Research Training*

**Kathy L. Henderson, M.D.**  
*Associate Director for Improving Clinical Care*

## SC MIRECC Health Care Technology and Research Workshop

By Michael R. Kauth, Ph.D.

Co-Director and Associate Director for Education, South Central MIRECC  
Michael E. DeBakey VA Medical Center, Houston, TX

On July 18-19, a small group of MIRECC investigators, clinical leaders, and key stakeholders meeting in Houston with experts on mobile app development and telemental health (TMH) initiatives in the VA and Department of Defense (DoD) identified possible technology-related projects for further investigation over the next two years. Although the details of the projects have yet to be worked out, the group specified key next steps to determine the feasibility and cost of these projects. One clear conclusion from the meeting was that the MIRECC should partner with VISN 16 to assist in implementing in-home TMH, especially in rural areas.

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## Meet the New SC MIRECC Oklahoma City Site Leader: Kristen H. Sorocco, Ph.D.

In August, we bid farewell to Thomas Teasdale, Dr.P.H., who served as the Site Leader for the SC MIRECC Oklahoma City anchor site for many years. This month we welcome Kristen H. Sorocco, Ph.D. to the position.

*Please give us some background on your career.*

I received my Ph.D. in clinical psychology and a certificate in gerontology from Oklahoma State University. I returned to Oklahoma after completing a clinical internship in California at the VA Palo Alto Health Care System. During my internship year I received specialized training in geropsychology. I completed my postdoctoral training in biological psychology through the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center. Currently, I am an Associate Professor with the Donald W. Reynolds Department of Geriatric Medicine at University of Oklahoma Health Sciences Center and a clinical psychologist with the Community Living Center

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## TECHNOLOGY (continued from page 1)

Mark Kunik, M.D., M.P.H., Acting MIRECC Director, welcomed everyone to Houston and described the recent history leading up to this workshop. Next, John Fortney, PhD, Associate Director for Research, outlined the workshop goals: to learn about the latest developments on mobile apps and TMH in the VA and grant-funding opportunities for technology projects from DoD.

The first keynote speaker, Julia Hoffman, PsyD, Mobile Applications Lead for Mental Health Services, described the suite of mobile apps now available in the VA, including the *PTSD Coach*, *Mood Coach*, and *Safety Plan* for harm reduction. The goals of these apps are to improve the delivery of treatment and its effectiveness, although most of apps have not been evaluated. It is also unclear who uses mobile healthcare apps, how people use them, what effect they have on treatment outcomes, or which apps work best. Importantly, many VA clinicians may be unaware that VA healthcare apps exist, except perhaps for the PTSD Coach. They may also be unaware how they can use these apps to enhance mental health treatment. [For more information about VA mobile apps, go to: <https://mobilehealth.va.gov/>].

The next keynote speaker, Linda Godleski, M.D., VHA Lead for Telemental Health, gave an overview of TMH initiatives in the VA. In VISN 16 more than half of Veterans receive their care at a VA community clinic; but for veterans who live outside urban centers, specialty mental health services may be available only via TMH. For some very ill Veterans, reaching a community clinic, even for TMH, may be quite difficult. Dr. Godleski noted that new VA performance measures to provide TMH in the home will take effect this coming year and should greatly expand access to care.

The third keynote speaker, Jay Shore, M.D., Ph.D., rural Native American Domain Lead for the VHA Rural Health Resource Center-Western Region and a subject matter expert with the Department of Defense's (DoD) Telemedicine and Advanced Technology Research Center, presented virtually on the telephone from a military base. He described DoD grant-funding opportunities for development and evaluation of technology to deliver care.

Lastly, several MIRECC investigators gave brief presentations on their own technology-related studies. Katy Grubbs, Ph.D., discussed her evaluation of the *Moving Forward* VA app that employs Problem Solving Therapy. Jan Lindsay, Ph.D., described development of a mobile app to support substance-use treatment. Ellen Teng, Ph.D., gave an overview of her *Cognitive Behavioral Therapy for Anxiety* app. And, Kristen Sorocco, Ph.D., talked about her pilot study of home-based TMH with older Veterans.

At the close of the workshop, MIRECC leadership agreed to follow up on identified next steps and continue the discussion on their next executive call. ♦

### ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure that the 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 the SC MIRECC if they receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

## **SC MIRECC Investigators Awarded More than \$500,000 in VA Office of Rural Health Grants for Fiscal Year 2014**

Congratulations to the SC MIRECC investigators who received funding from the Office of Rural Health for fiscal year 2014. The following summaries highlight each project, project teams and the work they will do over the next year.

### **Telehealth and Technology to Promote Mind and Body Wellness**

Project Team: Patricia Dubbert Ph.D., Vince Roca Ph.D., Prasad Padala M.D., Dennis Sullivan M.D., Kate Harris, R.T., and Penny Pollock A.P.N.

National surveys and VHA researchers have shown that many Veterans are at high risk for physical and cognitive disability associated with low levels of physical activity. Although in past generations, farm life was characterized by hard labor, health statistics show that today's rural populations – and people living in the states including VISN 16 – have the lowest levels of physical activity in the U.S. and less access to fitness facilities. VHA is promoting wellness for all Veterans, but the programs currently available are not especially designed for those living in rural areas or for those whose mental illness symptoms contribute to an unhealthy lifestyle.

This new project will build on experience from programs for aging Veterans in the Little Rock Geriatric Research, Education and Clinical Center (GRECC) and clinical experience in the Outpatient PTSD Program at Central Arkansas Veterans Healthcare System (CAVHS) to develop a program for inactive, rural Veterans with PTSD that will promote mind and body wellness using telehealth (telephone contacts) and technology (exercise monitors). The primary objectives are to increase motivation and wellness behaviors (especially walking and healthy diet choices) in rural Veterans engaged in outpatient treatment for PTSD and to learn about the effectiveness of telephone counseling and reminders and specifically tailored educational programs for Veterans and their families. Educational materials will be developed to help providers in mental health and primary care clinics support Veterans with PTSD who make a commitment to adopt healthier lifestyles.

### **MIRECC Clergy Partnership Program**

Project Team: Steve Sullivan, M.Div., Th.M., Greer Sullivan, M.D., Favrin Smith, B.B.A., Bonita Barnes, Michael Barnes, Travis Harden, Tiffany Haynes, Ph.D., Caleb Lewis, Shane Russell, Jeff Pyne, M.D., Keneshia Bryant, Ph.D., R.N., Susan Jegley, LMSW, Cliff Hudson

Over 6 million Veterans live in rural or highly rural areas. Mental health problems occur in approximately one in five of these Veterans and suicide rates are significantly higher among rural residents. Although the VA has greatly improved access to health services through rural CBOCs, rural culture may discourage use of mental health services even when they are available, in part because poor mental health literacy and mental illness stigma are widespread.

In many rural areas, community-based clergy serve as “first responders” to individuals experiencing mental health problems. Yet many clergy do not know how to recognize mental health problems or how to respond effectively, either to non-acute or acute situations (such as suicidal thinking). Brief, one-day training programs (such as those offered by the VHA National Chaplain Center (NCC)), while helpful, may not offer enough in-depth education or ongoing support to promote concerted action on behalf of Veterans.

Prior experience from the Arkansas VA/Clergy Partnership has demonstrated that community leaders can be organized and their effort sustained to improve access to mental health services for rural Veterans. This project will expand on that work by offering a training program on developing sustainable VA/clergy community partnerships in five rural sites, one within VISN 16 and four in other VISNs; assisting local sites to adapt and implement a local “Mental Health Referral Protocol;” and providing ongoing technical support through a VA/Clergy partnership “hub” based at the North Little Rock VAMC.

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## Supporting Rural Student Veterans

Project Team: Ann Cheney, Ph.D., Justin Hunt, M.D., M.S., Favrin Smith, B.B.A., Cliff Hudson, Steve Sullivan, M.Div., Th.M., Jeff Pyne, M.D., Angie Waliski, Ph.D., Bridgette Perkins, M.B.A., Bonita Barnes, Michael Barnes, Caleb Lewis

Many returning OEF/OIF Veterans enroll in rural colleges and universities. Some of these Veterans have serious mental health and cognitive problems. Colleges and universities in rural areas are often not well-prepared to address the sometimes complex needs of student Veterans.

This project will build relationships with local VA providers and leadership at 6 colleges in 4 distinct rural areas of Arkansas to assess the resources available at each college and the local community to meet Veterans' needs; better familiarize local college officials about Veterans' mental health needs and VA resources, especially CBOCs in their area, as well as community-based resources; and establish a Veteran-to-Veteran support and linkage to care program.

The project team will work with Veterans and community and campus leaders to build Veteran-to-Veteran programs in each of the proposed counties and anticipate that the process of development and the resources that the program can offer (e.g., educational resources on mental health) will serve as a model to be used on other campuses in rural areas of the state and underserved areas throughout VISN 16. ♦

We also congratulate the GRECC investigators who received ORH funding. In all, the MIRECC and GRECC received over \$1,000,000 in grants!

### **Use of Telehealth to Develop and Promote "MOVE! be Physically Active" Program for Elderly Veterans**

Principal Investigator: Prasad Padala, M.D.

### **Planning for Future Medical Decisions: Shared Medical Appointments**

Principal Investigator: Kimberly Garner, M. D.

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## **SC MIRECC CBOC Mental Health Rounds Program Expands Nationally and Adds Second Presentation Opportunity**

By Geri Adler, Ph.D., M.S.W., LISW-CP  
SC MIRECC CBOC Mental Health Rounds Program Director, Houston VAMC

November 2013 will mark the second anniversary of the SC MIRECC Community- Based Outpatient Clinic (CBOC) Mental Health Rounds. The purpose of this series of virtual conferences is to engage, empower, and encourage mental health providers to incorporate cutting-edge treatments, research, and topics into their clinical practice to better meet the mental health care needs of rural Veterans. Over the past year, we have expanded beyond VISN 16 to serve a national audience. Though our audience has grown, we will continue to offer topics that appeal to rural providers.

I want to thank everyone who has helped make this series a success. A big thank you to goes the planning committee for all their hard work. This dedicated group has responsibility for the overall planning and coordination of the series, as well as ensuring the sessions are high quality, meet standards for accreditation and are of interest to rural providers. We have a great program support team from VA Employee Education Services that includes our program manager, Mary Fay, our program support assistant, Lashon Taylor, and a 508-compliance specialist, Lara Dolin, who makes trainings compliant for users with disabilities. Lastly, I would like to thank our presenters. I appreciate the time they spend developing and delivering content for our sessions. Their knowledge has shaped our rounds into the successful series it is today.

Starting in October, participants will have two opportunities to attend each monthly presentation. Mark your calendars to join us at **8:00 a.m. CT on 2nd Wednesdays OR 11:00 a.m. CT on 2nd Thursdays**. We have added this second live presentation to accommodate our participants in the West and others who have trouble joining early in the morning. In the coming months we will cover a broad spectrum of topics of interest to providers across the country, including neuropsychiatric side effects of medication, gun safety, and sleep disorders. I hope you will continue to join us. We are also interested in hearing your feedback about future topics for the CBOC rounds. Visit <http://www.surveymonkey.com/s/VDDX86F> and indicate the topics or speakers you want to see. For more information, contact me at [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov) or (713) 794-8660. You can also visit <http://www.mirecc.va.gov/VISN16/education.asp>. ♦

## SOROCCO (continued from page 1)

and Palliative Care Services at the Oklahoma City VA Medical Center.

*Q. You've been a MIRECC site affiliate for many years. What has that experience been like and how has it affected your research career?*

As for many individuals involved in MIRECC, my prior experience with MIRECC has significantly impacted my career. With the support of Drs. Michelle Sherman and Thomas Teasdale, I received my first funding from the MIRECC. I received both a Clinical Education Grant and a Pilot Study Research Grant after collaborating with Drs. Sherman and Teasdale on other existing MIRECC-funded studies. This track record of funding was essential for my career as a principal investigator on grants funded by the Alzheimer's Association and more recently a Geriatric Academic Career Award funded by Health Resources and Services Administration. MIRECC also has given me the opportunity to collaborate with innovative, knowledgeable clinical researchers. In addition to mentoring, these clinical researchers provide one another with support and encouragement to continue to improve access to evidence-based treatments through education and clinical research.

*Q. Transitioning from a site affiliate to the Oklahoma City Site Leader is a big step. What are your new responsibilities?*

I am still trying to figure out all of my responsibilities, so I am starting with taking over with activities that are already in place. These things include learning about the fiscal responsibilities of the site leader, continuing our monthly MIRECC Research Rally program to support clinicians involved in research activities, and meeting with leadership to develop collaborative partnerships with mental health clinic directors. As the OKC Site Leader, I am fortunate to have some newly hired psychologists that are in the process of writing MIRECC grant proposals, so I am also assisting them with the grant submission process. I am working closely with Wendelyn Caldwell, our wonderful new program support assistant, to expand the OKC MIRECC and figure out ways we can support our MIRECC affiliates.

*Q. What new directions or initiatives are you considering for the site?*

Our site has identified two primary goals: 1) Increase the number of MIRECC affiliates and 2) Expand our services into the CBOCs. In order to increase the number of MIRECC affiliates, I hope to identify MIRECC champions in each

**CBOC Mental Health Rounds** 2nd Wednesdays Monthly  
8:00-9:00 AM CT  
1-800-767-1750; 26461#  
*Sponsored by the South Central MIRECC*

VA Mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "Behavioral Intervention in Dementia Care" on Wednesday, September 11 at 8:00-9:00 a.m. CT (***a second presentation opportunity begins in October***). This Microsoft Lync session will be presented by Ali Asghar-Ali, M.D. At the conclusion of this educational program, learners will be able to:

1. Describe different forms of behavioral disturbances;
2. Describe evidence based behavioral interventions;
3. Illustrate the use of behavioral interventions in a variety of caregiving situations; and
4. Perform a behavioral analysis.

Call 1-800-767-1750 and use access code 26461# to participate. Email [Ashley.McDaniel@va.gov](mailto:Ashley.McDaniel@va.gov) or call (501) 257-1223 for registration and continuing education credit information.

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clinic with the support of our clinic directors. To address our second goal of expanding MIRECC into OKC CBOCs we plan on conducting a local needs assessment to determine how we can introduce more MIRECC activities to CBOC providers. As a site we also hope to continue to grow our relationship with the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center as well as continue our virtual collaborations with other MIRECC affiliates. ♦

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## **Now Available: VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide**

This new clinical practice guideline recommends a framework for a structured assessment of persons suspected to be at risk of suicide, and the immediate and long-term management and treatment that should follow once risk has been determined. Topics addressed by the guideline include:

- Definitions, classification of etiology, risk factors, and severity
- Assessment and determination of risk
- Management of urgent/emergent risk - indications for referral to specialty care
- Treatment interventions (modalities) based on risk level
- Safety planning for patients at risk
- Monitoring and re-assessment of patients at risk

This guideline was prepared by the Assessment and Management of Risk for Suicide Working Group (Co-Chairs John Bradley, M.D. and Ira R. Katz, M.D., Ph.D, and Janet Kemp, R.N., Ph.D.) in June 2013. To download the guideline, visit [http://www.healthquality.va.gov/srb/VADODCP\\_SuicideRisk\\_Full.pdf](http://www.healthquality.va.gov/srb/VADODCP_SuicideRisk_Full.pdf). To view a recorded presentation of the guideline by the workgroup co-chairs, visit <http://va-eerc-ees.adobeconnect.com/p925jberrzq/>. ♦

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