

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

South Central MIRECC

COMMUNIQUE

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Dr. Jeffrey Pyne Named SC MIRECC Associate Director for Research

Please join us in congratulating Dr. Jeffrey Pyne on his selection as the new SC MIRECC Associate Director for Research. Dr. Pyne has served in this position in an interim role since August 2014.

Dr. Pyne is a psychiatrist and clinician researcher. He received a BA in Chemistry at St. Olaf College in Northfield, Minnesota and a MD at the University of Minnesota Medical School in Minneapolis. He retired as

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Meet the SC MIRECC Researcher: Traci Abraham, PhD

Research Health Scientist and Medical Anthropologist, Center for Mental Healthcare & Outcomes Research (CeMHOR)

Instructor, Department of Psychiatry, University of Arkansas for Medical Sciences (UAMS)

Q. Tell us a bit about your educational and career background. In particular, what about research piqued your curiosity and when did you know that a career in this field was right for you?

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a Captain from the United States Navy Reserve after a 25-year career.

Dr. Pyne is a professor in the University of Arkansas for Medical Sciences (UAMS) Department of Psychiatry and Behavioral Sciences, an Associate Professor in the UAMS College of Pharmacy Division of Pharmacy Practice, and an Associate Professor in the UAMS College of Public Health Department of Epidemiology. He is also a staff physician at Central Arkansas Veterans Healthcare System and a Research Health Scientist and Core Investigator with the Center for Mental Healthcare and Outcomes Research (CeMHOR) and Director of the VA HSR&D Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE): Improving Rural Veterans' Access / Engagement in Evidence-based Mental Healthcare.



Throughout his career, Dr. Pyne has conducted cost-effectiveness analyses across a variety of mental health conditions and treatments; developed and tested collaborative care telemedicine interventions, psychophysiologic reactivity assessments, medication adherence interventions, and perceived access measures; and facilitated clergy/clinician collaboration.

Dr. Kathy L. Henderson Retiring from VA

Please join us in wishing a fond farewell to Dr. Kathy Henderson, who is retiring this month after 32 years of service in VA.

Dr. Henderson received a BA at Houston Baptist University and a MD at the University of Texas Health Science Center at Houston. She began her psychiatry residency at Emory University School of Medicine and completed this residency at the University of Texas Health Science Center at San Antonio in 1982. Dr. Henderson began her VA career in 1984 at Central Arkansas Veterans Healthcare System (CAVHS). She initially worked as a staff psychiatrist on an inpatient psychiatry unit, moving on to become the Director of the Consultation-Liaison Service for 10 years, where she was actively engaged in teaching medical students and psychiatric residents, and involved in residency education activities.

In 1993, Dr. Henderson became the Assistant Chief of Psychiatry for Clinical Services at CAVHS and Acting Chief of Psychiatry Service for 19 months before accepting the role as the VISN 16 Mental Health Product Line (MHPL) Clinical Director in 1998. Dr. Henderson became the VISN 16 MHPL Manager in 1999, a capacity in which she served for 13 years. In her role as the VISN 16 MHPL Manager, Dr. Henderson worked tirelessly to implement multiple mental health programs across VISN 16, including a network wide telemental health program across all facilities and CBOCs, specialty PTSD and Substance Use Disorder services, and new residential treatment facilities for Veterans. She played a key role with the help of the SC MIRECC in reestablishing and expanding mental health services along the Gulf Coast after Hurricane Katrina. In 2012,



she joined the SC MIRECC as the Associate Director for Improving Clinical Care, where she has continued to expand services to Veterans by implementing telemental health to the home across several facilities in VISN 16. Since 2012, she has also served as Clinical Coordinator for Mental Health QUERI, where she has provided substantial input into mental health research proposals at both a network and national level, and has worked with the Office of Mental Health Operations to implement a team-based model of care at all facilities across VHA.

Dr. Henderson has served on numerous VHA national committees including the Special Committee on the Care of Veterans with Serious Mental Illness and the Special Committee on PTSD (both Undersecretary appointments); Behavioral Health Interdisciplinary Program (BHIP) Implementation and BHIP Learning Collaborative (Co-Director); the National Center for PTSD Educational Advisory Board; and the Mental Health Strategic Plan

Workgroup. She has also served on many network and local committees including the Center for Mental Healthcare & Outcomes Research (CeMHOR) Steering Committee.

Dr. Henderson's work has garnered many honors and recognitions. Over the years, she has received the VA HSR&D Outstanding Service Award Certificate of Recognition (2015), the SC MIRECC Major Contributor Award, and several VA special contribution awards and certificates of appreciation. She was the recipient of the American Psychiatric Association's Nancy C. A. Roeske, MD award for Excellence in Medical Student Education and has received numerous medical student

and resident teaching awards at UAMS. She is a Diplomate of the American Board of Psychiatry and Neurology (1984) with additional certification in Geriatric Psychiatry (1995-2015), a Distinguished Fellow of the American Psychiatric Association (2003), and served as an invited Board Examiner for the American Board of Psychiatry and Neurology (1988-2006). She is also an Associate Professor in the University of Arkansas for Medical Sciences Department of Psychiatry and Behavioral Sciences.

We wish her well as she enters the next phase of her life.

Farewell Message to Dr. Henderson from the SC MIRECC Co-Director



Kathy Henderson was part of our Education Core when the SC MIRECC was initially funded in 1998. Kathy was leading Mental Health at the Little Rock VA at the time. She became the Mental Health Product Line Manager when Greer Sullivan left that position to lead the SC MIRECC. In the past couple of years, Kathy has served as the Associate Director for Improving Clinical Care in the SC MIRECC. In the 18 years that I've known Kathy, she has fiercely fought for the best mental health care for Veterans and fiercely advocated for mental health providers! She has also been a super supporter of the

SC MIRECC. A large portion of our success is due to Kathy's support for our work in VISN 16. I have greatly appreciated her support for our educational efforts. Personally, I have thoroughly enjoyed working with Kathy in a variety of ways. She is a colleague and a friend. I will greatly miss her!

Michael R. Kauth, PhD

RESEARCHER (continued from page 1)

I was an undergraduate at Illinois State University, where I majored in archaeology, a subfield of anthropology. Although I'd wanted to be an archaeologist since the age of eight, I discovered during my senior year that medical anthropology really resonated with me. As a result, I switched my focus to cultural anthropology, and attended graduate school at the University of Connecticut, which had a number of well-respected medical anthropologists. I completed my dissertation fieldwork in Spain and stayed there after earning my PhD so that I could teach US American undergraduates studying abroad (Popular Culture in Spain and Intercultural Communication). Although I loved living in Spain, I essentially held an adjunct professorship that didn't provide an opportunity to be a 'real' anthropologist (i.e., work in the field). After teaching for three years, I applied for the MIRECC Post-Doctoral Advanced Fellowship in Mental Illness Research and Treatment at North Little Rock, Arkansas. I wanted to build skills that would help me attain a position more aligned with my career goals and capabilities.

I think most anthropologists are primarily interested in research; university teaching is a necessary evil that we tolerate in between forays into the field (wherever that may be). So I would say that, like most anthropologists, I have *always* been very keenly interested in research. Until I was accepted into the fellowship program at North Little Rock, however, I was woefully unaware of the many opportunities available to research anthropologists, and how to successfully build a career outside of academia. I realized rather quickly in the fellowship that I would never find teaching as rewarding or challenging as the endeavor to help Veterans access the best possible



mental health care. Meeting the many amazing research anthropologists at the VA and becoming a part of that community was critical in my decision to stay at the VA as well. So the fellowship was truly a life changing experience for me.

Q. *You've recently become an investigator with CeMHOR and a SC MIRECC affiliate investigator. How has this transition affected your research career?*

My initial interests were in maternal health, help seeking, and access to care among immigrants, so transitioning into this new role as a CeMHOR investigator represents a major shift for me. Having lived so long in a country in which healthcare is considered a basic right, I passionately believe that everyone should have access to basic medical care.

In my new role as a CeMHOR investigator, I can have a direct impact on healthcare and healthcare delivery – and I think that’s amazing! I’ve also really enjoyed working with Veterans, who are often delighted to discover that there are researchers working hard to ensure that they get the healthcare they deserve. So even though there’s been this dramatic shift, I can’t imagine a more rewarding career!

Q. *If funding weren’t an issue, what would be your dream research project?*

I have a keen interest in how healthcare at the VA might be used to transform the lives of Veterans impoverished by psychological problems through a focus on whole health, which encompasses physical, psychological, social, spiritual, and emotional wellbeing. I’d love to explore how complementary and integrative medicine (CIM), such as yoga, enriches the lives of Veterans with psychological problems by supporting aspects of health that have largely been overlooked in VA health services research, like social, emotional or spiritual wellbeing. Findings from such a project would help reveal Veterans as complex individuals with needs that include, but are not limited to, psychological health – a critical first step before interventions can be developed that truly address Veterans’ needs.

Q. *How can people get in touch with you if they have questions about your work?*

Email is best. I can be reached at Traci.Abraham@va.gov.

Q. *Is there anything that I haven’t asked that you would like our readers to know about you or your work?*

I am an anthropologist who works in health services research. Although I’ve obviously adapted to this new environment, I will always consider myself first and foremost an anthropologist. This allows me to bring a unique perspective to the projects I collaborate on that can be used in practical ways to transform health care and health care delivery. I also enjoy a challenge and have a real sense of adventure, so going into the field is my favorite part of being an investigator. I’d like to see the VA interacting more with Veterans and their families as *collaborators* in research rather than as *research* subjects. There’s a movement underway right now at the VA to get Veterans more involved in research as equal partners. I think that a collaborative approach that frames Veterans as co-owners of the work we do together could really advance VA research, and I’m excited to be here at a time when such a positive change is underway!

A Yoga Program for the Symptoms of PTSD in Veterans

Staples, J. K., Hamilton, M. F., & **Uddo, M.**

Military Medicine, 178(8), 854-860

The purpose of this pilot study was to evaluate the feasibility and effectiveness of a yoga program as an adjunctive therapy for improving PTSD symptoms in Veterans with military-related PTSD. Veterans (n = 12) participated in a 6 week yoga intervention held twice a week. There was significant improvement in PTSD hyperarousal symptoms and overall sleep quality as well as daytime dysfunction related to sleep. There were no significant improvements in the total PTSD, anger, or quality of life outcome scores. These results suggest that this yoga program may be an effective adjunctive therapy for improving hyperarousal symptoms of PTSD including sleep quality. This study demonstrates that the yoga program is acceptable, feasible, and that there is good adherence in a Veteran population.

Related Publications

Use of complementary and alternative medicine in a large sample of anxiety patients. Bystritsky, A, Hovav, S, Sherbourne, C, Stein, MB, Rose, RD, Campbell-Sills, L, Golinelli, G, **Sullivan, G**, Craske, MG, & Roy-Byrne, PP (2012). *Psychosomatics*, 53(3), 266-272.

A systematic review of relations between psychotherapist religiousness/spirituality and therapy related variables. Cummings, JP, Ivan, MC, Carson, CS, **Stanley, MA**, & Pargament, KI (2014). *Spirituality in Clinical Practice*, 1(2), 116-132.

The Pew vs. the Couch: Relationship between mental health and faith communities and lessons learned from a VA/Clergy Partnership Project. Sullivan, S, Pyne, JM, Cheney, AM, Hunt, J, Haynes, TF, & **Sullivan, G.** (2014). *Journal of Religion and Health*, 53(4), 1267-1282.

CBOC Mental Health Rounds

Eating Disorders: Screening, Diagnoses, and Evidence-Based Treatment

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**Eating Disorders: Screening, Diagnoses, and Evidence-Based Treatment**," on Wednesday, February 10 at 8:00-9:00 a.m. CT or Thursday, February 11 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Wendy Leopoulos, MD and Deleene Menefee, PhD. At the conclusion of this educational program, learners will be able to:

1. List three signs and symptoms of eating pathology that lead to an eating disorder diagnosis;
2. Apply screening techniques for the three most common eating disorders;
3. Discuss the medical complications, mortality rates, and mental health comorbidities associated with eating disorders; and
4. Describe evidence-based treatments for eating disorders focused on wellness not weight, including implementation of one program given as an example in Houston.

Call 1-800-767-1750 and use access code 37009# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

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#

March 9 & 10, 2016
Geriatric Polypharmacy

April 13 & 14, 2016
*Obsessive-Compulsive
Disorder*

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

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