

*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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### Meet the New SC MIRECC Associate Director for Improving Clinical Care: Tracey L. Smith, PhD

HSR&D Center for Innovations in Quality, Effectiveness & Safety, Houston VAMC

Associate Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine

*Q. Tell us a bit about your educational and career background.*

I received a bachelor's degree in psychology from the University of California, Santa Cruz (UCSC), where I

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### Research to Practice: Activity Trackers, Behavioral Diaries, and Other Kinds of Monitoring: Do They Help People Achieve Health Goals?

Summary by Patricia Dubbert, PhD

Are you one of the millions of people wearing a physical activity tracker or using apps on your smartphone to monitor your diet, help you relax, or track other health data? Do you recommend these to your patients? If so, you may be convinced that monitoring helps people

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## South Central MIRECC Communique

April 2016

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**Tracey L. Smith, PhD**  
Associate Director  
for Improving Clinical Care  
Houston, TX

### **DIRECTOR (continued from page 1)**

majored in psychology and dance. I took a 12-year break after that; I started a family and worked as a graphic designer specializing in packaging design. When I decided to return to school, I got a master's degree in psychology from California State University, Sacramento and went on to complete my doctorate in clinical psychology at the University of Utah, Salt Lake City. My mentor professor in Utah had previously worked at the University of Wisconsin and those connections led to me completing a psychology internship and a postdoctoral fellowship there.

My research career has broadly focused on psychotherapy, including: development and implementation of treatments; training; and psychotherapy processes and outcomes. My secondary research interest is examining the interpersonal processes that contribute to the development, maintenance, and treatment of mental health problems.

I began my VA career in 2006 as a program manager for a new PTSD clinical team at the William S. Middleton VA Hospital in Madison, Wisconsin. While in Madison, I was fortunate to become the Chief of Psychology, a national Cognitive Processing Therapy trainer, and a VISN PTSD mentor. From 2010 to 2016, I served as the National Psychotherapy Coordinator for Mental Health Services in VA Central Office. In this role, I oversaw policy, planning, and implementation of evidence-based psychotherapies within VA. I also had the opportunity to lead a variety of national mental health initiatives such as the national telemental health initiative to promote delivery of evidence-based psychotherapies for PTSD, the National VA/Community Mental Health Pilots project, and the national workgroup to revise the VA Uniform Mental Health Services Handbook, to name a few.

*Q. What is the highlight of your career at this point?*

I have been truly fortunate to experience many highlights across the course of my professional career. I have had the honor and privilege to work with many very accomplished trainees, colleagues and mentors who have educated and inspired me. For me, the highlight is having

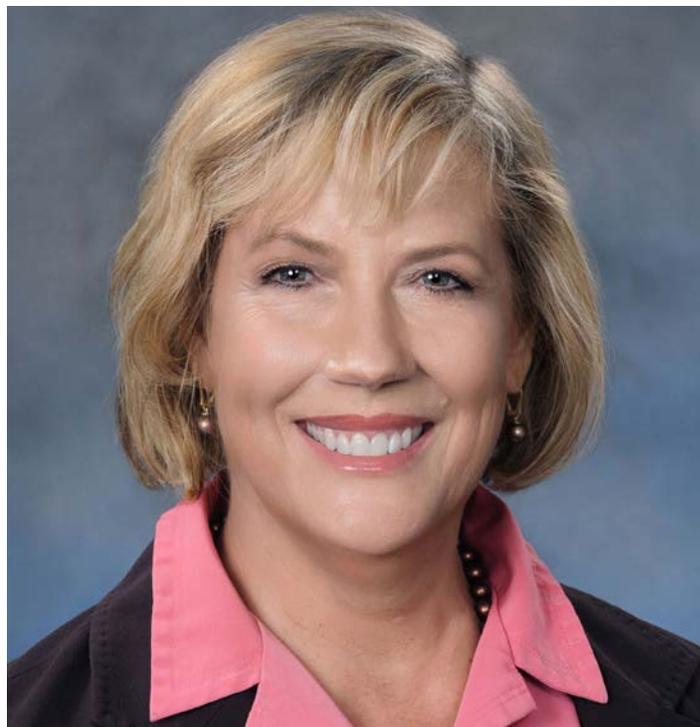
the opportunity to try and make a difference for Veterans who struggle with mental health issues.

*Q. You recently joined the SC MIRECC. What attracted you to our center?*

I joined the SC MIRECC because it allows me to combine several passions, including working with trainees and highly accomplished colleagues, engaging in mental health research, improving VA mental health services, and helping our nation's Veterans. Nothing could be sweeter!

*Q. Now that you are on board at the Houston anchor site, what are your priorities going forward for the clinical care core?*

Since I just joined the center, it's still very early to set priorities since these must be based on the priorities of Veterans and staff in the VISN and at facilities. I hope to work on ways to improve access to high quality mental health services and I think that is achievable. I have recently begun talking with colleagues about piloting stepped care models of mental health care. Stepped care models attempt to maximize the effectiveness and efficiency of decisions about allocation of resources by matching patients' needs and preferences to the appropriate type and intensity of intervention. This requires a system that utilizes measurement-based care, which is the practice of basing clinical care on relevant patient data across treatment.



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

The best way to reach me is by email at [Tracey.Smith2@va.gov](mailto:Tracey.Smith2@va.gov). I look forward to any questions or ideas that people have!

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

I am excited to be in this new role working with Veterans on the SC MIRECC Consumer Advisory Board and with colleagues from a wide variety of disciplines and interests. I think our work and lives are enriched when we reach across silos and learn from others.

## RESEARCH (continued from page 1)

achieve health and wellness goals.

In the world of health care, providers have always depended on a wide variety of monitoring to adjust treatment for their patients, and technology has made that monitoring increasingly accurate and useful. In mental health, treatment goals often involve thoughts or behaviors that cannot easily be observed by a provider, but we ask our patients to keep logs and diaries to monitor symptoms and behaviors targeted for change. Overall, monitoring progress toward goals is believed by many to be an important and effective way to help people identify gaps between their current status and where they want to be. Awareness of these discrepancies can then motivate the critical changes in behavior that are necessary to achieve the desired goals.

Are these beliefs in the effectiveness of monitoring justified? In an article by Harkin and colleagues published this year in *Psychological Bulletin*, a group of behavioral scientists presented a detailed and impressive review of scientific studies on monitoring progress toward goals. They found that the evidence for the effectiveness of progress monitoring is actually mixed—sometimes monitoring leads to better results but not always. Using combined data from 138 studies that included almost 20,000 participants, the authors were able to answer important questions about when behavioral monitoring is most effective. The results are interesting for their implications for monitoring progress toward goals in our personal as well as our professional lives.

The following summarizes the results and conclusions about key aspects of monitoring that impact its effectiveness:

- Interventions that encouraged progress monitoring were much more effective than interventions without monitoring.
- Prompting participants to monitor their progress in public (such as by posting their results) had a larger effect than private monitoring.
- Physically recording the information derived from monitoring produced larger effects than not recording the information.
- Immediate feedback produced larger effects than delayed feedback.
- The strongest effects were observed when the monitoring closely matched the goal. For example, monitoring behavior, such as number of days relaxation exercises were done per week, had a strong effect on that behavior, but weaker effects on outcome goals such as anxiety or stress ratings. In contrast, monitoring outcomes, such as how long it takes to walk one mile, resulted in more improvement in goals such as faster walking speed, but had weaker effects on behaviors, such as how often people walked.
- Interventions to encourage progress monitoring delivered by health professionals were more effective than interventions delivered by researchers.
- Adding more behavioral change techniques such as encouraging specific goals and highlighting the discrepancies between current behavior and the desired behavioral goal further enhanced the effects.

Notably, the results suggest that interventions that are designed increase intention to change behaviors, but that do not encourage

participants to monitor progress, leave out an important component of the behavior change process. Without progress monitoring, people may want to change but they do not know where they stand with respect to their goals. They may tend to adopt the “ostrich” approach of ignoring what is happening and subsequently fail to achieve those goals.

Overall, the Harkin article presented strong arguments for the value of using progress monitoring to help achieve personal and therapeutic goals. So keep on using those activity trackers, health apps, and behavioral diaries; use them frequently for

more immediate feedback; and tailor the monitoring to the behaviors or the outcomes that are most important to you and your patients.

The Harkin et al Psychological Bulletin article may be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/26479070>.

Citation

Harkin, B, Webb, TL, Change, BP, Prestwich, A, Conner, M, Kellar, I, Benn, Y, & Sheeran, P (2016). Does monitoring goal progress promote goal attainment? A meta-analysis of the experimental evidence. *Psychological Bulletin*, 142(2), 198-229.

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## CBOC Mental Health Rounds

### Fighting the Hidden Epidemic: Obsessive Compulsive Disorder and the Obsessive Compulsive Spectrum Disorders

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “**Fighting the Hidden Epidemic: Obsessive Compulsive Disorder and the Obsessive Compulsive Spectrum Disorders**,” on Wednesday, April 13 at 8:00-9:00 am CT or Thursday, April 14 at 11:00-12:00 pm CT. This Microsoft Lync session will be presented by Nathaniel Van Kirk, PhD. At the conclusion of this educational program, learners will be able to:

1. List at least three core components of obsessive compulsive disorder (OCD); increasing their ability to identify and conceptualize OCD in its many forms;
2. Discuss the “gold-standard” treatment for OCD, along with new research on enhancing treatment outcome; and
3. Describe at least two common comorbidities, focusing on understanding the implications of comorbid disorders for treatment outcome.

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#

May 11 & 12, 2016  
*Ethics*

June 8 & 9, 2016  
*Suicide Prevention/  
Safety Planning*



# PACERS

Program for Advancing Cognitive disorders Education for Rural Staff

## Program for Advancing Cognitive disorders Education for Rural Staff (PACERS): Dementia and Driving Training Now Available

One of the most challenging issues clinicians must address when working with Veterans with dementia is declining driving skills. Approximately 30–45% of persons with dementia continue to drive, placing them at risk for becoming lost, crashing, and other adverse events. Clinicians have recognized a gap in knowledge regarding how to address diminished driving skills and decision-making for drivers with dementia. This training module will provide practical information that clinicians and health care teams can use in their work with older drivers with dementia and their families.

This one-hour training is targeted to VA physicians, nurses, psychologists, social workers and counselors. The training includes a web-based training module and video and is accredited for one hour of continuing education. The training can be accessed via the VA Talent Management System at [https://www.tms.va.gov/learning/user/deeplink\\_redirect.jsp?linkId=ITEM\\_DETAILS&componentID=28776&componentTypeID=VA&revisionDate=1455739740000](https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEM_DETAILS&componentID=28776&componentTypeID=VA&revisionDate=1455739740000).



### **A Survey on Dementia Training Needs Among Staff at Community-Based Outpatient Clinics**

**Adler, G**, Lawrence, BM, Ounpraseuth, ST, & **Asghar-Ali, AA**

*Educational Gerontology, 41(12), 903-915*

Dementia is a major public health concern. Educating health-care providers about dementia warning signs, diagnosis, and management is paramount to fostering clinical competence and improving patient outcomes. The objective of this project was to describe and identify educational and training needs of staff at community-based outpatient clinics related to treating and managing Veterans with dementia.

Health professionals took an online survey consisting of questions related to general knowledge and skills in working with Veterans with dementia and their families, staff training, and attitudes toward people with dementia. Most participants considered knowledge of dementia important; however, few reported having received training in dementia care within the past year. Furthermore, over half of participants considered themselves beginners in terms of knowledge and skills in dementia care.

Regarding training needs, topics that could improve the overall care of Veterans with dementia and their caregivers were most often cited. Participants reported being most satisfied with in-person training. Physicians rated their dementia knowledge and skill as greater than nurses'/other medical professionals' and support staff members'. Compared with support staff, nurses/other medical professionals held more positive attitudes toward persons with dementia.

Survey results suggest that staff are interested in improving knowledge of, and skills for, working with persons with dementia, and that job classification is associated with differences in attitudes.

### **Related Publications**

**Adler, G**, Mott, J, Pritchett, L, & **Kauth, M** (2015). **Staff perceptions of homeless Veterans' needs and available services at community-based outpatient clinics.** *Journal of Rural Mental Health, 39(1), 46-53.*

Baker, A, Mott, JM, Mondragon, S, **Hundt, NE**, & **Teng, E** (2015). **Utilization of evidence-based psychotherapy for PTSD by rural and urban Veterans.** *Journal of Rural Mental Health, 39(2), 81-89.*

**Fortney, JC**, **Pyne, JM**, Turner, E, Farris, K, Normoyle, T, Avery, MD, Hilty, DM, & Unützer, J (2015). **Telepsychiatry integration of mental health services into rural primary care settings.** *International Review of Psychiatry, 27(6), 525-539.*

Johnson, CE, Bush, RL, Harman, J, Bolin, J, **Evans-Hudnall, G**, & Nguyen, AM (2015). **Variation in utilization of health care services for rural VA enrollees with mental health-related diagnoses.** *Journal of Rural Health, 31(3), 244-253.*

# Announcement

## SC MIRECC Launches YouTube Channel

We have created a new Rural MIRECC YouTube channel to share videos produced through our research, education and clinical care cores and recommend videos developed by other rural and mental health organizations that can improve provider knowledge and patient care. Visit [https://www.youtube.com/channel/UCZI5\\_J5qO7G71CME2qAnAZA](https://www.youtube.com/channel/UCZI5_J5qO7G71CME2qAnAZA) to subscribe to our channel or view our videos.

The screenshot shows the YouTube channel page for Rural MIRECC. The channel banner features a blue star logo on a dark background. The channel name is "Rural MIRECC" with a "Subscribe" button and a notification bell icon. The channel description reads: "The Channel features videos developed or recommended by the South Central Mental Illness Research, Education, Clinical Center (SC MIRECC)... Show more".

**Uploads**

- Driving and Dementia**  
2 days ago • 61 views  
One of the most challenging issues clinicians must address when working with Veterans with dementia is declines in driving skills. Approximately 30–45% of persons with dementia ...

**Created playlists**

- Observing Curiosity 5 VIDEOS**  
Updated yesterday

Acceptance and Commitment Therapy: Acceptance	1:47
Acceptance and Commitment Therapy: Willingness	2:01

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One of the most challenging issues clinicians must address when working with Veterans with dementia is declines in driving skills. Approximately 30–45% of persons with dementia ...

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