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“Closing the efficacy-effectiveness gap”

Implementing Compensated Work Therapy – Supported Employment (CWT-SE) as an Evidenced Based Practice in the VA

Anthony J. Kerrigan, Ph.D., Michael E. DeBakey VA Medical Center, Houston, Texas

The Veterans Health Administration (VHA) has operated work restoration programs including Incentive Therapy (IT) and Compensated Work Therapy (CWT) for decades. At present the VA maintains over 100 CWT programs nationwide. Over 7,000 veterans complete these programs each year. Traditionally participation has been limited to sheltered and transitional work in which the VA contracts with private industry and federal agencies for work performed by veterans with no employer-employee relationship. The recent passage of Public Law 108-170 authorizes the provision of evidenced-based Supported Employment (SE) as a clinical rehabilitation tool.

SE has been shown in the literature to be effective in placing clients with serious mental illness (SMI) into community or mainstream employment. The VA has committed \$3M toward implementing SE into the existing CWT programs, as well as funding an additional 25 programs nationwide.

Employment is an integral part of recovery. It is considered important, not only because of the direct improvements in activity, social contacts, and remuneration but also because work promotes gain in related areas such as self-esteem, illness self-management, community tenure, integration into the community, and quality of life (Becker & Drake, 2003). Competitive employment in the community builds confidence, increases coping skills, heightens motivation, and raises self-expectations and, finally, it is what consumers want (Ridgeway & Rapp, 1998). People want to work in real jobs, jobs they own, where they get paid by their employer with benefits and opportunities for advancement.

SE contrasts with traditional vocational rehabilitation by utilizing continuous vocational assessments based on competitive employment rather than lengthy prevocational evaluations, or any required linear progression through sheltered work experiences. SE offers veterans a complete system of supports, from 24-hour emergency services to peer support groups, employment counseling, on-site job coaching, and benefits planning. Employment Specialists are trained to seek and locate jobs in the community that match veterans' interests, skills, deficits, and ability to work, if only for a few hours a week. CWT-SE will significantly expand competitive work opportunities for veterans with SMI.

The first phase of implementing CWT-SE – designating and funding a core CWT-SE program within each VISN – has been completed. The Michael E DeBakey VA Medical Center in Houston was chosen as a mentor / training site for VISN 16. Funding was received in Spring 2005, and the recruitment and training of four new Employment Specialist's was completed in August 2005. One employment specialist will serve as the trainer for the other programs in the VISN. The next phase of implementation consists of enhancement of existing CWT programs and the establishment of new programs to support the provision of SE to veterans with SMI. Our Network has received funding for 8 FTEE for program enhancement in Biloxi, Jackson, Little Rock, and Oklahoma City and funding for the expansion of new programs at New Orleans and Shreveport VA Medical Centers.

A VISN 16 CWT-SE Workgroup, including key staff and mental health leaders, has already been collaborating, participating in training, sharing information on promoting the SE and recovery model, and working on the recruitment and hiring of new staff throughout the VISN.

When new staff are in place the mentor site will provide on-site training of new program staff with clinical / administrative information and management strategies for the practical application of supported employment approaches and services in CWT-SE. These strategies include application of the recovery model which facilitates veterans successfully working and living in the community, techniques for identifying individuals' vocational interests, capacities, needs and preferences for job matching, identifying opportunities for veterans in local business community, and creating effective partnerships that integrate mutually supportive services within VA and community. The mentor site will also provide training and support in the monitoring procedures implemented under the leadership of NEPEC, with commitment to evidenced-based best practices and with the reporting of clinical activity.

For more information about CWT-SE, contact kerrigan.anthonyj@med.va.gov.



Web Presentation about Psychiatric and Substance Use Co-Morbidities in Patients with Hepatitis C

The MIRECC *Bringing Science to Practice* web-based conference series presents **Peter Hauser, M.D.** on the “**Psychiatric and Substance Use Disorders Co-morbidity in Patients with Chronic Hepatitis C: An Increasingly Demanding Role for Mental Care Providers,**” **November 17, noon to 1:00 PM CT.**

Dr. Hauser is a Professor in the Departments of Psychiatry, Behavioral Neurosciences and Internal Medicine at Oregon Health and Science University, Director of the Portland VA Mood Disorders Program and Associate Director of the NW Hepatitis C Resource Center. He is also the Clinical Director of the Behavioral Health and Clinical Neurosciences Division and Chief of Psychiatry at the Portland VA Medical Center. His primary research and clinical focus is the psychiatric and substance use co-morbidities in patients with hepatitis C, the development of educational products for patients with hepatitis C, and the treatment of interferon-induced depression. He has edited two books, authored several chapters, and published over 65 articles and letters in journals such as *Molecular Psychiatry*, *New England Journal of Medicine*, *American Journal of Psychiatry* and *Proceedings of the National Academy of Sciences*; the primary focus of his publications has been hepatitis C, mood disorders and neuroendocrinology.

The PowerPoint slides for Dr. Hauser's presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning November 16. The live audioconference can be accessed November 17 at **1-800-767-1750, access code 45566#**. This presentation is accredited for 1.0 hour of discipline-specific continuing education by the VA Employee Education System.

Save the Date

The South Central MIRECC leadership, team leaders, and Consumer Advisory Board will meet at the **annual retreat January 12-13, 2006** in Little Rock, AR. Please mark your calendars. An agenda and travel details will follow as this information becomes available.

Assisting Providers after the Hurricane

Many of our VISN 16 mental health and primary care providers are tasked with helping our veterans, as well as fellow VA employees, cope and adjust to their experiences surrounding Hurricanes Katrina and Rita. The following excerpts aim to assist clinical providers in responding to recent, and future, natural disasters.

Survivors of Natural Disasters and Mass Violence

National Center for PTSD Fact Sheet

by Bruce H. Young, L.C.S.W., Julian D. Ford, Ph.D. and Patricia J. Watson, Ph.D.

What psychological problems might one experience as a result of surviving a disaster?

Most child and adult survivors experience one or more of these normal stress reactions for several days:

- **Emotional reactions:** temporary (i.e., for several days or a couple of weeks) feelings of shock, fear, grief, anger, resentment, guilt, shame, helplessness, hopelessness, or emotional numbness (difficulty feeling love and intimacy or difficulty taking interest and pleasure in day-to-day activities)
- **Cognitive reactions:** confusion, disorientation, indecisiveness, worry, shortened attention span, difficulty concentrating, memory loss, unwanted memories, self-blame
- **Physical reactions:** tension, fatigue, edginess, difficulty sleeping, bodily aches or pain, startling easily, racing heartbeat, nausea, change in appetite, change in sex drive
- **Interpersonal reactions** in relationships at school, work, in friendships, in marriage, or as a parent: distrust; irritability; conflict; withdrawal; isolation; feeling rejected or abandoned; being distant, judgmental, or over-controlling

Most disaster survivors only experience mild, normal stress reactions. Disaster experiences may even promote personal growth and strengthen relationships. However, as many as one out of every three disaster survivors experience some severe stress symptoms, which may lead to lasting Posttraumatic Stress Disorder (PTSD), anxiety disorders, or depression.

Excerpt from the National Center on PTSD website,
http://www.ncptsd.va.gov/facts/disasters/fs_survivors_disaster.html, accessed October 24, 2005.

Guidelines for Mental Health Professionals' Response to the Recent Tragic Events in the US

National Center for PTSD Fact Sheet

by Edna B. Foa, Elizabeth A. Hembree, David Riggs, Sheila Rauch, and Martin Franklin

Center for the Treatment and Study of Anxiety

Department of Psychiatry, University of Pennsylvania

1) The mechanisms of natural recovery from traumatic events are strong. We agree with Dr. Staab that the psychological outcome of our community as a whole will be resilience, not psychopathology. For most, fear, anxiety, re-experiencing, urges to avoid, and hyperarousal symptoms, if present, will gradually decrease over time.

2) People should be encouraged to use natural supports and to talk with those they are comfortable with – friends, family, co-workers – at their own pace. They should follow their natural inclination with regard to how much and to whom they talk.

3) If someone wants to speak with a professional in this immediate aftermath period, a helpful response will be to:

- a) listen actively and supportively, but do not probe for details and emotional responses. Let the person say what they feel comfortable saying without pushing for more;
- b) validate and normalize natural recovery.

4) Outcome studies of Psychological Debriefing (PD) are mixed. Overall, they do not support the efficacy of a one-session intervention shortly after the trauma in decreasing psychological disturbances after a trauma beyond natural recovery. Some studies found that in the long run, a single-session of PD may hinder natural recovery (see Bisson, Jenkins, Alexander, & Bannister, 1997; Mayou, Ehlers, & Hobbs, 2000).

5) Accordingly, we do not recommend intervention in this initial aftermath period. If people do present to clinics or counselors requesting help, single-session contact should be avoided. In these instances people should be scheduled for 2-3 more visits over 2-6 weeks time.

6) Traumatic experiences may stir up memories and/or exacerbate symptoms related to previous traumatic events. Thus some people will feel like this is “opening old wounds”. These symptoms should also be normalized and are likely to abate with time. It may be helpful to ask people what strategies they have successfully used in the past to deal with this, and to encourage them to continue to use them.

7) Individuals who continue to experience severe distress that interferes with functioning after three months are at higher risk for continued problems. These individuals should be referred for appropriate treatment.

From the National Center on PTSD website,

http://www.ncptsd.va.gov/facts/disasters/fs_guidelines_disaster.html, accessed October 24, 2005.



Sites for Help and Information about Coping and Adjustment to Natural Disasters

American Red Cross <http://www.redcross.org/services/disaster>

Anxiety Disorders Association of America (ADAA) <http://www.adaa.org/index/cfm>

Center for the Study of Traumatic Stress Disaster/Terrorism Care Resources at

<http://www.usuhs.mil/psy/disasterresources.shtml>

Centers for Disease Control and Prevention – Disaster Mental Health Resources

<http://www.bt.cdc.gov/mentalhealth>

National Center for Post-Traumatic Stress Disorder (NCPTSD) <http://www.ncptsd.org>

National Institute on Mental Health (NIMH) <http://www.nimh.nih.gov>

Posttraumatic Stress Disorder (PTSD) Alliance <http://www.ptsdalliance.org>

Substance Abuse and Mental Health Services Agency (SAMHSA) <http://www.samhsa.gov>

Call for Research Proposals

The South Central VA Health Care Network (SCVAHCN) is pleased to announce that applications are now being accepted for three different research grant awards:

- **South Central Research Career Development Grant** – up to \$80,000 per year for up to three year's funding, intended for new research investigators with no prior funding history.
- **Pilot Project Grant** – up to \$50,000 per year for up to two year's funding, intended for junior researchers to collect pilot data.
- **South Central Research Planning Grant** – up to \$20,000 for a one year period, intended to provide junior investigators who have little experience with research with an opportunity and the funds to plan a research protocol.

The purpose of these programs is to promote research in the South Central Network through the development of promising junior investigators who have demonstrated their commitment to a research career. This program is not intended for independent, established investigators. Applicants for a SCVAHCN Research Grant award must hold a 5/8s VA appointment at an SCVAHCN facility, possess a doctoral degree (e.g., MD, PhD, PharmD), and hold a university faculty appointment. All research disciplines and areas of expertise (basic sciences, clinical and health services) are welcome to apply.

Applications for each grant program are available through Research Service and from Ms. Melonie Shelton at the address and number below. Applications are due December 16, 2005. Grant applications should be submitted electronically to Ms. Shelton at MSShelton@uams.edu.

Questions about the application and review process, please call Ms. Shelton at (501) 257-1971. For questions about research design, please call your local ACOS for Research or Dr. Greer Sullivan at (501) 257-1971.

MIRECC Investigators Funded

Greer Sullivan, MD, MSPH, and Mark Edlund, MD, PhD, recently received an NIMH grant award under the new U01 multi-site mechanism that includes 4 other sites (UCLA, RAND, U Wash, UCSD) with a total budget of over \$15 million for 5 years. Their project entitled, "CALM: Improving Primary Care Anxiety Outcomes," is the first large-scale effectiveness study to test a collaborative care approach to treating primary care anxiety. Christina Reaves-Powell is project coordinator, and DanVy Mui, MD, is Co-Investigator.

Jennifer Vasterling, PhD, has received supplemental funding from the Department of Defense to expand her study entitled, "Prospective Assessment of Neurocognition in Iraq-Deployed and Non-Deployed Military Personnel." The core of this study included baseline and post-deployment assessment of neuropsychological performance and emotional functioning in deploying Army Soldiers and in a well-matched group of Soldiers not deploying during the study period. The supplement includes a second post-deployment assessment period to assess the longitudinal stability of any deployment-related changes. In addition, outcomes have been expanded to include brief survey of occupational functioning, methods of coping, and health care utilization within VA and DoD facilities.

Changes to the MIRECC Web Site

The South Central MIRECC web site is scheduled to undergo major maintenance to comply with new VA regulations regarding Internet sites. It is not clear how long the process will take, and we have not been approved to begin yet. Realistically, the process may delay some web site postings throughout the remainder of calendar year 2005. Minor variation in the “look & feel” of our site may also occur.

This is a great time to send me (Dr. Thomas Teasdale) your thoughts on how to improve the value and usability of the overall site and of “your specific area” in particular. Please contact me at Thomas-teasdale@ouhsc.edu or 405-271-8195.

Update on VA Mobile Clinics

Effective Tuesday, November 8, the LaPlace VA Mobile Clinic will relocate to 205 West 5th Street, LaPlace, LA. This building is currently the VFW Post 3337 Hall.

For the Hammond VA Mobile Clinic site, a modular building has been selected and the purchasing process is underway. The modular building will be located on the same property as the current mobile clinic.



Archived Videotaped Presentations from the MIRECC Conference

The Employee Education System St. Louis Resource Center is pleased to announce the availability of five videotaped presentations for broadcast on CDN. The presentations are from the 2005 National MIRECC Conference, **Risk, Rehabilitation, and Recovery: Treating Mental Illness in the VA**, June 6 - 8, 2005 in New Orleans, LA. The following presentations will be available through December 31, 2005:

Assisting the Wounded by Col. Stephen J. Cozza. The link to access this presentation is:
http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=645&M_Cat_ID=24

Combat Stress: Report from Iraq by Jim Sardo, PhD. The link to access this presentation is:
http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=583&M_Cat_ID=24

Getting Your Treatment Programs Ready for the New War Veteran by Fred Gusman, MSW.
The link to access this presentation is:
http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=509&M_Cat_ID=24

How the VA Can Help by Larry Lehmann, MD. The link to access this presentation is:
http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=521&M_Cat_ID=24

Iraq War Clinician Guide by Josef I. Ruzek, PhD. The link to access this presentation is:
http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=585&M_Cat_ID=24

The first four presentations that were broadcast in October will be rebroadcast again at a later date. For questions please contact: Linda S. Truman, Project Manager, St. Louis EERC, 314-894-5736, Linda.truman@lrn.va.gov.

November Conference Calls 1-800-767-1750

- 7—Education Core, 2:00 PM CT, access code 16821#
- 8—Directors Call, 3:00 PM CT, access code 19356#
- 9—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 15—Substance Abuse Team, General, 1:00 PM CT, access code 23400#
- 16—Program Assistants, 2:00 PM CT, access code 43593#
- 21—Disorder Team Leaders, 2:00 PM CT, access code 20143#
- 22—Directors Call, 3:00 PM CT, access code 19356#
- 28—PRECEP Call, 11:00 AM CT, access code 39004#

The next issue of the *South Central MIRECC Communiqué* will be published December 5, 2005. Deadline for submission of items to the December newsletter is November 29. 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 or FAX to (601) 364-1395.

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

SC MIRECC intranet site: yaww.visn16.med.va.gov/mirecc.htm

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