

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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New Clinical Education Product Available: Collaborative Safety Planning For Older Adults

Developed by Elizabeth C. Conti, PhD, Clifton (Brent) Arnspiger, LCSW, Jessica Urlarte, DrPH, Cynthia Kraus-Schuman, PhD, and Michelle Batiste, MSN, RN

Collaborative Safety Planning for Older Adults is a brief manual designed to be used by VA staff members. The manual is a collection of best practices and practical tips for safety planning, with a focus on issues that are common in older adult patients. The purpose of the collaborative approach is to increase the quality of safety plans and the likelihood that they will be understood and used by Veterans.

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Q&A with a SC MIRECC Fellow

Interview with Elyse Thakur, PhD
Psychology Fellow in Houston, Texas

Q. *What do you like about doing research with Veterans?*

As the largest, integrated health-care system in the United States, the VA is an ideal environment to conduct health services research. I am particularly interested in

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www.mirecc.va.gov/visn16

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**MIRECC Implementation, Design and
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MIRECC Implementation, Design and Analysis Support (MIDAS) offers centralized design, methodologic and analytic support to investigators in the South Central VA Health Care Network who are seeking intramural or extramural funding or conducting pilot projects.

With expertise in biostatistics, epidemiology, psychometrics, qualitative methods, application of technology to research and education, and project implementation, team members can work with you around such topics as study design, instrument selection or design, recruitment and data collection procedures, analysis of qualitative data, identification of best VA data sources & access procedures, manuscript preparation, and much more!

For more information or to request MIDAS services, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711.

**Attribution: Acknowledgement of SC
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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.

CEG (continued from page 1)

The audience for this manual includes nurses, physicians, social workers, trainees, and any professionals who work with suicidal older adults but who may not have extensive training in psychotherapy. The manual is also designed to be a refresher for mental health professionals and encourage them to create high quality safety plans.

This manual can be used on its own by staff who are familiar with safety planning. Ideally, staff would hold a training to discuss manual content, demonstrate techniques, and answer questions. Afterward, the manual can serve as a reference tool.

In addition to her coauthors, Dr. Conti would like to thank the Rocky Mountain MIRECC, Drs. April Foreman, Kimberly Van Orden, Jeffrey Cully, Melinda Stanley, and Laura Marsh, and the clinical staff at the Michael E. DeBakey VA Medical Center for their inspiration and support. To download the manual, visit <http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp> and expand the "suicide prevention and safety planning" topic area section.

South Central MIRECC | Michael E. DeBakey Veterans Affairs Medical Center | Baylor College of Medicine

COLLABORATIVE SAFETY PLANNING FOR OLDER ADULTS

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Department of Veterans Affairs. Retrieved from http://www.mentalhealth.va.gov/docs/va_safety_planning_manual.pdf

Substance Abuse and Mental Health Services Administration (2011). Promoting emotional health and preventing suicide: A toolkit for senior living communities. HHS publication No. SMA 4515 CMHS-NSPL-0197, SAMHSA: Rockville, MD.

Van Orden, K. A., & Conwell, Y. (2016). Issues in research on aging and suicide. *Aging & Mental Health*, 20, 240-251.

Wenzel, A., Brown, G. K., & Beck, A. T. (2009). *Cognitive therapy for suicidal patients: Scientific and clinical applications*. American Psychological Association: Washington, DC.

Safety Planning

STEP 1 **RECOGNIZING WARNING SIGNS**

Inform "It often seems like suicidal thoughts or crises come out of nowhere. But usually there are warning signs that you or other people might notice before you get to that point. By noticing these warning signs, you'll know when to use this plan."

Ask "What's it like for you to 'become suicidal (or in crisis)'?" "What is usually going on?" "What would others notice?"

List warning signs using the Veteran's own words.

Reflect (repeat back) to make sure the Veteran knows you understand and the plan is accurate.

Ask about alcohol or other drug use. For older adults and others, alcohol use can be a major warning sign.

EXAMPLES OF WARNING SIGNS

- PHYSICAL**
Racing heart, not sleeping, fatigue, headaches, stomach problems, pain, lack of energy, lots of ongoing health issues, not being able to take care of self, worsening eye sight, hearing, memory, or mental speed...
- MOOD/THOUGHTS**
"I am a failure," "I can't cope," "I am a nobody," "I'm a burden," "I have no one," feeling hopeless, irritable, loneliness, angry, very depressed, unable to concentrate, careless, intense worry, difficulty controlling worry, feeling overwhelmed, thoughts of self-harm, thoughts of hurting others, thoughts of suicide, thoughts of using substances/craving...
- BEHAVIORS**
Isolating, crying a lot, not taking care of self, not eating, not sleeping, less involvement in pleasant or social activities, cancelling treatment sessions, not taking medications, rejecting others and their advice, using drugs or alcohol to cope...

TO CHECK UNDERSTANDING
ASK: "How will you know when the safety plan should be used?"

Reaching out for support can be done first. Before thoughts become intense. Talk about how the Veteran might increase their social support.

FELLOW (continued from page 1)

translating evidence-based practices to real world, specialty care settings, and I have found the VA to be a place where I can see the research process through many lenses – from "bench to bedside." The Veterans themselves are great to work with, given their experiences in various different military settings. However, what makes them truly special is that each Veteran has unique needs, talents, goals, and ambitions, despite their collective motivations, history, and military experiences.



Q. *What would your dream research study be if funding weren't an issue?*

I am currently developing a referral toolkit that will provide a model for the successful adoption and dissemination of behavioral health services for Veterans with irritable bowel syndrome (IBS) who present to specialty care gastroenterology clinics. If funding were not an issue, I would expand the focus of my research to simultaneously test the feasibility, acceptability, and effectiveness of the referral toolkit and develop, test, and implement an evidence-based behavioral intervention for Veterans with IBS who present to GI clinics. Then, I would compare outcomes for patients with IBS who were referred to behavioral health, to those who only received conventional medical treatment. My vision is that this research will improve access to and engagement in behavioral health treatments for this population, and enhance the quality of their care.

Q. *Where do you want to be in five years?*

In five years, I hope to be implementing a behavioral health program in a GI setting, conducting research aimed at improving health services for patients with functional bowel disorders, and educating gastroenterology providers and trainees, on how to best integrate behavioral health into their care.

Dr. Geri Adler Receives the Fulbright & Jaworski LLP Faculty Excellence Award for Educational Leadership

Interview with Geri Adler, PhD

Q. *Congratulations on receiving the Fulbright & Jaworski LLP Faculty Excellence Award for Educational Leadership! Can you tell us a bit about this award and highlight some examples from your career that merited you receiving this honor?*

The Fulbright & Jaworski LLP Faculty Excellence Award recognizes Baylor College of Medicine faculty who have made significant educational contributions to the College. There are four categories and I received an award in Educational Leadership. It means just that – activities like taking a lead on developing an educational program or receiving an educational-related grant.

My position at the MIRECC is all about education so my responsibilities are a perfect fit for this category. Three activities that immediately come to mind that contributed to my receiving this award are: 1) directing the CBOC Mental Health Rounds, a national webinar series targeting the training needs of rural providers; 2) being awarded a Rural Provider and Staff Training Initiative grant from the Office of Rural Health, to bring dementia-specific training to rural clinics; and 3) serving as interim co-chair of VHA's Dementia Education Training committee, a national multidisciplinary group of geriatric experts tasked to evaluate dementia education efforts within the VA and community.



Q. *What did you think when you were notified that you received the award?*

I was initially apprehensive when I saw a message in my inbox from the F&J office but felt better when I read the subject line said "Congratulations!" I was very pleased when I read the award letter.

Q. *As an award recipient, is there anything interesting that you'll be able to do?*

I will be invited to an awards event in spring of 2017 at Baylor College of Medicine so maybe I will meet some VIPS!

Q. *Are there any colleagues that you would like to thank for recommending or supporting your nomination to receive this award?*

I work with a great group of people at the SC MIRECC. Dr. Michael Kauth has been especially inspirational. He has received a couple of F&J's and been long recognized as a leader in education around the region and country. I have learned a lot from working alongside Michael since 2010. I also cannot forget colleagues who wrote amazingly supportive letters of recommendation – Drs. Ali Abbas Asghar-Ali; Ellie McConnell, Aanand Naik, and Nicolin Neal. And Ashley McDaniel, who has been a resource and like-minded colleague ever since I started at the SC MIRECC, making me look good and the job a lot easier.

CBOC Mental Health Rounds

Treating Substance Use Disorders in a Community Setting

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**Treating Substance Use Disorders in a Community Setting**" on Wednesday, September 14 at 8:00-9:00 am CT or Thursday, September 15 at 11:00-12:00 pm CT. This Microsoft Lync session will be presented by Drs. Albert Arias, Ellen Edens, and Brian Fuehrlein. At the conclusion of this educational program, learners will be able to:

1. Discuss dominant treatments for alcohol use disorders, including how to access them
2. Discuss primary treatments for opioid use disorders, including how to access them
3. Explain how to access a consult service for addiction treatment

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#**

October 12 & 13, 2016
TBI/Toolkit

November 9 & 10, 2016
*Ethics and Service
Animals*

Recent SC MIRECC Publications

Partnering with Health System Operations Leadership to Develop a Controlled Implementation Trial

Bauer, MS, Miller, C, Kim, B, Lew, R, Weaver, K, Coldwell, C, **Henderson, K**, Holmes, S, Seibert, MN, Stolzmann, K, Elwy, AR, **Kirchner, J**

Implement Science, 11, 22

Outcomes for mental health conditions is suboptimal, and care is fragmented. Evidence from controlled trials indicates that collaborative chronic care models (CCMs) can improve outcomes in a broad array of mental health conditions. US Department of Veterans Affairs leadership launched a nationwide initiative to establish multidisciplinary teams in general mental health clinics in all medical centers. As part of this effort, leadership partnered with implementation researchers to develop a program evaluation protocol to provide rigorous scientific data to address two implementation questions: (1) Can evidence-based CCMs be successfully implemented using existing staff in general mental health clinics supported by internal and external implementation facilitation? (2) What is the impact of CCM implementation efforts on patient health status and perceptions of care?

Health system operation leaders and researchers partnered in an iterative process to design a protocol that balances operational priorities, scientific rigor, and feasibility. Joint design decisions addressed identification of study sites, patient population of interest, intervention design, and outcome assessment and analysis. Nine sites have been enrolled in the intervention-implementation hybrid type III stepped-wedge design. Using balanced randomization, sites have been assigned to receive implementation support in one of three waves beginning at 4-month intervals, with support lasting 12 months. Implementation support consists of US Center for Disease Control's Replicating Effective Programs strategy supplemented by external and internal implementation facilitation support and is compared to dissemination of materials plus technical assistance conference calls. Formative evaluation focuses on the recipients, context, innovation, and facilitation process.

This article can be accessed at <http://www.ncbi.nlm.nih.gov/pubmed/26912342>.

Other Publications

Keeley, JW, Cardin, SA, & Gonzalez, R. A. (2016).

The influence of diagnosis on psychotherapy: Missed opportunities in a Veteran population. *Psychotherapy Research, 26(1), 120-130.*

Klingaman, EA, Hoerster, KD, Aakre, JM, Viverito, KM, Medoff, DR, & Goldberg, RW (2016). **Veterans with PTSD report more weight loss barriers than Veterans with no mental health disorders.** *General Hospital Psychiatry, 39, 1-7.*

Trahan, L, Carges, E, Stanley, M, & Evans-Hudnall, G (2016). **Decreasing PTSD and depression symptom barriers to weight loss using an integrated CBT approach.** *Clinical Case Studies, 1, 1-16.*

Announcements

Dr. Michael Cucciare Receives \$1.8 Million Grant for Alcohol Support Study

Please join us in congratulating Dr. Michael A. Cucciare for receiving a \$1.8 million grant from the National Institute on Alcohol Abuse and Alcoholism to study the effectiveness of a brief intensive referral intervention to help family and friends of people with alcohol use disorders connect to supportive services. Drs. Cucciare and Christine Timko of the VA Palo Alto Health Care System and Stanford University School of Medicine are the principal investigators of the study.



By targeting the family and friends of persons in treatment for an alcohol use disorder, the study aims to increase their participation in the recovery process while improving their own well-being. The study should start recruiting participants by the end of the year. Dr. Cucciare is the SC MIRECC Associate Director for Research Training and a research investigator with the HSR&D Center for Mental Healthcare and Outcomes Research and the University of Arkansas for Medical Sciences Division of Health Services Research.

SC MIRECC Pilot Study Program Quarterly Application Deadline is October 3

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 October 3, 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 or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application.

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

VA



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