APRIL 2013

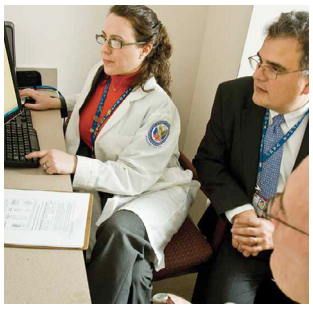
# Mental Health Innovations

*Updates from VA's Specialized Mental Health Centers*

IN THIS ISSUE: Improving Treatment & Access to Care for Veterans with Substance Use

RESEARCH

## Study Shows the Benefits of Bringing Alcohol Dependence Treatment into Primary Care



*Researchers find that providing Alcohol Care Management in VA primary care clinics results in increased treatment participation and reduced alcohol use.*

Alcohol use disorders are a leading cause of psychological and physical disability. However, the majority of people with alcohol problems do not receive treatment, even though effective treatments exist. One important reason for this is that individuals generally need to seek help from specialty care clinics to receive treatment for alcohol problems. Recent evidence suggests that providing assessment and treatment in primary care clinics can increase identification of mental health problems and access to treatment. Dr. David Oslin, Dr. Stephen Maisto, and colleagues at the VISN 4 MIRECC and the VISN 2 Center for Integrated Healthcare partnered on a project aimed at increasing Veterans' participation in alcohol dependence treatment and reducing their alcohol use. The researchers enrolled 163 alcohol-dependent Veterans without other current substance use disorders in a 26-week study. Veterans were randomly assigned to either treatment in primary care-based Alcohol Care Management (ACM) or standard treatment in a specialty outpatient addiction treatment program. ACM program was located in primary care, and a primary care provider (PCP) took the lead on administering the treatment. Treatment consisted of Medical Management, a brief, individualized clinical intervention aimed at supporting pharmacotherapy as well as promoting decreases in alcohol use. The PCP was supported by a mental health provider who met with or phoned Veterans on a weekly basis, assisted with Veterans' participation in assessment and treatment, offered support and education, and monitored for new or worsening medical problems. Veterans who received the ACM model of care had greater reductions in heavy drinking days, increased number of treatment visits, and greater improvement in physical health functioning than those who received standard treatment. These findings suggest that offering alcohol dependence treatment in a primary care clinic can be beneficial and should be considered in addition to specialty addiction treatment, or even as a front line treatment for alcohol dependence. With minimal burden on PCPs, offering ACM in primary care clinics has the potential to increase the availability and success of treatment for alcohol dependence.

HIGHLIGHT

### VA Substance Abuse Resources

LEARN MORE

**SAMHSA**
(Substance Abuse and Mental Health Services Administration)

**NIAAA**
(National Institute on Alcohol Abuse and Alcoholism)

**NIDA**
(National Institute on Drug Abuse)

EDUCATION

## Meeting Clinicians Where They Are: A New Approach to Training

*Clinicians may require different amounts and methods of training to reach a desired level of expertise.*

Motivational Interviewing (MI) is a collaborative approach that helps bring about and strengthen motivation for change. MI increases Veterans' awareness of their choices and their motivation to make positive changes, such as reducing substance use. Although many clinicians receive training in MI, it is often unknown if the skills learned during training are enough for the clinician to effectively deliver the treatment. Research by Dr. Steve Martino and colleagues at the VISN 1 MIRECC examined whether clinicians would benefit from a stepped approach to training, which allows clinicians to improve their MI skills using additional methods of training if needed. In this study, 26 clinicians first completed a web-based course in MI and then had their skills assessed. Clinicians who did not meet the minimum skill level set by the trainers then completed a short, in-person, skills-building workshop. Skills were again assessed after the workshop. Clinicians who continued to need additional training received supervision for two months with an expert clinician. Clinicians who went on to receive the additional training and supervision improved their ability to deliver fundamental MI strategies over time. Those who performed MI adequately following just the Web course continued to show similar levels of MI skills and competence over a 24-week period without additional training. Overall, findings suggest that different clinicians likely require different methods and amount of training to be able to use MI most effectively with patients. Ultimately, tailoring training could lead to more clinicians who are able to provide high quality, evidence-based treatments to Veterans.

CLINICAL

## VA Implements Evidence-Based Substance Use Disorder Treatment Nationwide

*Veterans with alcohol and drug problems can benefit from contingency management, an evidence-based treatment for substance use disorders.*

Contingency Management (CM) is an evidence-based treatment for substance use disorders that promotes abstinence and helps patients stay engaged in treatment. CM means that reinforcement or rewards are used to increase the likelihood that an individual will develop healthy behaviors. Reaching the target behavior is immediately rewarded with prizes ranging from praise to gift cards with monetary value. Rewarding positive steps towards a Veterans' treatment goals, such as testing negative for drugs or attending therapy sessions, increases the likelihood that these desired behaviors will be repeated in the future. Currently, CM is being implemented at 108 VA hospitals. This effort is led by Dr. James McKay and Dr. Dominick DePhilippis at the Philadelphia Center of Excellence in Substance Abuse Treatment and Education (CESATE). VA clinicians participated in intensive training workshops and received expert supervision and coaching. Since the trainings concluded in July 2011, 72 VA sites have begun delivering abstinence-based CM to Veterans with alcohol and/or drug problems, and over 690 Veterans have received the intervention. More than 91% of urine samples collected across the 72 CM programs have tested negative for the drug targeted in treatment, indicating that this program has been successful at the program sites. This large-scale VHA effort promises to provide a greater number of Veterans with access to high quality and effective treatment for alcohol and drug use.

There are 15 VA specialized mental health centers of excellence which include 10 Mental Illness Research, Education and Clinical Centers (MIRECCs), 4 Mental Health Centers of Excellence, and the National Center for PTSD. The centers share a mission to improve the health and well being of Veterans through cutting-edge science, education, and clinical initiatives. Mental health problems are often multiple complex conditions. Each center addresses a particular mental health disorder, environmental situation or Veteran cohort. To learn more about these centers, go to www.mirecc.va.gov.

Noosha Niv, PhD (Editor), Shannon McCaslin, PhD, James McKay, PhD, Dominick DePhilippis, PhD and MIRECC Communications Workgroup (Contributors)



©2013 U.S. Department of Veterans Affairs