

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

South Central MIRECC

# COMMUNIQUE

March 2016

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## 2016 Grant Writing Scholars Program

Fellows and junior faculty met in Little Rock, Arkansas and Houston, Texas on February 24 for the 2016 SC MIRECC Grant Writing Scholars (GWS) program. This program provides a small number of investigators with didactic training and individualized mentoring in successful grant writing. GWS program participants are SC MIRECC affiliates, postdoctoral fellows, and other investigators who are ready to write applications for national funding sources such as VA Merit Review and the National Institutes of Health, or SC MIRECC pilot

**See GWS on page 2**

## Dr. Kimberly Garner Selected as VA Gold Status Best Practice Fellow

Kimberly K. Garner, MD, JD, MPH was selected as one of 10 VA Gold Status Best Practice Fellows, out of over 200 applicants. Dr. Garner is an experienced geriatrician with added qualifications in hospice and palliative medicine who leads clinical demonstration projects and educational development at the Little Rock VA Geriatric Research Education and Clinical Center (GRECC). She is also an assistant professor in the University of Arkansas for Medical Sciences Department of Geriatrics. Dr. Garner seeks to improve care for Veterans who

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# South Central MIRECC Communique

March 2016

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Editor

**Carrie Edlund, MS, MA**  
Reviewer

[www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

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for Improving Clinical Care  
Houston, TX

## GWS (continued from page 1)

study research grants.

GWS occurs every 2-3 years and trains participants from locations associated with SC MIRECC anchor sites in Arkansas, Louisiana, and Texas. Dr. Patricia Dubbert, the SC MIRECC Associate Director for Research Training, coordinates the GWS program. Dr. Dubbert and Dr. Jeffrey Pyne, the SC MIRECC Associate Director for Research, reviewed program applications to select the 2016 Scholars.

The entire GWS program spans six months and utilizes a variety of methods for grant writing mentoring. Scholars write or revise a draft application for federal-level competitive funding that is reviewed by two senior SC MIRECC faculty. Faculty provide written critiques to Scholars, while primary reviewers meet with them by phone to refine the grant application. The program culminates in a one-day didactic interactive workshop led by Dr. Cornelia Beck. The workshop takes place in person and virtually through video conferencing.

Now that the didactic workshop is over, the 2016 Scholars will revise their grant applications for submission to funding agencies. Though the process may be difficult, they can look to the success of 2013 Scholars for encouragement. In 2013, 10 Scholars (1 MD, 9 PhD) participated in GWS. Nine out of 10 Scholars submitted applications for funding. Out of those 9 Scholars, 7 received grant funding. Total funding included:

- 2 VA Merit Review Grants
- 1 VA Career Development Award
- 1 Quality Enhancement Research Initiative Rapid Response Project
- 1 Medical School Internal Pilot Grant
- 2 SC MIRECC Pilot Study Research Grants
- 2 VA Health Services Research and Development Pilot Study Grants

We would like to thank our Scholars, reviewers, and training leaders for their participation in the 2016 GWS program. We also thank Dr. Natalie Hundt for coordinating the program in Houston. We are grateful for the 19 MIRECC faculty from Little Rock, Houston, and Oklahoma City who contributed to the success of the program as reviewers for the draft proposals.



*Grant Writing Scholars at the Houston didactic workshop.*



*Grant Writing Scholars at the Little Rock didactic workshop.*

## 2016 Grant Writing Scholars

### Houston

Terri Barrera, PhD

Gina Evans, PhD

Chelsea Ratcliff, PhD

Elyse Thakur, PhD

### Little Rock

Traci Abraham, PhD

Marie Mesidor, PhD

Kalpana Padala, MD

Jacob Painter, PharmD,  
MBA, PhD

Aline Rabalais, PhD

John Ray, PhD

Shelia Sullivan, PhD, RN,  
VHA-CM

Eva Woodward, PhD

### Oklahoma City

Jessica Larsen, PhD

## FELLOW (continued from page 1)

have lost decision-making capacity through the development of innovative methods to engage Veterans in group advance care planning discussions. She also leads quality improvement training and engages with other VA sites to improve the care of older adults through innovative uses of distance care through eConsults and telehealth.

During the VA Gold Status Best Practice Fellow selection process, Dr. Garner participated in a "Shark Tank"-style competition and received bids from a group of VA leaders and providers to implement her project on group advance care planning for Veterans. The program, "My Life...My Choice", helps communicate Veterans' wishes for care in the event that they are too ill to express their wishes directly.

A central component of the program is the use of group visits to interact with Veterans and promote open discussion about the meaning and relevance of advance care planning. In this supportive atmosphere, Veterans are encouraged to think about planning for future medical decisions on a personal level while using the group dynamic to foster open dialogue and alleviate anxieties. The program will continue to work with the Veterans with a two-week post group visit follow-up telephone call. The program aims for 60% of its participants engaging in advance care planning and executing an advance directive after attending one group visit.

Veterans who have attended Dr. Garner's past advance care planning group visits have stated:

- "I'm so glad that I came...I need to update my advance directive...I want to change who I asked to make decisions



for me."

- "It was really helpful because I heard things from the other guys I might not have thought about otherwise."
- "I plan to sit down with my kids and talk to them, too. I want them to know if anything ever happens to me, it's my decision, not theirs, so no one has to feel guilty."

We hope you will join us in congratulating Dr. Garner on her accomplishment!

# CBOC Mental Health Rounds

## Pharmacotherapy and the Elderly

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**Pharmacotherapy and the Elderly**," on Wednesday, March 9 at 8:00-9:00 a.m. CT or Thursday, March 10 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Ali Abbas Asghar-Ali, MD and Brian G. Mitchell, PharmD, BCPS, BCPP. At the conclusion of this educational program, learners will be able to:

1. Describe changes that occur in the physiological changes in the elderly that affect medications' effects and safety;
2. Define off-label use and be familiar with common examples in medical practice;
3. Optimize pharmacological interventions while monitoring polypharmacy; and
4. Incorporate decision-making capacity when making prescription decisions.

Call 1-800-767-1750 and use access code 37009# to participate. Email [Ashley.McDaniel@va.gov](mailto: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#**

April 13 & 14, 2016  
*Obsessive Compulsive  
Disorder: Fighting the  
Hidden Epidemic*

May 11 & 12, 2016  
*Ethics*

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## Attribution: Acknowledgement of 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.

# Announcement

## SC MIRECC Pilot Study Research Program Quarterly Application Deadline is April 1

We accept applications for the SC MIRECC Pilot Study Research Program four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. The next application deadline is April 1, 2016.

Generally, pilot study grants are less than \$75,000. Investigators proposing multi-site studies may request additional funds. Study expenses must be justified and we welcome proposals with more modest budgets. All SC MIRECC core and affiliate faculty and fellows are eligible to apply. A SC MIRECC core or affiliate investigator must serve as co-principal investigator on trainee proposals (fellow, resident, or intern). For more information, contact Dr. Ellen Fischer at [fischerellenp@uams.edu](mailto:fischerellenp@uams.edu) or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application.

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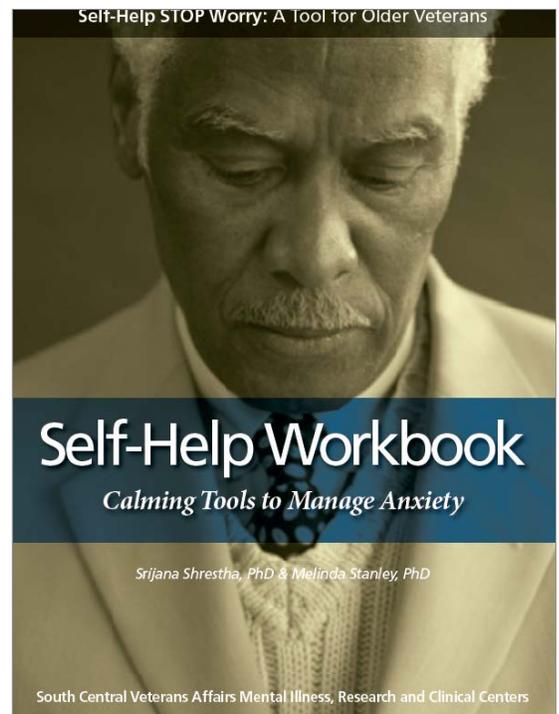
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## Clinical Education Product Highlight

### Self-Help STOP WORRY: A Tool for Older Veterans

Developed by Srijana Shrestha, PhD  
and Melinda Stanley, PhD

This clinician guide and self-help workbook provide a user-friendly, guided cognitive behavioral treatment of generalized anxiety disorder for Veterans 60 years of age or older who experience high levels of worry and anxiety. The self-help workbook contains practice exercises and forms to monitor progress. The workbook also includes a CD with instructions for diaphragmatic breathing and progressive muscle relaxation. The workbook may be used independently or as a part of formal treatment. Visit <http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp> to download the manuals.



### **Castaways: Addressing Hostility and Helplessness in Severely Lonely Adults**

Loboprabhu S, Molinari V, **Asghar-Ali AA**

*Journal of Psychiatric Practice, 21(2), 93-106*

Hostility and helplessness are recurrent themes in severely lonely adults, and they can be both causes and effects of subjective feelings of loneliness. Since many lonely patients report a history of abuse, hostile and helpless states of mind may reflect identification with hostile (aggressor) or helpless (passive) attachment figures. Hostile intrusiveness and helpless withdrawal by the parent are 2 distinct patterns of parent-child misattunement that can lead to infant disorganization via disrupted emotional communication and to loneliness later in life.

Anxious-ambivalent lonely older adults tend to exhibit hyperactivating hostile behaviors (to deal with a core sense of powerlessness), whereas those with fearful-avoidant attachment styles exhibit deactivating helpless behaviors (to deflect intense underlying feelings of rage). Based on this model, we outline different treatment approaches for lonely persons with different attachment styles by describing the successful treatment of two severely lonely, suicidal veterans.

We describe an approach to treating hostile and helpless behaviors in lonely patients, using validation, mentalization, reality orientation, and socialization. Validation provides a sense of safety and rapport. Mentalization allows the lonely individual to better appreciate his or her own mental processes and those of others. Reality orientation provides feedback to lonely individuals on whether their perceptions are accurate and reality-based and helps them appreciate the consequences their behavior may have for self and others. Finally, socialization reduces disenfranchisement by teaching/re-teaching individuals social skills that may have become impaired by prolonged isolation.

### **Related Publications**

**Pain severity, interference, and prescription analgesic use among depressed, low-income homebound older adults.** Choi, NG, Snow, AL, & **Kunik, ME** (2015). *Aging & Mental Health*. Advance online publication.

**Enabling lay providers to conduct CBT for older adults: Key steps for expanding treatment capacity.** **Kraus-Schuman, C, Wilson, NK,** Amspoker, AB, Wagener, PD, Calleo, JS, Diefenbach, G, Hopko, D, **Cully, JA, Teng, E,** Rhoades, H, **Kunik, ME, & Stanley, MA** (2015). *Translational Behavioral Medicine: Practice, Policy and Research, 5(3), 247-253.*

**Predictors of change in quality of life in older adults with generalized anxiety disorder.** Shrestha, S, **Stanley, MA, Wilson, NL, Cully, JA, Kunik, ME,** Novy, DM, Rhoades, HM, & Amspoker, AB (2015). *International Psychogeriatrics, 27(7), 1207-1215.*

## By the Numbers

# VA Office of Rural Health Highlights Three Key Successes from 2015

## Thrive 2015: Office of Rural Health (ORH) Rural Veteran Annual Report

**1 Health Care.** ORH funded more than 1,850 clinical and non-clinical care providers dedicated to working with rural Veterans.

**2 Community Involvement.** ORH implemented the Rural Veteran Coordination Pilot, and worked with state and community organizations to support rural Veterans and their families as they transition from military to civilian life.

**3 Partnerships.** ORH welcomed more than 30 partners within and outside of VA.

ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH collaborates to increase rural Veterans' access to care and services. Learn more at [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov). Download the Rural Veteran Annual Report report from the ORH website at [http://www.ruralhealth.va.gov/docs/ORH\\_Annual\\_Report\\_2015\\_FINAL.pdf](http://www.ruralhealth.va.gov/docs/ORH_Annual_Report_2015_FINAL.pdf).

Learn more about SC MIRECC by visiting [www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
South Central MIRECC