

# MINDVIEW

VOL. 4 | ISSUE 1 | FEBRUARY 2011 IMPROVING THE QUALITY OF LIFE FOR VETERANS WITH PSYCHOSIS

## UPCOMING EVENTS

### MIRECC RETREAT ON HOMELESSNESS

February 7, 2011  
Location: Long Beach, CA  
Contact: noosha.niv@va.gov

### BEHAVIORAL FAMILY THERAPY WORKSHOP

March 2-4, 2011  
Location: TBD  
Contact: stacey.maruska2@va.gov

### MULTI-FAMILY GROUP THERAPY WORKSHOP

March 22-25, 2011  
Location: TBD  
Contact: stacey.maruska2@va.gov

### COUPLES THERAPY WORKSHOP

April 4-7, 2011  
Location: TBD  
Contact: stacey.maruska2@va.gov

### CONFERENCE: PROLONGED EXPOSURE USING VIRTUAL REALITY FOR PTSD TREATMENT

April 11, 2011  
Location: Playa Vista, CA  
Contact: noosha.niv@va.gov

### BEHAVIORAL FAMILY THERAPY WORKSHOP

April 11-13, 2011  
Location: TBD  
Contact: stacey.maruska2@va.gov

### COUPLES THERAPY WORKSHOP

Late Summer  
Location: TBD  
Contact: stacey.maruska2@va.gov

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## TRAUMA-RELATED RESEARCH IN THE DESERT PACIFIC MIRECC

Noosha Niv, Ph.D. and Shirley Glynn, Ph.D.

Although the mission of the Desert Pacific MIRECC is to improve the long-term functional outcomes of veterans with psychotic disorders, several of our investigators also conduct research related to trauma and PTSD. A few of those studies are described in this article.

### Pilot Study of a Couples-Based Resilience Enhancement Program for OIF/OEF Veterans

In January 2009, the MIRECC Education Unit conducted a survey of VISN 22 mental health clinicians and leadership to assess the training needs of treatment providers. Results of this survey indicated that family support and engagement of OIF/OEF veterans should have the highest priority. OIF/OEF veterans are returning to their homes and families with significant mental health concerns. PTSD and related mental health problems alter not only the lives of veterans, but can also directly affect the health and well-being of their marital or domestic partners and significantly impair their relationships. Timely intervention is vital to support the adjustment of both partners in confronting these challenges. Despite the great need for services in this area, evidence-based interventions for this population are not available at this time.

To address this gap in

knowledge, Dr. Noosha Niv, Associate Director of the MIRECC Education Unit, and Dr. Bill Saltzman, Associate Director of the FOCUS Project, collaborated to adapt an existing family-based preventive intervention with a strong evidence base (Project FOCUS - Families Overcoming and Coping Under Stress) into a Couples-Based Resilience Enhancement Program for returning OIF/OEF veterans. A pilot study of this intervention is currently taking place at the Long Beach VA. The primary goal of the study is to determine whether the couple's intervention is feasible and acceptable to veterans and their partners, and the secondary objective is to assess the impact of participation in reducing psychiatric symptoms and in improving family relationships and coping skills. Study participants will receive 8 weekly therapy sessions over a period of two months. The intervention assists in developing critical skills related to individual and relational emotional regulation, problem-solving, communication, and mobilizing support within and outside of the primary relationship. The program also provides psychoeducation to couples regarding the impact of wartime deployment, stress and loss, and a "relationship tool box" for dealing with combat-related mental health problems and on-

going stressors. For more information or to make a referral, please contact research coordinator, Stacey Maruska, LCSW, at: 562-826-8000 ext. 5274 or stacey.maruska2@va.gov.

### Structured Approach Therapy

There is accumulating evidence that social support plays a critical role in recovery from the psychological consequences of exposure to traumatic events. Shirley M. Glynn, Ph.D, a clinical research psychologist in the VISN 22 MIRECC and the VA Office of Mental Health Services, has been conducting research in social support and PTSD for the past 20 years. At the West LA VA, Dr. Glynn and colleagues conducted the first randomized trial of family therapy to promote recovery from combat-related PTSD in the late 90s. A key finding of that study was that baseline levels of avoidance behavior, a common problem in PTSD, predicted subsequent treatment attrition and highlighted the importance of targeting avoidance in PTSD family treatment. Researchers at the Boston VA had also reported that the constellation of PTSD numbing and avoidance behavior were particularly corrosive in couples in which one member had combat-related PTSD. These two sets of findings prompted the development of a new manualized, 12-session couples therapy for

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*"PTSD and related mental health problems alter not only the lives of veterans, but can also directly affect the health and well-being of their marital or domestic partners and significantly impair their relationships."*



# LETTER FROM THE DIRECTOR

Stephen R. Marder, MD



The moving article by Robert David Clark describes a number of compelling experiences of a Vietnam veteran. His memories of war, terror and loss are enduring. He can awaken in Vietnam, and he is there in his dreams. Although he finds that he is now able to live with these memories, this was not always the case with him, and some of his buddies are more affected. He also describes the difficulties of his wife in dealing with his tendency to be distant.

Clark provides valuable information about the challenges that are being faced by a new generation of returning veterans. Throughout the VA, there is a hope that lessons learned from Vietnam can ease the readjustment of veterans from Iraq and Afghanistan. This issue of Mindview describes how our MIRECC researchers, clinicians, and educators are addressing these issues.

The article by Noosha Niv and Shirley Glynn describes a collabora-

tion between VA and UCLA researchers that is studying acute PTSD after community violence. The findings suggest that individuals with more severe PTSD symptoms experience that they are receiving less social support. Although it is unclear if there is a causal relationship, this study does suggest the importance of social supports to people recovering from trauma.

Our researchers are engaged in innovative approaches to addressing the social support needs of returning veterans. As Robert Clark describes in his article, returning veterans commonly engage in distancing or avoidance behavior. These behaviors have the potential for damaging relationships and undermining treatment. These behaviors are targeted in a study of a new form of couple's therapy, Structured Approach Therapy, which will be studied in returning veterans. Finally, Noosha Niv is collaborating with UCLA investigators in a program titled "Project FOCUS for Families Overcoming and Coping Under Stress." This program is being adapted as a couple-based program for assisting returning veterans and their partners.

## TRAUMA-RELATED RESEARCH CONT'D FROM PAGE 1

PTSD, Structured Approach Therapy (SAT), by Dr. Frederic Sautter at Tulane University and Dr. Glynn. This treatment is now being tested in a trial funded by VA Rehabilitation R&D in OIF/OEF veterans at the New Orleans VA. Plans are currently being developed to conduct a demonstration project of SAT in the VISN 22 MIRECC.

### Development of PTSD in Survivors of Oral-Facial Injuries

Dr. Shirley Glynn has been collaborating with Dr. Vivek Shetty, Section of Oral and Maxillofacial Surgery in Division of Diagnostic and Surgical Sciences at the UCLA School of Dentistry, to explore the development of PTSD from community violence. Their work has involved following over 300 survivors of oral-facial injuries from the time they received medical treatment for the injury through the following year to determine incidence and predictors of PTSD from the injury. Overall, the data suggest that approximately 25% of the sample exhibited symptoms of acute PTSD within one month of the injury, and 23% of the sample exhibited symptoms of PTSD at one year. These rates were higher than expected and highlight the toll that community violence can have. A finer-grained, cross lagged analysis conducted by Anna Lui, MSW, a West LA VA clinical researcher with Drs. Glynn and Shetty, explored the interplay between PTSD symptoms and social support as experienced by the survivors during the recovery year. The data indicate that there is generally a reciprocal relationship of the two variables, but it appears that greater PTSD symptoms were related to reduced subsequent perceived social support. Stated simply, over time, those persons with greater levels of PTSD symptoms judged their social support systems were getting worse. There are many reasons why this might be – it may be that persons with high levels of PTSD symptoms have greater needs for social support that seem unmet, or it may be that others withdraw from people with PTSD, perhaps due to the survivors' increased irritability. In any case, these data support the need for family-based programs and highlight the importance of trying to shore up relationships among survivors and their loved ones during the PTSD recovery period.

### Prazosin and Combat Trauma PTSD (PACT)

The Long Beach VA is participating in a nationwide project to investigate the therapeutic efficacy of prazosin for veterans with combat-related posttraumatic stress disorder (Site PI: Christopher Reist, MD). Funded by the VA Cooperative Studies Program, this 26 week, randomized, double-blind, placebo-controlled study is designed to test both short term efficacy and long term effectiveness of prazosin for PTSD. The research design encompasses a shorter-term, more tightly controlled efficacy component and a longer-term, more real world, effectiveness component. Primary outcomes include trauma nightmares, sleep disturbance, and global clinical status; secondary outcomes include total PTSD symptoms, comorbid depression, quality of life, and physical functioning. For more information or to make a referral, please contact research coordinator, Stephanie Alley, MA, at 562-826-8000 ext. 2848 or [stephanie.alley2@va.gov](mailto:stephanie.alley2@va.gov).



# VISN 22 CENTER OF EXCELLENCE FOR STRESS AND MENTAL HEALTH

Carie Rodgers, Ph.D.

On December 8, 2005, citing the Department of Veterans Affairs' continued commitment to providing Veterans with world-class care, Secretary James Nicholson announced that VISN 22 would be the home of a special Center of Excellence devoted to advancing research and enhancing care for mental health issues that affect Veterans. Housed in the VA San Diego Healthcare System, the Center of Excellence for Stress and Mental Health (CESAMH) was created in response to the increasing prevalence of post-traumatic stress disorder, traumatic brain injury and other stress-related mental health problems. This center consists of a multidisciplinary team of clinicians, educators and researchers whose goal is to understand, prevent, and heal the effects of stress. CESAMH serves as a national resource for cutting-edge research and state-of-the-art treatment of stress- and trauma-related problems and focuses on three domains - research, education, and clinical care.

The research component of CESAMH, led by Dr. Dewleen Baker, is composed of nine units: Clinical Health and Neuroscience, Epidemiology and Therapeutics, Functional Neuroimaging, Genetics and Genomics, Lifespan, Neuropsychology, Psychophysiology, Psychotherapy, and Bioassay and Biomarker. The Center provides infrastructure support for large-scale projects and collaborative efforts, as well as direct research support for smaller innovative or pilot proposals. Dr. Baker points out that, "All CESAMH research projects are geared toward answering questions of current clinical importance."

Under the leadership of Dr. Niloo Afari, the clinical component of the CESAMH works closely with clinical programs in VASDHS and VISN 22 to develop, pilot, and assess innovative methods of screening and evaluation and to develop improved forms of prevention and treatment for Veterans with stress-related disorders. "Though it is our goal to serve all Veterans impacted by stress-related mental health concerns," Dr. Afari states, "a primary clinical focus for CESAMH is newly diagnosed Veterans, as well as those who have suffered military sexual trauma."

Dr. Laurie Lindamer serves as the Director of the Education and Dissemination unit of CESAMH. This unit disseminates information about stress and mental health to administrators and

policy makers, researchers, healthcare providers, family members, advocates, Veterans and active duty military through workshops, seminars, conferences, factsheets and web-based resources. Another primary goal of the Education and Dissemination unit is to participate in and foster partnerships with organizations that increase outreach, reduce stigma, and promote recovery. Dr. Lindamer also reports that the Education and Dissemination unit has taken a leading role in the development of training and career development programs for researchers and clinicians. "It is our goal" she states, "to increase the pipeline of investigators who are capable of conducting research or providing care in stress and mental health."

CESAMH's perspective is comprehensive because an individual's response to stress involves complex interactions among many systems - biological, intrapersonal, interpersonal, and environmental. "A person's unique vulnerabilities to stress begin with the inborn and inherited effects of genes and their expression, and accumulate with the experiences of family, job, and changes in physical and mental health throughout the lifespan" says CESAMH Director Dr. James Lohr. "In the case of military and Veteran personnel," Lohr explains, "the added effects of stress related to service to our Country are important factors as well. Our mission is to investigate stress and its related medical and psychiatric problems in Veterans and active duty military personnel and to do so from a comprehensive and integrated multidisciplinary perspective. We believe that this work will ultimately result in the best care possible for the Veterans we serve."

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## LOMA LINDA VA CELEBRATES RECOVERY

Christa Osuna, LCSW

In honor of Mental Illness Awareness Week, Loma Linda VA held their annual "Recovery Celebration Event" in October 2010. This event was planned and conducted by Veterans and coordinated by Local Recovery Coordinator, Christa Osuna, LCSW. The goal of the event was to educate veterans, family members and staff on recovery-oriented care and to reduce the stigma of mental health issues. The veterans on the Planning Committee chose the theme of

"Creative Expressions" this year. Three Veterans shared how creative arts have contributed to their overall wellness and recovery and several veterans displayed their artwork, poetry, paintings, sculptures and crafts. The keynote speaker was Dr. Heidi Kraft, a clinical psychologist specializing in combat trauma, Deputy Program Coordinator for the US Navy's Combat Stress Control Program and author of *Rule Number Two: Lessons I learned in a Combat Hospital*.

# I WAS THERE LAST NIGHT

Robert David Clark

A couple of years ago someone asked me if I still thought about Vietnam. I almost laughed in their face. How do you stop thinking about it? Every day I wake up with it and go to bed with it. But this is what I said, "Yeah, I think about it. I can't quit thinking about it. And I never will. But, I've also learned to live with it. I'm comfortable with the memories. I've learned to stop trying to forget, and learned instead to embrace them. Vietnam just doesn't scare me anymore."

A psychologist once told me that not being affected by the experience would be abnormal. When he said that, it was like he'd given me a pardon. It was as if he said, "Go ahead and feel something about the place, Bob. It isn't going anywhere. You're going to wear it for the rest of your life. Might as well get to know it."

A lot of my "brothers" haven't been so lucky. For them the memories are too painful, their sense of loss too great. My sister told me of a friend she has whose husband was in Vietnam. She asked this guy when he was there. Here's what he said, "Just last night." It took my sister a while to figure out what he was talking about. Just last night. Yeah, I was in Vietnam. When? Just last

night. And on my way to work this morning. Over my lunch hour. Playing with my kids. Yeah, I was there.

My sister says I'm not the same brother that went to Vietnam. My wife says I won't let people get close to me, not even her. They are probably both right. Ask a vet about making friends in Vietnam. It was risky. Why? Because we were in the business of death, and death was with us all the time. It wasn't the death of, "If I die before I wake." This was the real thing. The kind where boys scream for their mothers. The kind that lingers in your mind and becomes more real each time you cheat it. You don't want to make a lot of friends when the possibility of dying is that real, that close. When you do, friends become a liability.

A guy named Bob Flanigan was my friend. Bob Flanigan is dead. I put him in a body bag one sunny day, April 29, 1969. We'd been talking, only a few minutes before he was shot, about what we were going to do when we got back in the world. Now, this was a guy who had come in country the same time as myself. A guy who was loveable and generous. He had blue eyes and sandy blond hair. When he talked, it was with a soft drawl. Flanigan was

a hick, and he knew it. That was part of his charm. He didn't care. Man, I loved this guy like the brother I never had. But, I screwed up. I got too close to him. Maybe I didn't know any better. But I broke one of the unwritten rules of war. Don't get close to people who are going to die. Sometimes you can't help it.

You hear vets use the term "buddy" when they refer to a guy they spent the war with. "Me and this buddy a mine." Friend sounds too intimate, doesn't it? Friend conjures up images of being close. If he's a friend, then you are going to be hurt if he dies, and war hurts enough without adding to the pain. Get close; get hurt. It's as simple as that.

In war you learn to keep people at that distance my wife talks about. You become so good at it, that for years after the war, you still do it without thinking. You won't allow yourself to be vulnerable again. My wife knows two people who can get into the soft spots inside me. My daughters. I know it probably bothers her that they can do this. It's not that I don't love my wife, I do. She's put up with a lot from me. She'll tell you that when she signed on for better or worse, she had no idea there was

going to be so much of the latter. But with my daughters, it's different.

My girls are mine. They'll always be my kids. Not marriage, not distance, not even death can change that. They are something on this earth that can never be taken away from me. I belong to them. Nothing can change that. I can have an ex-wife, but my girls can never have an ex-father. There's the difference.

I can still see the faces, though they all seem to have the same eyes. When I think of us I always see a line of "dirty grunts" sitting on a paddy dike. We're caught in the first gray sliver between darkness and light. That first moment when we know we've survived another night, and the business of staying alive for one more day is about to begin. There was so much hope in that brief space of time. It's what we used to pray for. "One more day, Lord. One more day."

And I can hear our conversations as if they'd only just been spoken. I still hear the way we sounded, the hard cynical jokes, our morbid senses of humor. We were scared to death of dying, and trying our best not to show it. I recall the smells too. Like the way cordite hangs on the air after a firefight. Or the pungent odor of rice paddy mud; so different from the

black dirt of Iowa. The mud of Vietnam smelled ancient, somehow. Like it had always been there, waiting. And I'll never forget the way blood smells, sticky and drying on my hands. I spent a long night that way once. That memory isn't going anywhere.

I recall how the night jungle appears almost dream like as the pilot of a Cessna buzzes overhead, dropping parachute flares until morning. That artificial sun would flicker and make shadows run through the jungle. It was worse than not being able to see what was out there sometimes. I remember once looking at the man next to me as a flare floated overhead. The shadows around his eyes were so deep it looked like his eyes were missing. I reached over and touched him on the arm; without looking at me, he touched my hand. "I know man. I know." That's what he said. It was a human moment. Two guys a long way from home and scared shitless. "I know man." And at that moment he did.

God I loved those guys. I hurt every time one of them died. We all did. Despite our posturing, despite our desire to stay disconnected, we couldn't help ourselves. I know why Tim O'Brien writes his stories. I know what gives Bruce Weigle the words to create poems so honest I cry at their horrible beauty. It's

love. Love for those guys we shared the experience with. We did our jobs like good soldiers, and we tried our best not to become as hard as our surroundings. We touched each other and said, "I know." Like a mother holding a child in the middle of a nightmare, "It's going to be all right." We tried not to lose touch with our humanity. We tried to walk that fine line: To be the good boys our parents had raised and not to give into that unnamed thing we knew was inside us all.

You want to know what frightening is? It's a nineteen-year-old-boy

who's had a sip of that power over life and death that war gives you. It's a boy who, despite all the things he's been taught, knows that he likes it. It's a nineteen-year-old who's just lost a friend, and is angry and scared and determined that, "Some son of a bitch is gonna pay." To this day, the thought of that boy can wake me from a sound sleep and leave me staring at the ceiling.

As I write this, I have a picture in front of me. It's of two young men. On their laps are tablets. One is smoking a cigarette. Both stare without expression at the camera.

They're writing letters. Staying in touch with places they would rather be. Places and people they hope to see again. The picture shares space in a frame with one of my wife. She doesn't mind. She knows she's been included in special company. She knows I'll always love those guys who shared that part of my life, a part she never can. And she understands how I feel about my brothers who I know are out there, yet. The ones who still answer the question: When were you in Vietnam?

Me? I was there last night.



# VA TRAINING IN INTEGRATIVE BEHAVIORAL COUPLES THERAPY

Shirley Glynn, Ph.D

Family members can be powerful influences on each other, either positively or negatively. A large body of data supports the hypothesis that positive social support is integral to good outcomes in persons diagnosed with posttraumatic stress disorder, schizophrenia, depression, bipolar illness, substance use disorders, and chronic physical illnesses such as heart disease and diabetes. Family members of persons with psychiatric and/or physical illness can be essential components of the recovery support system. In recognition of the importance of family influences on outcomes, the VA Office of Mental Health Services has launched a series of clinician training programs to help shore up the relations of relatives and veterans.

One of these programs, Integrative Behavioral Couples Therapy (IBCT) is being disseminated to assure VA clinicians have the expertise necessary to help reduce partner conflict and improve communication and acceptance. Access to Marital and Family Counseling in VA has also recently been mandated by PL 110-387, and the VA Office of Mental Health Services wants to assure services are offered in accordance with the law. While the provision of couples counseling is new at many VAs, there are some data indicating veterans with serious psychiatric illnesses are more likely to be married than their civilian counterpart, making it an especially needed service. The VISN

22 MIRECC is the home of the national VA IBCT dissemination efforts.

IBCT is "integrative" in at least two senses: First, it integrates the twin goals of acceptance and change as positive outcomes for couples in therapy. Couples who succeed in therapy usually make some concrete changes to accommodate the needs of the other, but they also show greater emotional acceptance of the other. Second, IBCT integrates a variety of treatment strategies under a consistent behavioral theoretical framework. IBCT consists of two major phases, an evaluation/feedback phase and an active treatment phase. A typical course of therapy would be 20-25 sessions conducted over 4 to 6

months. IBCT was chosen as a model couples therapy program for VA because it is an intervention whose benefits have been supported with empirical findings, it has an accessible manual and a well-designed training program, it builds on a skill set in cognitive-behavioral techniques that is consistent with many of the other evidence-based treatments being disseminated by VA, and it includes an acceptance component, which is useful in a service delivery system such as the VA where many consumers have more long-standing difficulties. With minor tailoring, the treatment can be used across a host of mental health problems, which also make it appealing in a diverse service delivery sys-

tem like the VA. It has applicability to a young returning OIF/OEF veteran and her husband facing post-deployment related issues, and to a 65-year-old Vietnam veteran with depression and significant health issues and his wife.

The first VA IBCT training was held in Long Beach in August 2010. The trainer was Andrew Christensen, PhD., one of the developers of the treatment and a professor of Psychology at UCLA. Fifty-four VA Medical Center and four Vet Center mental health clinicians completed the training, and are now participating in 6 months of weekly consultation to improve their skills. Two more trainings are scheduled for Spring and Summer of 2011.



Susan Steinberg (VISN22 psychologist), Peter Fehernbach (IBCT consultant), Shirley Glynn (MIRECC/training organizer), Jill Compton (IBCT consultant), Andy Christensen (IBCT master trainer), Kate Iverson (IPV consultant to OHMS), Krista Gattis (IBCT consultant), Stacey Prince (IBCT consultant), Joshua Madsen (VISN22 psychologist), Susan McCutcheon (Director of Family Service, OHMS), Anna Lui (Marriage and Family Therapy team program evaluator)

# RECENT MIRECC PUBLICATIONS

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## NEW GRANTS

### **“Schizophrenia Interactome Mapping and Global Discovery of Brain Splice Variants”**

Principal Co-Investigator: David Braff, MD  
Funded by National Institute of Mental Health

### **“Daily Stressors and Psychobiologic Reactivity among Women Methamphetamine Users”**

Principal Investigator: Alison Hamilton, Ph.D.  
Funded by the UCLA Center for Advanced Longitudinal Drug Abuse Research (CALDAR) Pilot Program

### **“Visuospatial Priming in Rats: A Novel Animal Model for Tourette Syndrome”**

Principal Investigator: Jared Young, Ph.D.  
Funded by National Institute of Mental Health

## NEW AWARDS

Congratulations to Dr. Stephen Marder for receiving the 2010 Wayne Fenton Award for Exceptional Clinical Care (awarded by Schizophrenia Bulletin).

Congratulations to Drs. Anthony Rissling and Martin Weber for receiving the NARSAD Young Investigator Award.

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