Department of Veterans Affairs

NATIONAL MIRECC EDUCATION GROUP

Mental Illness Research, Education and Clinical Centers

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# Evidence Based Interventions

Bruce Levine, M.D.

The first time Moses brought the tablets down from the Mount, he discovered the Israelites had reverted to their pagan ways. They had failed to sustain their new practices, despite the *evidence* - the ten plagues and the parting of the Red Sea - that God was with them. The second set of tablets came with an increased prescription: not only was God's word revealed, but it was accompanied by *reminders* (e.g. the tablets followed the Israelites in the Ark of the Covenant), *reinforcers* (e.g. the double portion of manna that fell from the heavens on the Sabbath), and *ongoing training* (e.g. the forty years of wandering). Finally, Moses *changed the record keeping*: he began the tradition of writing down God's word, instead of simply relying on oral traditions.

Like the early Israelites, mental health providers are trained to keep up with current findings and incorporate new evidence into their practices, but change is often slow and incomplete. Changes in the evidence base are published in professional journals, discussed at professional meetings, posted on professional websites, and presented in departmental and facility forums. Some of this evidence is incorporated into practice guidelines or highlighted as a best practice. Unfortunately, these advances do not routinely make their way into provider practice, and when they do, there is often a long time lag. "Build it and they will come," remains a field of dreams for evidence based practice.

The Cochrane Data Base (Centre for Reviews and Dissemination) contains a limited number of studies that comprise the evidence base for changing provider behavior. These studies show that standard continuing education activities have a very limited impact on practice patterns. Workshops and ongoing supervisory/educational/monitoring and performance feedback, which assist in true skill acquisition and subsequent measurements of fidelity to the new practice, have an increased yield in changing practice patterns. Changing the medical record is another effective strategy.

The Educational Arm of the MIRECCs has been charged with changing provider behavior and implementing best practices. The MIRECCs have utilized the evidence base for changing provider behavior in designing interventions to implement improved practices, evidence-based practice, and best practice models. The VISN 1 MIRECC added to this evidence base with a study that compared three training methods for improving the degree of clinician adoption of cognitive behavioral therapy for the treatment of substance

(Continued on page 2)

**Inside this issue:**



## Preparing Mental Health Clinicians to Meet the Needs of Returning Veterans

Michael Kauth, Ph.D. and Robyn Walser, Ph.D.

The President's New Freedom Commission on Mental Health Report (July 2003) and the Department of Veterans Affairs' response (December 2003) both noted the emerging critical mental health needs of veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom (Afghanistan). As recognized VA leaders in innovative mental health research and education, the MIRECCs are responding to this need by developing conferences and educational materials to better prepare health care providers for our "new war" veterans. For example, South Central (VISN 16) & Sierra Pacific (VISN21) MIRECCs will host a conference in July 2004 in New Orleans, focusing on "Resilience and Treating Early PTSD." Commander Dennis Reeves, Ph.D., of the Medical Service Corps, US Naval Hospital, Camp Pendleton, and Colonel Larry James, Ph.D., from the Walter Reed Army Medical Center, Washington DC, both of whom were deployed in Iraq, will discuss deployment and combat stressors,

(Continued on page 3)


Soldier embraces his wife upon his return deployment in support of Operation Iraqi Freedom. Department of Defense photo by Mr. Kenn Mann

## *MIRECC Interventions* (*Continued from page 1)*

abuse. One group received assigned readings, a second computer interactive training, and the third a workshop with ongoing supervision. The rate of skill acquisition and utilization increased significantly, with the third group greater than the second, which was in turn, greater than the first.

Intensive workshops with ongoing supervision and/or treatment manuals have been frequent intervention strategies for the MIRECCs (see table below). This modality has been a feature of VISN 21's Seeking Safety and Acceptance and Commitment therapy interventions (workshops, individualized training and manuals), VISN 16's Group Therapy training program (workshops, follow up supervision and consultation, and evaluation), and VISN 3's Motivational Interviewing program (workshops, boosters, ongoing supervision). VISN 4 has adapted this technique with "road show" workshops involving didactic sections with skill acquisition breakout sessions, brought live to each facility in their network. They have held "road shows" for suicide and psychosis in primary care and are about to do this with motivational interviewing.

For best practices to be implemented clinicians need to be aware of them. Consequently, many MIRECCs conduct CME-type activities in the form of grand rounds, videoconferences, and professional conferences. VISN 20 has been particularly active in this area. Many MIRECCs also make available treatment manuals, electronic journals, and web based CME.

An important innovation is to take a multipronged approach to continuing education. Many MIRECCs supplement standard education activities with workshops and staff trainings, ongoing supervision and/or consultation, and elaboration of resources to aid in the implementation of these new practices. This critical strategy has been employed by VISN 4 with the road shows, VISN 3 with the Clozapine Education and Consultation Program, VISN 5's suicide prevention program, and VISN 16's efforts in PTSD. VISN 22 also utilized this approach, and importantly used consumers to train providers in rehabilitation and recovery skills.

Some MIRECCs have extended this approach into modification of the medical record. VISN 3's suicide initiative includes a new CPRS suicide assessment attached to a clinical reminder. VISN 22's EQUIP (Enhanced Quality Utilization in Psychosis) project uses a Medical Informatics Network Tool to provide standardized patient assessment and ongoing feedback to clinicians. VISN 21

*(Continued on page 4)*

| Type | Selected Educational Interventions | VISN |
|---|---|---|
| **Consultation** | Assessment and psychopharmacological | 3, 5, 20 |
| **Consumer-Focused** | Consumer-led mental health interventions | 22 |
| **Guideline Adherence** | Developing and disseminating guidelines for care and treatment adherence in Alzheimer's disease | 1, 3, 16, 21 |
| **Health Services** | Computer-based systems to enhance care for veterans with SMI (e.g. EQUIP, MINT) | 22 |
| | Case management for homeless veterans | 4 |
| **Presentation Series** | VISN-wide case presentation video teleconferences | 20 |
| | Substance use disorders and translational research audio conferences | 16 |
| | VISN-wide suicide prevention grand rounds | 5 |
| **Products** | Science-into-Practice electronic journal | 21 |
| | Antipsychotic side-effect monitoring guideline pocket cards | 16 |
| | Substance use disorders treatment manuals | 4 |
| | Cultural competency curriculum development | 3 |
| **Therapy / Assessment / Skills Training** | Specific assessment approaches (e.g., CAPS, SCID, ASI) | 4, 20 |
| | Specific treatment approaches (e.g., seeking safety, cognitive behavioral therapy, acceptance and commitment therapy, dialectical behavior therapy, motivational interviewing) | 3, 4, 5, 21 |
| | Comparing training methods for conducting cognitive behavioral therapy | 1 |
| | Group therapy skills | 16 |
| | Prescribing Clozapine | 3, 5 |

## EDUCATION ACTIVITIES

| | |
|---|---|
| **VISN 3**<br>Ongoing | Suicide Assessment & Prevention Training<br>Contact: Bruce.Levine@med.va.gov |
| **VISN 4**<br>May 24, 2004 | **PADRECC/MIRECC Symposium on Neurodegenerative Diseases: The Interface of Psychiatry and Neurology**<br>Philadelphia, PA |
| May 21, June 4 2004 | **Office-Based Treatment of Opioid Dependence**<br>Pittsburgh, PA (May)<br>Philadelphia, PA (June)<br>Contact: Ruckdesc@mail.med.upenn.edu |
| **VISN 5**<br>May 17 2004 | **Women and Substance Abuse Disorders: Co-Morbidity and Treatment**<br>Sheraton Inner Harbor Hotel, Baltimore, MD |
| October 18, 2004 | **Working with Families of the Mentally Ill: Meeting the Challenges & Reaping the Rewards**<br>Maritime Institute, Linthicum Heights, MD<br>www.chepinc.org (click on conferences tab and select either or both programs) |
| **VISN 16**<br>Ongoing 2004 | **Monthly Web-based Conference Series**<br>Third Thursdays at noon CT |
| July 15-16, 2004 | **Resilience & Treating Early PTSD**<br>Pere Marquette Hotel<br>New Orleans, LA<br>Contact: Michael.Kauth@med.va.gov |
| **VISN 20**<br>June 3-4, 2004 | **Integrating Tobacco Cessation Treatment into Mental Health Care** (with Center for Excellence in Substance Abuse Treatment & Education, VA Public Health Strategic Health Care Group)<br>Seattle, WA<br>Contact: Victoria.McKeever@med.va.gov |
| September 9-10, 2004 | **Gender Based Violence & Trauma: Improving Mental Health Response** (with VISN 20 Women's Veterans Health Committee)<br>Portland, OR<br>Contact: Shannon.squire@med.va.gov |
| **VISN 21**<br>June 2, 2004 | **PTSD & Health Care: Primary Issues & Needs of the Veteran**<br>VA Palo Alto Health Care System<br>Contact: Jennifer.Gregg@med.va.gov |
| **VISN 22**<br>October 28-30, 2004 | **Recovery and Rehabilitation**<br>Hilton Waterfront Resort, CA<br>Registration Information at: www.mirecc.org<br>Contact: Kathy.Arndt@med.va.gov |

## NATIONWIDE MIRECCs

**VISN 1**

**Bruce Rounsaville, M.D., Director (203) 932-5711 x7401**
**West Haven, Connecticut**
**http://www.mirecc.org/other-mireccs/visn1/visn1.html**
**Improve care for veterans with mental illness and substance dependence**

**VISN 3**

**Larry Siever, M.D., Director (718) 584-9000 x3704**
**Bronx, New York**
**http://www.va.gov/visns/visn03/mirecc.asp**
**Neurobiology and treatment of schizophrenia, PTSD and dementia**

**VISN 4**

**Ira Katz, M.D., Ph.D., Director (215) 349-8226**
**Philadelphia, Pennsylvania**
**http://www.va.gov/visn4mirecc**
**Advance care for veterans with concurrent physical, mental and/or substance use disorder**

**VISN 5**

**Alan S. Bellack, Ph.D., ABPP, Director (410) 605-7451**
**Baltimore, Maryland**
**http://www.va.gov/visn5mirecc**
**Improve care for veterans with schizophrenia and for their families**

**VISN 16**

**Greer Sullivan, M.D., M.S.P.H., Director (501) 257-1712**
**North Little Rock, Arkansas**
**http://www.mirecc.org/other-mireccs/Visn16/visn-16.html**
**Close the gap between mental health research and clinical practice**

**VISN 20**

**Murray A. Raskind, M.D., Director (206) 768-5375**
**Seattle, Washington**
**http://www.mirecc.org/other-mireccs/Visn20/visn-20.html**
**Investigate the genetics and neurobiology of schizophrenia, PTSD and dementia**

**VISN 21**

**Jerome Yesavage, M.D.,Director (650) 852-3287**
**Palo Alto, California**
**http://mirecc.stanford.edu MIRECC Fellowship Hub Site**
**Individualize treatments for veterans with PTSD or with Alzheimer's Disease**

**VISN 22**

**Stephen R. Marder, M.D., Director (310) 268-3647**
**Los Angeles, California**
**http://www.mirecc.org**
**Improve functional outcomes of veterans with psychotic disorders**

## *Meeting the Needs of Returning Veterans* *(Continued from page 1)*

sexual harassment and coercion, suicide, and building resilience to traumatic stress. Adjustment problems and early Post Traumatic Stress Disorder (PTSD) experienced by returnees will be discussed by Joseph Ruzek, Ph.D., of the National Center for PTSD. Harold Kudler, M.D., from the Durham VAMC and Duke University, will present the VA/Department of Defense PTSD Treatment Guidelines. For information about this meeting, contact Michael.kauth@med.va.gov.

In addition to these efforts, the National Center for PTSD has created an *Iraq War Clinician Packet* that is specifically designed to address the needs of soldiers returning from recent combat operations. The packet covers subjects ranging from background issues to assessment to treatment. It also addresses specialized topics including treatment of medical casualty evacuees, PTSD and its implications for primary care, military sexual trauma, and traumatic grief. Finally, the Clinician Packet offers a number of educational handouts that clinicians can give to patients and their families. To view the packet, visit the National Center for PTSD website at http://www.ncptsd.org/.

Several MIRECCs are currently engaged in or planning clinical and research activities related to providing optimal care to our Iraqi Freedom and Enduring Freedom veterans. We look forward to reporting on this work in a future issue. ♦

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### *MIRECCs Interventions* *(Continued from page 2)*

adopted some of this approach with its implementation of practice guidelines for Alzheimer's disease.

VISN 5 took this approach a step further in designing its Points Incentive Program. They developed a clinical demonstration project and provided training, organization, and oversight to implement a token economy for the treatment of seriously mentally ill veterans. This project resulted in significantly improved staff attitudes and care for veterans.

Along with providing reminders, reinforcers and on-going training, other important challenges still remain. We need to investigate which types of practices can best be implemented by modest levels of intervention, and which practices can only be implemented with the highest level of training efforts. We must work closely with our evaluation partners to measure patient outcomes, as well as staff outcomes. Finally, we must work closely with our VISN leadership to determine which areas of practice have the greatest need for assistance from the MIRECCs. Our goal is to improve clinical care by reducing the time required for new knowledge to become routine clinical practice. ♦

## MIRECC Website Functions as Important Resource

The national MIRECC Internet site became operational in May 2003. The site provides basic information about the MIRECCs as a national VA program and serves as a gateway to individual MIRECC web sites. The educational function of the site has become increasingly evident. In the last quarter, the site received more than 61,699 hits, with 3,223 unique visitors! Repeat visitors averaged 1.6 visits per month. In addition to the Home Page, visitors frequently accessed pages for the Fellowship Program and Education, totaling about 34% of site activity. The Fellowship pages provide information about this unique VA research post-doctoral training experience. Education pages host various clinical tools including videos and manuals that can be downloaded or requested.

An unexpected function of the MIRECC web site has been to direct caregivers and veterans to VA health care services. Each month veterans and caregivers email the MIRECC through the web site to request guidance in managing a family member with a mental illness and locating mental health services in their area. To help people locate nearby facilities, the web site has posted a VA Facility Locator link prominently on the Home Page. We expect use of the site to continue to grow. We are encouraged that the site has been useful for students, providers and veterans alike. ♦

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