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“Closing the efficacy-effectiveness gap”

Telemental Health Comes of Age

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The most extraordinary thing about telemental health treatment is how ordinary it has now become. For this article, telemental health is defined as the delivery of services using virtual linkages (i.e., telecommunication systems) between patients and mental health providers separated by distance or time. A few years ago this technology was still just a tantalizing and frustrating potential, relegated to a few research centers and far-flung outposts willing to invest vast amounts of trouble-shooting time and money towards a very limited population. Now we serve hundreds of veterans with telemental health interventions in thousands of encounters at over 16 sites in VISN 16 alone and have realistic plans to expand these interventions to many of their homes in the near future. Along with the Computerized Patient Record System (CPRS), the application of information technology has already revolutionized the way we do our business in medicine, and our patients for the most part have enthusiastically endorsed the resultant improvements in access and communication.

This article will describe how we have implemented telemental health treatment in VISN 16, how we now integrate it into the continuum of care, and how we hope to further apply the lessons learned to improve quality and outcomes.

But first, I will present a typical case. Mr. Smith is a 22 year-old former Marine who was medically discharged back to his home near Monroe, Louisiana, following an extended hospitalization at a major military medical institution for treatment of catatonia. He was scheduled twice for follow-up appointments at Overton Brooks VA Medical Center in Shreveport, both of which were cancelled after his parents were unable to get him to stay in the car long enough to make the 90-mile trip. Eventually they were able to coax him to travel 15 minutes to our community-based outpatient clinic (CBOC) in Monroe where he was evaluated by a Mental Health Advanced Practice Nurse (APN). She quickly arranged a telemedicine consultation with a psychiatrist in Shreveport who utilized high resolution Polycom equipment and broadband network link that allowed for a live video consultation over the Internet. Examination and additional history from his parents revealed probable severe Extrapyrimalid Syndrome (EPS), and a possible seizure disorder. After some medication reductions and changes improved his responsiveness, he was able to cooperate with a neurological assessment, and was placed on anticonvulsants. Over the next few months his condition markedly improved. He was able to move into his own apartment, resume some social activities, and planned his reentry to college. After he became more mobile, we asked him if he would prefer face-to-face meetings, but he continues to tell us that the telemedicine arrangement suits him just fine.

Nearly three years ago, our Network Mental Health Director Kathy Henderson, M.D., facilitated funding, selection, purchase, and installation of state-of-the-art Polycom telemedicine equipment for each medical center and CBOC in VISN 16. This move converged with a VA-wide effort to expand mental health services in the CBOCs, and full implementation of CPRS, which allowed practitioners to all work from the

same medical record. Assisted by the robust VA informatics network and the maturing of videoconferencing technology, we were able to avoid many of the setup and reliability problems that had plagued earlier attempts to fully implement telemedicine applications, and we were quickly able to go online with a consistency and transparency that led to broad acceptance by patients and staff.

Integration with Primary Care was also nurtured by research studies sponsored by MIRECC, which showed how telemental health technology could support early identification and treatment of mental disorders in the field. MIRECC pioneers in this effort included JoAnn Kirchner, M.D., and John Fortney, M.D., who continue to design and document the effects of these interventions, and then help us to spread the word to the planners and managers who help prepare VISN 16 for future clinical challenges.

Indeed, national VA leadership has recognized the revolutionary potential of this transformation, and has set up a Telemental Health Field Work Group, which consists of representatives who are actively involved in this effort from each VISN. The Working Group has collected and correlated VA experience into a set of published guidelines covering a broad range of topics relevant to telemental health and has sponsored monthly conference calls and national meetings to widely gather and disseminate the best telemental health practices. A Telemental Health Toolkit is now available on the VA intranet (http://www.va.gov/occ/Telemental/telemental_toolkit.asp) that details the practical mechanics associated with setting up and efficiently managing business, billing, and clinical issues.

At present, we employ telemental health to provide individual assessments and therapy, group therapy, and educational interventions across the VISN. We have already seen that this will soon transcend some traditional practice boundaries, and efforts are now underway to clarify telemedicine credentialing and privileging issues, facilitate remote CPRS consult documentation, and configure the MyHealthVet redesign of VISTA to allow more direct home access by veterans to their providers and to a variety of health information.

Telemental health has finally come of age, and is rapidly moving more into the mainstream of VA medical practice. It is a vital component of the ongoing transformation in health care, which will likely leave our successors to wonder how we ever got along without it.



Web Presentation on Endogenous Opioids in Pain and Reward

The MIRECC *Bringing Science to Practice* web-based conference series presents **Jim Zadina, Ph.D.**, on the “**Agony and Ecstasy: Endogenous Opioids in Pain and Reward,**” **June 16, noon to 1:00 PM CT.** Dr. Zadina is the Director of the Neuroscience Laboratory at the New Orleans VAMC and is Professor of Medicine, Neuroscience, and Pharmacology at Tulane University School of Medicine. Dr. Zadina will discuss new developments in the area of the neurobiology of pain and the role of recently discovered natural opioids in these processes, recent discoveries concerning the brain’s reward system, and the potential of new opioid pain therapeutics.

The PowerPoint slides for Dr. Zadina’s presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning June 15. The live audioconference can be accessed June 16 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. For additional information about this program, contact Tonya.welch@med.va.gov.

National MIRECC Conference Addresses Risk, Rehabilitation and Recovery

A national MIRECC conference on *Risk, Rehabilitation and Recovery: Treating Mental Illness in the VA* will be held **June 6-8, 2005, at the Astor Crowne Plaza Hotel, New Orleans, LA**. The conference is designed to present evidence-based research about suicide assessment, dual diagnosis, recovery models, and treating deployed veterans as mandated by the President's New Freedom Commission, as well as promote the development and dissemination of empirically supported mental health research and clinical interventions.

Conference co-sponsors include the MH QUERI, the National Centers for PTSD, the American Foundation for Suicide Prevention, the American Association of Suicidology, Readjustment Counseling Service (Vet Centers), National Alliance for the Mentally Ill (NAMI), and the U.S. Army.

Accreditation for this program has been applied for.

The conference is free to federal employees. Registration on site.

Meet the Program Assistant Series

We continue our monthly series on introducing the MIRECC Program Assistants. Among their varied responsibilities, the Program Assistant is often the first person that people have contact with at the MIRECC Office at each anchor site. We have asked each of them to write a small piece about themselves and their work in order for you to know them better. This month we are pleased to introduce Gloria Ransom-Crossley, B.S., A.S.



Hello! My name is Gloria Ransom-Crossley. I am the Program Analyst for the MIRECC Anchor Site in Jackson, MS. I am a graduate of Jackson State University with a Bachelor of Science Degree in Office Administration, and a graduate of Hinds Community College with an Associate of Science Degree in Secretarial Science. I am married to John H. Crossley, Jr., and we have one son, Sharay. Sharay is currently attending Jackson State University pursuing a Bachelor's Degree in Healthcare Administration. John is a graduate of The University of Southern Mississippi with a Master's in Criminal Justice. He is an entrepreneur.

During my off-duty time, I enjoy shopping, exercising, and spending time with my family. My mother and I enjoy spending time together. We shop and attend the Beauty Salon together. We never miss from talking to each other on a daily basis. I have one sister and one brother. I am the oldest. My mom and other family members are a blessing. We enjoy spending time together.

Prior to employment at the G.V. Sonny Montgomery VA Medical Center, Jackson, MS, I was employed as a Secretary at Jackson State University. In addition, I have been working with the MIRECC since June 2002. Working with the MIRECC has given me an opportunity to learn about the importance of research. I enjoy recruiting and interviewing patients, entering data, ordering supplies, working with Fiscal Service on budget issues, managing funds for each investigator, and assisting Dr. Dubbert in literature searches. I have been

trained in using SPSS software. I had the opportunity to work with the CATIE and Risperidone research studies with Dr. Henry A. Nasrallah, Principal Investigator. I enjoy collaborating with Dr. Patricia Dubbert and all the MIRECC affiliates. It's great to be a part of the Mental Illness, Research, Education and Clinical Center!



Clinical News

Relaxation Training in PTSD Treatment

Michelle A. Jackson, B.A., C. Laurel Franklin, Ph.D. Alyce L. Foster, B.A. & Sheila A. Corrigan, Ph.D.
VA Medical Center, New Orleans

Relaxation Training (RT) has proven effective in the treatment of maladaptive behaviors and emotions. For example, RT decreased general anger up to one year following initial training in college-aged men and women with anger management problems.¹ RT also has been used to reduce the symptoms of Generalized Anxiety Disorder,² Specific Phobias³ and Major Depression⁴. Although these disorders share symptoms with PTSD, such as decreased energy levels, anxiety and anger, research examining the use of RT with PTSD-diagnosed patients has been limited. Most investigations examining RT and PTSD compare RT with other forms of therapy, such as exposure therapy or EMDR.^{5,6} Some studies have found that RT is effective in reducing PTSD symptoms,⁷ but others report RT is less effective than other treatment methods,^{5,8} even when used in conjunction with other treatment techniques, such as biofeedback training or deep breathing.⁶ However, these studies are limited for several reasons, including insufficient sample sizes, lack of adherence checks to ensure compliance to RT, or the use of RT strategies that may not be effective for PTSD (e.g., deep breathing). In conclusion, RT has demonstrated efficacy in reducing symptoms of distress in various psychiatric disorders. RT holds promise in being useful alone or in conjunction with other therapies to treat PTSD symptoms; however more research is needed to determine the most effective way to incorporate RT into PTSD treatment. Strategies such as using practice logs to track compliance, comparing different relaxation techniques to determine which are most useful to these patients, and increasing patients' understanding of the salience of RT techniques may be the target of future research endeavors.

References:

1. Hazaleus SL, Deffenbacher JL. Relaxation and cognitive treatments of anger. *J Consult Clin Psychol.* 1986; 2: 222-226.
2. Borkovec TD, Costello E. Efficacy of applied relaxation and cognitive-behavioral therapy in the treatment of generalized anxiety disorder. *J Consult Clin Psychol.* 1993; 4: 611-619.
3. Harris GE. Progressive muscle relaxation: Highly effective but often neglected. *Guid Counsel.* 2003; 4: 142-149.
4. Reynolds WM, Coats KI. A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. *J Consult Clin Psychol.* 1986; 5: 653-660.
5. Taylor S, Thordarson DS, Maxfield L. Comparative efficacy, speed, and adverse effects of three PTSD treatments: Exposure therapy, EMDR, and relaxation training. *J Consult Clin Psychol.* 2003; 2: 330-338.

Two Grants Awarded to Improve Mental Health Services

At the end of April Laura J. Miller, MPA, CHE, Deputy Under Secretary for Health for Operations Management, announced funding for two proposals in VISN 16 that improve the mental health services to veterans. These are recurring grants for three years, for approximately \$250,000 per year, and will be monitored by the Northeast Program Evaluation Center (NEPEC).

The OKC VAMC received an award for their proposal entitled “Enhancing the Recovery of Veterans with Serious Mental Illness via Family Psychoeducation.” This project, proposed by Michelle Sherman, Ph.D., will involve implementing the evidence-based family psychoeducational program developed by Dr. William McFarlane entitled Multifamily Groups (MFG). The specific aims of this proposal are: (1) To implement and sustain the MFG program in a VA medical center and to evaluate its effectiveness, (2) To enhance our understanding of family and veteran needs, treatment preferences, and perceptions in order to maximize family engagement and (3) To supplement the MFG program with elements of the SAFE Program, which has been well accepted by clinicians, veterans, and veterans’ families in VISN 16. Project evaluation (containing both quantitative and qualitative components) will examine changes in veterans’ clinical status and service use patterns from before until after completion of the intervention. Several project collaborators and consultants have already been identified, including: Ellen Fischer, Ph.D., Kristen Sorocco, Ph.D., Rick Owen, MD, William R. McFarlane, Ph.D, Lisa Dixon, MD, Xiaotong Han, M.S and Mark Austen, M.S. Special thanks to Drs. Greer Sullivan, Kathy Henderson and JoAnn Kirchner for their tremendous support and assistance in writing this grant.

The Muskogee VAMC received an award for their proposal for substance use disorders (SUD) entitled, “Intensive Outpatient Treatment for Native Americans and Rural Areas.” The program will address the treatment of veterans at both Muskogee and Tulsa with the goal to supplement existing services for substance abuse disorders with a cost effective day hospital program. Objectives of the program include: (1) Enhance community resources for veterans with SUD, (2) reduce the number of inpatient hospitalizations and (3) provide more intensive counseling (individual and groups) to improve coping skills, strengthen relapse prevention, maintain abstinence, etc. The proposal was submitted by Madhu Koduri, M.D., Chief Behavioral Medical Services. Special thanks to Dr. Kathy Henderson, Dr. JoAnn Kirchner, and Debra Hollis for their tremendous support and assistance in writing this grant, and to Ms. Melinda Murphy (Facility Director), and William F. Dubbs, M.D. (Chief of Staff) for their local support.



Announcements

Publications, presentations and new grants since Jan 2005 will be printed in the July 2005 issue. MIRECC Affiliates and staff, please send these items to Michael.Kauth@med.va.gov.

Request for applications for Clinical Education Grants will be announced in mid-June. Start working now on your ideas for a project.

June Conference Calls
1-800-767-1750

- 6—Education Core, 2:00 PM CT *Cancelled*
- 6—Schizophrenia Team, 3:00 PM CT *Cancelled*
- 8—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 9—National MIRECC Education Group, 1:00 PM CT, access code 28791#
- 14—Directors Call, 3:00 PM CT, access code 19356#
- 15—Program Assistants, 2:00 PM CT, access code 43593#
- 20—Disorder Team Leaders, 2:00 PM CT, access code 20143#
- 21—Substance Abuse Team, General, 1:00 PM CT, access code 23400#
- 27—PRECEP Call, 11:00 AM CT, access code 39004#
- 27—Directors Call, 3:00 PM CT, access code 19356#

The next issue of the *South Central MIRECC Communiqué* will be published July 5, 2005. Deadline for submission of items to the July newsletter is June 27. 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 (504) 585-2954.

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

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

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