



*A decade of bridging
the gap between research
and clinical care*

Communiqué

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“Improving access to mental health care for rural and other underserved veterans”

Recovery Corner

Translating Recovery Values into Practice

VISN 16 Local Recovery Coordinators

The February *Recovery Corner* identified two central components of recovery-oriented practice: *values-based practice* and *evidence-based practice*. In this issue, we discuss the value-based aspect of recovery more in-depth. The National Consensus Statement on Mental Health Recovery (HHS, 2005) identifies ten fundamental components or values of recovery. These values are highlighted below.

Self-direction emphasizes the central roles consumers play in their treatment and recovery. This value stresses choice, autonomy, self direction and independence. The **Person-Centered** value stresses the uniqueness of each person's recovery; it emphasizes strengths and seeks to foster resilience.

Empowerment underscores the capacity recovering individuals have to make choices about their lives, advocate for themselves, and influence their communities and society. Empowerment also connotes the belief that one can have aspirations and is capable of achieving them. The **Holistic** concept underscores the need to relate to consumers as whole people (i.e., mind, body, emotions, intellect, spirit, and social relationships). The inclusion of this concept requires practitioners and consumers to seriously assess, plan for, and address these areas of life and their interaction. **Non-linear progression** suggests that recovery is not a direct path but is more iterative and developmental in nature, involving learning and growth and occasional set backs. **Strengths-based** value highlights the need for practitioners and society to recognize and appreciate the resilience, talents, abilities, and inherent worth that recovering individuals possess. This value underscores the contributions that recovering individuals can make. **Peer support** implies that recovering individuals can and should be allowed to help other recovering individuals. The knowledge, skills, and experiences exchanged between recovering individuals serves as the basis for engagement and for a shared identity and social support system. **Respect** emphasizes the inherent value of all people, even those diagnosed with mental illnesses. Respect addresses the damaging affects that discrimination, stigma, and segregation have on self-concept, worth and role functioning. **Responsibility** describes taking charge of one's life, one's decisions, and one's recovery. Finally, **Hope** gives prominence to the belief that one's lot in life can improve. It is a belief that barriers and obstacles can somehow be overcome. Hope provides the motivation to persevere.

Although these values overlap, they collectively reflect the treatment relationship between providers and consumers. As clinicians, teachers and researchers, the challenge is to bring recovery-oriented values to clinical practice. An important role of Local Recovery Coordinators (LRC) is to assist clinicians and staff in this process: to develop and implement practice guidelines, strategies, and techniques that support the values of recovery. Many aspects of recovery are not new, but tethering the philosophy and

values of the recovery movement to clinical practice is uncharted territory for many mental health professionals.

Meet the LRCs

Below the LRCs continue to introduce themselves and describe some of their recovery activities.

Central Arkansas Veterans Healthcare System (CAVHS), Little Rock

Erin Williams, PhD, earned her doctorate in Counseling Psychology at Indiana State University. Prior to joining CAVHS as a psychologist, she served as faculty at the University of Arkansas for Medical Sciences (UAMS) College of Medicine and as a neuropsychologist at the UAMS Donald W. Reynolds Institute on Aging. Her experience with the VA also includes prior relationships as a master's level clinician, psychology pre-doctoral intern, psychological examiner, and post-doctoral fellow. Dr. Williams has served in multiple leadership roles in addition to her work at CAVHS, including president of the Arkansas Psychological Association.

These experiences helped to prepare Dr. Williams for the position of Local Recovery Coordinator. As one of the earliest Recovery Coordinators in VHA, she was privileged to help develop the national LRC network and currently serves as the VISN 16 representative. She was part of a grant application team that successfully secured funding for new recovery oriented programs at CAVHS (i.e., a Psychosocial Rehabilitation Fellowship and a Psychosocial Rehabilitation and Recovery Center). During the past year, she has focused on introducing veterans, family members, providers, and administrators to the basic tenets of recovery-oriented mental healthcare. Other work includes program consultation, recovery digest emails, local and VISN level workshops, Family Service Task Force, development of a Mental Health Consumer Advisory Council, acceptance of national presentations at US Psychiatric Rehabilitation Association and Boston University, and an innovative recovery engagement strategy that will be highlighted in VANGUARD magazine.

Dr. Williams credits the positive receptivity to recovery on the local level to groundwork laid by the VISN 16 Recovery Committee and by the Mental Health Product Line Advisory Council. Additionally, the support of local leadership and the grassroots effort of the CAVHS Recovery team have been invaluable. To learn more about these efforts, contact Dr. Williams at erin.williams3@va.gov or 501-257-1679.

Alexandria VA Medical Center

Michael Roach, MSW, LCSW, received a Masters of Social Work from Louisiana State University in Baton Rouge, LA and a Bachelor of Arts in communications from Louisiana College in Pineville, LA. He is a licensed clinical social worker and has worked at the VA Medical Center in Alexandria, LA since 1999. Mr. Roach has worked on various VA committees and workgroups including an HFMEA on Advance Directives. He has been involved in many community organizations and activities, including the local Partners in Literacy, American Red Cross, and the American Cancer Society.

The Alexandria VA Medical Center has an array of mental health programs that afford the opportunity for recovery-oriented services across the spectrum. Mr. Roach has consulted with clinicians about recovery-oriented approaches to working with individual veterans, presented staff education on recovery-oriented care, and established the Mental Health Consumer Council. He is also fostering relationships with community organizations that provide recovery-oriented services and is working with the Crisis Intervention Team task force in central Louisiana. He organized activities for Mental Illness Awareness Week in 2007 and is a member of the facility's Mental Health Council. Mr. Roach can be contacted at michael.roach@va.gov or at 318-473-0010, ext. 2009.

Overton Brooks VA Medical Center, Shreveport

Paul Moitoso, MSW, is a Licensed Independent Clinical Social Worker and Board Certified Diplomat at Overton Brooks VA Medical Center in Shreveport LA. He earned a Masters degree in Social Work from Boston University. He has led efforts to update the biopsychosocial intake and treatment

planning template to reflect the tenants of the Recovery Model. He has been revamping local policies and procedures to promote recovery oriented practices, facilitating staff training, and assisting in the transition of the Compensated Work Therapy, Psychosocial Recovery & Rehabilitation Center, MHICM, and HCHV to an off sight facility. Mr. Moitoso is also working with the U.S. Air Force and U.S. Army to form a treatment collaborative for active duty personnel returning from OEF and OIF and their families.

Prior to becoming the LRC at Shreveport, Mr. Moitoso served as the Chief of the 2nd Bomb Wing's Mental Health Clinic on Barksdale Air Force Base in LA. While stationed there, he was recognized as the 2004 Air Combat Command Field Grade Officer of the Year for Social Work and was identified as the top Performer for the 2006 Nuclear Surety Inspection. Mr. Moitoso served as Chief of the Mental Health Clinic at the 28th Bomb Wing, Ellsworth AFB, in Rapid City, SD and Chief of Social Work Services at Osan AFB, Republic of Korea. Mr. Moitoso is a 13 year veteran of the United States Air Force and has obtained the rank of Major. He can be contacted at Paul.moitoso@va.gov or 318-212-1183.



APA Senior Scholar Award for Health Services Research

In October 2007, the American Psychiatric Association awarded **Greer Sullivan, MD, MSPH**, *the American Psychiatric Institute for Research and Education – Senior Scholar Award for Health Services Research* for “recognition of significant career contributions to the advancement of mental health services research.” Congratulations!

Abstracts

Below are abstracts from recently published articles by MIRECC investigators (bolded). Please contact the authors for more information.

Manguno-Mire G, Sautter F, Lyons J, Myers L, Perry D, Sherman M, Glynn S, Sullivan G.

(2007). Psychological distress and burden among female partners of combat veterans with PTSD. *Journal of Nervous Mental Disorders*, 195(2), 144-151

Psychological distress among cohabitating female partners of combat veterans with posttraumatic stress disorder (PTSD) was examined in a cross-sectional study using a modified version of the Health Belief Model. A convenience sample of 89 cohabitating female partners of male veterans in outpatient PTSD treatment was interviewed by telephone using a structured interview. Partners endorsed high levels of psychological distress with elevations on clinical scales at or exceeding the 90th percentile. Severe levels of overall psychological distress, depression, and suicidal ideation were prevalent among partners. Multivariate analyses revealed that perceived threat,

recent mental health treatment, and level of involvement with veterans predicted global partner psychological distress. Partner burden was predicted by partner self-efficacy, perceived threat, barriers to mental health treatment, and partner treatment engagement. These findings are compelling since they demonstrate that partners of veterans with combat-related PTSD experience significant levels of emotional distress that warrant clinical attention. Psychological distress and partner burden were each associated with a unique combination of predictors, suggesting that although these constructs are related, they have distinct correlates and potentially different implications within the family environment. Future research should examine these constructs separately using causal modeling analyses to identify modifiable targets for interventions to reduce psychological distress among partners of individuals with PTSD.

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Rhudy JL, Dubbert PM, Kirchner KA, Williams AE. (2007). Efficacy of a program to encourage walking in VA elderly primary care patients: the role of pain. *Psychology, Health and Medicine*, 12(3), 289-298

Pain may be a barrier or a negative outcome of initiating and maintaining an exercise program in elderly patients. The purpose of this study was to examine the role of pain in a program designed to increase walking for exercise in 181 veteran primary care patients (60 - 80 years). Self-reported physical activity (min-walked per week) and pain were assessed at baseline, 6, and 12 months. Walking for exercise increased over time without significant changes in pain. Analyses suggested that baseline pain was not a barrier to initiating or maintaining a walking exercise program, nor did increased walking influence reports of pain. These results suggest that patients can be encouraged to engage in physical activity, even if they are currently suffering from pain.

Mukherjee S, Sullivan G, Perry D, Verdugo B, Means-Christensen A, Schraufnagel T, Sherbourne CD, Stein MB, Craske MG, Roy-Byrne PP. (2006). Adherence to treatment among economically disadvantaged patients with panic disorder. *Psychiatric Services*, 57(12), 1745-1750

The purpose of this study was to examine the feelings of disadvantaged patients about and experiences of treatment for anxiety disorders in primary care settings. The patients had participated in the Collaborative Care for Anxiety and Panic study, which tested the effectiveness of an intervention to help primary care providers treat panic disorder. The treatment comprised cognitive behavioral therapy (CBT) combined with pharmacotherapy administered by primary care physicians with the expert advice of a psychiatrist. Post hoc semistructured interviews were conducted with 21 intervention participants who were classified according to adherence or nonadherence to treatment. The interview focused on reactions to CBT; reactions to the different features of the

intervention, such as therapy sessions, demonstration videotapes, exercises, and a workbook; and comfort with the therapist. Two members of the research team independently coded, analyzed, and interpreted the data. Three themes emerged: information was empowering and reduced the sense of isolation experienced by participants, participants engaged in a dynamic and iterative personalized assessment of the intervention, and barriers to adherence were predominantly logistical. Results indicate that the extent to which patients chose to remain in treatment and follow treatment recommendations was rarely an all-or-nothing phenomenon. In a disadvantaged population such decisions seem to be influenced by the beliefs of the patient about what will and will not be effective in his or her individual case, an ongoing self-assessment of well-being, and the logistical barriers that come into play.

Quijano LM, Stanley MA, Petersen NJ, Casado BL, Steinberg EH, Cully JA, Wilson NL. (2007). Healthy IDEAS: A depression intervention delivered by community-based case managers serving older adults. *Journal of Applied Gerontology*, 26(2), 139-156

This study evaluated an evidence-based intervention for depression delivered by case managers in three community-based service agencies to high-risk, diverse older adults. Case managers were trained to provide screening and assessment, education, referral and linkage, and behavioral activation. Outcomes addressed depression, general health status, social and physical activation, and mental health services use at baseline and 6 months. Participants (n = 94) were predominantly women (79%) and Hispanic (44%), with a mean age of 72 years. Mean Geriatric Depression Scale—15 scores differed significantly between baseline and 6 months (9.0 versus 5.5). At 6 months, significantly more participants knew how to get help for depression (68% versus 93%), reported that increasing activity helped them feel better (72% versus 89%), and reported reduced pain (16% versus 45%). The authors conclude that nonspecialty providers can be trained to successfully implement an evidence-based self-management intervention for depression with frail, high-risk, and diverse older adults.

Available Clinical Education Products

Below is a list of education tools available from the South Central MIRECC. Most of these tools were developed by frontline clinicians through the MIRECC Clinical Educator Grant program. The Clinical Educator program awards small grants (up to \$7,000) to clinicians to develop innovative clinical education tools, or mechanisms for improved care delivery, that can be exported to other facilities. To request a product, contact Michael.kauth@va.gov

- ***Age-Specific Role Competency Curriculum for Substance Abuse Treatment Staff.*** Large canvas bag packed with in-service and self-study training materials on age role competencies to meet JCAHO and CARF standards. Developed by Jefferson D. Parker, Ph.D.; Catherine Shaw, Psy.D.; Evelina Ward, RN; G.V. “Sonny” Montgomery VA Medical Center, Jackson.
- ***Anger Management Patient Handbook and Instructor’s Guide.*** This 8-session cognitive-behavioral therapy workbook for anger management is great for a new group. Developed by Eddy White, LCSW; Fayetteville VA Medical Center.
- ***Coping with Chronic Pain.*** This short DVD describes a group treatment approach for chronic pain management. A good introduction to pain management. Developed by Jeffrey West, Ph.D.; New Orleans VA Medical Center.
- ***Community Reinforcement and Family Training – Support and Prevention (CRAFT-SP) manual.*** This family education manual is adapted from earlier work on the CRAFT model by Dr. Robert Meyers. The program is designed to aide family members in improving their relationship with the addict/user, while encouraging the individual to seek treatment. Developed by Steven M. Scruggs, Psy.D., Oklahoma City; Robert J. Meyers, PhD, University of New Mexico, Center on Alcoholism, Substance Abuse and Addictions; and Rebecca Kayo, PhD, University of Oklahoma Health Sciences Center.
- ***Day Treatment Center Newsletters: Togetherness, Acceptance & Respect.*** This is a collection of eight psychoeducational newsletters for veterans with chronic mental illness, including schizophrenia and related disorders. Developed by Quang (Charlie) Nguyen, PhD; Ellen Flood, LCSW; Cynthia Andrus, RN, MSN; Jennie Hall, MD; Carol Beckwith, RN; Jocelyn Ulanday, MD; Audrey Dawkins-Oliver, LCSW; Diana Willis, PA-C; Michael E. DeBakey VA Medical Center, Houston.
- ***Discontinuing Your Medication for Depression*** patient brochure. This is a brief take-home guide for patients who are discontinuing their antidepressants. Content covers withdrawal symptoms and warnings of signs of returning depression. Developed by JoAnn Kirchner, MD; Kathy Henderson, MD; Maga Jackson-Triche, MD; and VISN 16 Mental Health Product Line.
- ***Gambling Education Workbook.*** This 8-session gambling education workbook and resource guide integrates cognitive-behavioral and 12-step approaches. Great for Substance Abuse Treatment Programs. Developed by Jefferson Parker, Ph.D.; Randy Burke, Ph.D.; Paul Matens, LCSW; and Frances Hill; G.V. “Sonny” Montgomery VA Medical Center, Jackson.
- ***Guidelines for Monitoring Antipsychotic Side-Effects.*** These pocketguides provide basic information for monitoring antipsychotic side-effects. The package includes a PowerPoint presentation on CD that describes the project with facility-specific baseline monitoring data. Developed by Teresa Hudson, Pharm.D.; Kathy Henderson, M.D.; Central Arkansas Healthcare System VA Medical Center, North Little Rock.

- ***The Healing Circle: Addressing Culture, Spirituality, Sobriety, and Traditions of Native American Veterans.*** This video illustrates how treatment for substance abuse is made more culturally relevant for Native Americans in recovery. The video demonstrates a Healing Circle, powwow, and seat lodge. Developed by Susan Vaughn, MSW, & Helen Engebretson, MSW; Oklahoma City.
- ***Health Promotion Materials for PTSD Veterans.*** This includes a resource manual and PowerPoint presentations for use in a group to focus on disease processes and problems common in the PTSD veteran population. Developed by Cynthia Helwig, N.P.; Leslie Root, Ph.D.; Gulf Coast VA Healthcare System, VA Medical Center, Gulfport.
- ***Helping Dementia Caregivers.*** This interactive CD-ROM illustrates effective behavioral management skills to caregivers through a series of video clips. Useful for self-study or group formats. Developed by Thomas Teasdale, Dr.PH; Michael E. DeBakey VA Medical Center, Houston.
- ***HIV Medication Adherence Intervention.*** This report describes the effect of various strategies (pillboxes, reminders, etc) on HIV medication adherence. Developed by Michael Kauth, Ph.D.; and Trevor Hart, B.A.; New Orleans VA Medical Center.
- ***Insomnia: Difficulty Falling Asleep or Staying Asleep, and Quality of Sleep*** brochure. The brochure includes a brief overview of the causes of insomnia and tips for sleeping better, as well as a sleep log. Developed by JoAnn Kirchner, MD; Kathy Henderson, MD; and VISN 16 Mental Health Product Line.
- ***Keeping the Mind & Body Well.*** This 28-minute videotape and accompanying brochure promotes disease prevention and wellness among veterans. Wonderful for waiting rooms. Developed by Mertis Scott, MSN, CFNP; G.V. “Sonny” Montgomery VA Medical Center, Jackson.
- ***Managing Disruptive Behavior in Dementia Patients: A training tool for clinical nurse assistants.*** This instructional CD-ROM models ineffective, effective, and preventive behavioral management skills to long-term care nursing staff via a series of video clips with actors. Developed by Thomas Teasdale, Dr.PH; Michael E. DeBakey VA Medical Center.
- ***Making the Invisible Visible: Clinical Guide for Recognizing Traumatic Brain Injury in Veterans.*** This graphically powerful staff brochure is designed to increase clinician awareness about and screening for traumatic brain injury in returning veterans. Screening questions and “next step” recommendations are included. Developed by Kimberly A. Arlinghaus, MD; Helene K. Henson, MD; Stephanie Sneed, MD; and Janet Hickey, MD; Michael E. DeBakey VA Medical Center, Houston.
- ***Messing with Your Habit: A Tobacco Use Reduction Program.*** This self-guided CD-ROM program uses the Stages of Change model to identify patients’ readiness to stop smoking. Developed by Dona Zanotti, Ph.D.; John Tasse, Ph.D.; Oklahoma City VA Medical Center. Also available at <http://w3.ouhsc.edu/besmokefree/>
- ***Playing It Safer Workbook.*** This 4-session behavioral skills-based group program focuses on reducing HIV sexual risk. Good for Substance Abuse Treatment Programs. Developed by Dana Ross, PhD, MPH; and Randy S. Burke, PhD; G.V. “Sonny” Montgomery VA Medical Center, Jackson.
- ***PTSD Families Matter.*** This 29-minute CD for veterans with PTSD and their families is a great introduction to PTSD programs. This CD is intended to facilitate communication about PTSD with family and caregivers. Developed by Pamela Abrams, LCSW; Tom Freeman, MD; Central Arkansas Healthcare System VA Medical Center, North Little Rock.

- ***Quitting It All: Tobacco Cessation for Chemical Dependence and Dual Diagnosis Treatment Programs***. This 90-minute, single-session program addresses nicotine dependence. It includes a workbook, facilitator's guide, and relaxation tape. Developed Theodore V. Cooper, Ph.D.; Randy S. Burke, Ph.D.; G.V. "Sonny" Montgomery VA Medical Center, Jackson.
- ***Relaxation Enhancement Therapist Manual / Stress-for-Less Patient Manual***. This is a step-by-step guide for teach relaxation skills using breathing control, muscle relaxation, and guided imagery in a group format. Relaxation logs and instructions for audio recording personal relaxation tapes are included. Developed by C. Laurel Franklin, PhD; Shelia Corrigan, PhD; Stephanie Repasky, PsyD; Karin E. Thompson, PhD; Madeline Uddo, PhD; & Jessica Walton, MS; Southeast Louisiana Veterans Health Care System, New Orleans.
- ***NEW! Resilience to Trauma***. This three-part DVD depicts World War II ex-Prisoners of War describing their internment experiences and life after captivity. This visually engaging program is intended to communicate to veterans of all eras and to the general public that people can and do cope after horrific events. Developed by W. Williams, PhD; Michael E. DeBakey VA Medical Center, Houston.
- ***SAFE Program Manual-Revised***. This is an 18-session workshop and "how-to" guide for educating families of veterans with chronic mental illness, including PTSD. Very helpful if beginning family services. Developed by Michelle Sherman, Ph.D.; Oklahoma City VA Medical Center. Also available for downloading at w3.ouhsc.edu/safeprogram
- ***Treating Chronic Pain in Substance Abusing Patients: An Interactive Primer***. This comprehensive, interactive CD primer on managing chronic pain in substance abusing patients includes medication pocket guides and assessment and intervention resources. Developed by Gabriel Tan, Ph.D.; Deacon Staggs, MD; Serena Chu, Ph.D.; Bilal F. Shanti, MD; Quang (Charlie) Nguyen, Ph.D.; Jaime Rhudy, Ph.D.; Rebecca Kayo, Ph.D.; Mobeen N. Choudhri, MD; John Ramirez; Michael E. DeBakey VA Medical Center, Houston.
- ***Us and Them: The Experience of Mental Health Stigma***. This CD contains a PowerPoint program and manual to conduct facilitator-guided presentations for health professionals to challenge their beliefs about mental illness and promote greater sensitivity. Developed by Michelle Sherman, Ph.D.; Oklahoma City VA Medical Center.
- ***Veterans Helping Veterans: Key Insights for PTSD Recovery***. This 23-minute audio CD is intended to promote treatment engagement and adherence. Content includes testimonials by combat veterans in PTSD treatment. Very moving. Developed by Kathleen O. Reyntjens, Ph.D.; Leslie Root, Ph.D.; Gulf Coast VA Healthcare System, VA Medical Center, Gulfport.



March Conference Calls
1-800-767-1750

- 3—Education Core, 2:00 PM CT, access code 16821#
- 11—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 13—PSR Group Call, noon PM CT, access code 85388#
- 18—VISN 16 Mental Disaster Team, noon PM CT, access code 76670#
- 19—Program Assistants, 2:00 PM CT, access code 43593#
- 25—MIRECC Leadership Council, 3:30 PM CT, access code 19356#
- 27—National Education Recovery Interest Group, noon CT, access code
- 27—National Education Implementation Science Group, 1:00 PM CT, access code 28791#

The next issue of the *South Central MIRECC Communiqué* will be published April 7, 2008. Deadline for submission of items to the April newsletter is March 31. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at Michael.Kauth@med.va.gov.

South Central MIRECC Internet site: www.va.gov/scmirecc

National MIRECC Internet site: www.mirecc.va.gov