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“Closing the efficacy-effectiveness gap”

Editor’s note: The article below describes an innovative collaboration between the Little Rock VA and the Arkansas National Guard. In January, Dr. Roca and the Life Guard program were featured on local TV station KARK (NBC), Channel 4, and National Public Radio (NPR) broadcast an interview with Mr. Clement about the program.

Life Guard Helps National Guard Families

John Vincent Roca, PhD

Central Arkansas Veterans Healthcare System, Little Rock

The Central Arkansas Veterans Healthcare System (CAVHS) competed for and was awarded a Returning Veterans Outreach, Education, and Care (RVOEC) program earlier this year. The award included funding for two staff positions to fulfill the proposal’s objectives: (1) to create a PTSD program for returning veterans and (2) to do community outreach to this population. This brief article describes our outreach efforts.

The Arkansas National Guard’s Family Readiness Program staff assisted our staff in preparing the RVOEC proposal, so upon us receiving funding, there was already an open, working relationship. The Readiness Program staff possessed few resources and had many needs. They were thankful for additional VA education and the availability of clinical services. Their concern, though, was for the multitude of veterans and family members who did not see themselves in need of clinical level care while their lives were becoming more tumultuous.

In partnership with the Family Readiness Program, our staff agreed to go out to the communities, meet veterans where they lived, and provide them and their families self-help skills that could benefit everyone, but especially those whose lives have been through dramatic changes. The Guard would manage the logistics; the VA would provide the service. We agreed to call these outreach workshops, *Life Guard: Bringing New Life to the Guard*.

The *Life Guard* workshop was designed to teach self-help skills based upon the Acceptance and Commitment Therapy (ACT) model. ACT is one of the “third wave” cognitive-behavioral models, where people are asked to respond mindfully to their private experiences (i.e., thoughts, sensations, memories, urges) while making behavioral choices in alignment with their personal values. Three skill sets are presented in a 2.5 hour time frame: (1) awareness of the relationship between the person and his/her private experiences, (2) willingness to non-judgmentally experience these private events for what they are (i.e., sounds, sensations, images), and (3) valued-based decision making. These skills are not presented through lectures or PowerPoint presentations; rather, the workshop is an experiential, interactive improvisation session. Presenters use exercises, physical metaphors, story-telling, and role playing to convey skills. What is the most fun, however, are the “spontaneous” staff interactions where the audience is not aware that skill demonstrations are being modeled. If the group is not breaking out in laughter at least 5-6 times,

we know that we're off our game. We try to make them laugh, open their eyes, have them cry, and give them something that they can use in their daily lives.

We originally intended to do the *Life Guard* workshop in the communities, but when asked by the Arkansas National Guard's Adjunct General to take the show to the armories, our response was "Yes sir!" Using the same basic materials, we now have three versions of the *Life Guard* workshop: one for families in the communities, a second for the veterans at their armories during drill weekends, and a third for "first-line providers" as part of a MIRECC partnership. First-line providers include full-time National Guard staff, chaplain service, community clergy, and other community helpers. The skits and role-play scenarios are matched to the target audience. The goal, though, remains the same: to demonstrate a few coping skills that can be used in a variety of situations. Other objectives include providing knowledge about how to recognize when someone else can benefit from the skills, as well as simple ways to introduce the self-help skills to others. So, even if attendees do not believe that they themselves need the skills, they can learn how to share their knowledge with others. Our motto is: Trust the citizen-soldier, give them what they need to accomplish the mission of returning home fully, so that they may never need to enter a clinical program. Also, trust the citizen-soldiers to help one another; they have excelled in doing this and with some assistance can be the best helpers to fellow returning veterans. This approach means providing these workshops without names taken or initiating medical paper trails. These individuals are not VA patients—they are our customers.

We are thankful to the VA for the additional funds and staff to fulfill our mission of "Putting Veterans First." We extend our gratitude to the Arkansas National Guard and South Central MIRECC for being our partners in this endeavor. Moreover, we are indebted to the veterans and their families for the sacrifices they have made on our behalf.

Life Guard Team members also include Dane Clement, LCSW; Lisa McGill Linson, PhD; Penny Pollock, APN; and current Psychology Interns Bridget Tribout, MS, and Tim Streitwieser, MS.



MIRECC Research Rounds

The South Central MIRECC **Research Rounds** features, **Melinda Stanley, PhD, on "Peaceful Mind: Developing a Treatment for Anxiety in Dementia," Monday, February 12 at 2:00 PM CT.** Dr. Stanley is a Professor and Head of the Division of Psychology, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine. She is the McIngvale Family Chair in Obsessive Compulsive Disorder Research at Baylor. In addition, Dr. Stanley is a MIRECC investigator at the Michael E. DeBakey VA Medical Center, Houston, TX.

The purpose of the Research Rounds is to inform MIRECC investigators about each others' research interests and expertise and solicit feedback about work in progress. This series employs a commercial web-based conferencing technology called Web-Ex. Please contact Dr. Thomas Teasdale (Thomas-teasdale@ouhsc.edu) for information about how to access the system.

New Grants, Publications, and Presentations in the March Issue

The March issue of the *South Central MIRECC Communiqué* will feature new grant awards, publications, and presentations by MIRECC investigators since May 2006. Please send updates to the editor by February 19 to meet the March issue deadline.

Editor's note: In previous issues, contributors have described key elements of recovery oriented mental health services. An important element of the recovery model is the voice given to consumers themselves. The veteran below has not only helped himself to live a more fulfilling life, but has also contributed significantly to the healthy functioning of others through his service at the Michael E. DeBakey VA Medical Center and membership on the MIRECC-VISN 16 Consumer Advisory Board.

Vietnam Veteran Represents Veterans on Local and Network Boards

Veteran Ray Wodynski joined the Marine Corps still in high school as the war in Vietnam was escalating. He took more than a 35-year circuitous route to membership on two VA Consumer Advisory Boards (CABs), representing consumers and veterans.

“Ten days after graduation, I was in boot camp,” he said. “Nine months later, I was in Vietnam for the first of three tours. I volunteered to stay an extra six months so that first tour lasted 19 months.”

He left the Marines in 1974 and became a paramedic, working 24/7 as a helicopter medic. His personal life began a downward spiral as his marriage failed. He left his job and moved to Key West, Florida, and lived on his sail boat. He also started drinking heavily.

“A close friend from my Marine days came to visit and had the foresight to get me out of there and take me to Texas, where he gave me a job.” Five years later, the company closed and he bounced from job to job, Mr. Wodynski said.

“I couldn’t get work. A friend suggested I contact the Vet Center to get help. He thought I had posttraumatic stress disorder. Of course, I denied it, but I went with him to the center at the VA. I was processed and sent to the Michael E. DeBakey VA Medical Center in Houston. After about six months, when I felt comfortable, I finally told my doctor there the truth and was admitted to the Trauma Recovery Program (TRP). The rest, as they say, is history.”

The TRP department head, Su Bailey, PhD, recommended Mr. Wodynski for the CAB. “I’m also on the VA’s local board in Houston. My interest is to bring to the CAB the problems and fears facing our veterans today and in the future.”

Mr. Wodynski tries to help fellow veterans by staying involved in the TRP program and the CAB. He is currently in training to become a Vet-to-Vet facilitator and peer group leader.

What does he see as the most important role of the VISN-level CAB? “To listen to veteran consumers and try to make the changes they bring up and recommend.”

Reprinted from the Center for Mental Healthcare & Outcomes Research newsletter, Winter 2006



Web-based Presentation on Traumatic Brain Injury

The **South Central MIRECC *Bringing Science to Practice*** web-based conference series presents **Scott Cardin, PhD**, on “**Linguistic Indicators of Emotional Processing in Therapy**,” **February 15, 2007 at noon CT**. Dr. Cardin is a clinical psychologist at the VA Gulf Coast Veterans Health Care System, Biloxi, MS. He recently completed a MIRECC post-doctoral fellowship in Houston, TX. His primary research interests include using language analyses to inform treatment of veterans with PTSD.

PowerPoint slides for Dr. Cardin’s presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning February 14. The live audioconference can be accessed February 15 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 series, contact Randy.burke@med.va.gov

Meet the MIRECC Researchers: Dr. David M. Latini

David M. Latini, PhD

Assistant Professor, Urology, Psychiatry, and Health Services Research,
Baylor College of Medicine
Research Scientist, Houston Center for Quality of Care & Utilization Studies,
Michael E. DeBakey Veterans Affairs Medical Center

Editor: *What is your area of research?*

Dr. Latini: My work focuses on the psychosocial aspects of cancer survivorship. In particular, my research is on improving the survivorship experience for men with localized prostate cancer. Few psychosocial interventions exist for such men and most have been adapted from interventions that work with breast cancer patients. Unfortunately, such programs have shown limited success with prostate cancer patients. I also maintain an interest in HIV prevention work, particularly among men who have sex with men.

Editor: *What active studies do you have going?*

Dr. Latini: We currently have two funded studies and are collaborating with colleagues on other projects. The first is a study on prostate cancer symptom management for men with low health literacy. This study is funded by the American Cancer Society as a career development award. We are developing patient education modules to help men who are treated for localized prostate cancer to manage post-treatment physical and psychosocial symptoms. The modules are being developed for men with lower health literacy and include an emphasis on a broad array of symptoms. Previous interventions have not accounted for differences in health literacy and have been focused more on psychosocial symptoms. Our research and others have shown that men who are treated for prostate cancer report more distress based on the physical symptoms they experience, underscoring the need for programs that target this area.

The second study focuses on the psychosocial aspects of watchful waiting. We recently received word that the cancer center at Baylor will fund a pilot project to develop an intervention for men who have selected surveillance or “watchful waiting,” instead of active treatment for their localized prostate cancer. For this group of men, their concerns are much more in the mental

health arena, in part due to the nature of the surveillance process. They are asked to repeat blood tests and other diagnostic procedures every 3-6 months to determine if their cancer is progressing. Many of these men report substantial anxiety from repeated testing and treatment decision-making, causing some men to seek treatment even with no evidence of cancer progression.

We are also conducting secondary analyses of two data sets related to HIV risk in older men who have sex with men (MSM) using PDE-5 inhibitors, such as Viagra. The concern about HIV risk came from the results of several studies of younger MSM who attend monthly dance parties where recreational drug use and risky sexual practices are common. In response, the San Francisco Dept. of Public Health petitioned the Food and Drug Administration (FDA) to make PDE-5 inhibitors more difficult to obtain. While this was one approach to reducing risk, we felt that this might needlessly penalize older MSM with erectile difficulties from prostate cancer, diabetes, etc. To address this concern, we obtained funding by the University of California to carry out qualitative interviews with 30 older MSM with erectile difficulties about their HIV risk. We also conducted an anonymous street-intercept study with 203 men in San Francisco about their HIV risk, PDE-5 use, and other drug use.

I am also collaborating on Dr. Sara Knight’s (San Francisco VAMC) study to develop a new prostate cancer patient preferences instrument. I am continuing to work with colleagues on use of the CaPSURE data, a 13,000 man longitudinal observational study of prostate cancer survivorship. We currently have two papers under review on fear of prostate cancer recurrence, treatment satisfaction, and physical symptom burden and one paper under review on the relationship between cancer anxiety and treatment decision-making for men on

continued on page 5

Latini interview, continued from page 4

surveillance. Finally, I am involved in some descriptive projects of the psychosocial aspects of erectile dysfunction using data from the ExCEED study.

Editor: *What are the implications or potential benefits of your research?*

Dr. Latini: We are still in the early stages of some of the studies mentioned above, particularly the two intervention studies. However, our descriptive results from CaPSURE and ExCEED suggest a number of points for possible intervention. A recent CaPSURE papers shows that even within an equal-access system like the VA, men with less education have poorer health-related quality of life after prostate cancer treatment. This underscores the need for survivorship interventions that focus on men with less education and lower health literacy. Our paper on cancer anxiety in men on surveillance further documents the clinical observations that men on surveillance experience substantial anxiety, which may lead to unnecessary or earlier-than-necessary treatment. Because prostate cancer treatment carries with it the likelihood of a number of treatment-related side-effects, helping men manage their anxiety and seek treatment when medically necessary is an important goal for health care providers who treat men with prostate cancer.

Data from the ExCEED study document the psychological impact that erectile dysfunction has on men's self-confidence and interpersonal relationships. We also showed that successful treatment for erectile dysfunction could mitigate this impact. More recently, we showed that erectile dysfunction can impact a broad array of psychological outcomes and that there is a direct relationship between psychological impairment and the severity of erectile dysfunction.

Results from our two HIV studies were presented at a 2005 conference on HIV risk and PDE-5 inhibitor use funded by the National Institute of Mental Health, National Institute on Drug Abuse, and the FDA. Our results showed that older MSM using PDE-5 inhibitors reported little increase in HIV risk, unless they were also using recreational drugs, particularly crystal methamphetamine. Other data-based presentations at the conferences showed the same relationship between methamphetamine use and HIV risk in

men using PDE-5 inhibitors. However, to date, the FDA has declined to make any changes in the accessibility of PDE-5 inhibitors. Thus, men struggling to rebuild their sexual lives after treatment for prostate cancer or living with other chronic diseases that impact sexual functioning still have access to these first-line therapies for erectile dysfunction.

Editor: *How did you get started in this area of research?*

Dr. Latini: My interests have always focused on men's sexual health but were originally focused on HIV prevention. My father's experience with prostate cancer in 1996 moved my interests toward that area of men's health. I began focusing on prostate cancer and erectile dysfunction in 2000, when I joined the Department of Urology at the University of California, San Francisco (UCSF). Both my parents have now died of cancer, so my work in this area is very personal for me.

Editor: *What person or experience had the most influence on your research career?*

Dr. Latini: There have been two very important people in my research career. The first was my original research mentor, Dr. Sandra Wilson from the American Institutes of Research in Palo Alto. She was the first person to teach me how to do research and showed me the impact that psychologists could have on symptom management for persons with medical illnesses. The second person is Dr. Peter Carroll, Chair of the UCSF Department of Urology. Dr. Carroll is principal investigator of the CaPSURE study and provided an entrée into prostate cancer and survivorship research. Even though I've left UCSF for Baylor, he remains a valued colleague and mentor.

Editor: *What advice would you give to junior investigators and to people who are new to research?*

Dr. Latini: Find a senior investigator with large data sets to work with. An important step toward building a research career is publishing. I was very fortunate to be associated with CaPSURE and ExCEED early in my career. That association led to a number of publications and to mentoring in a substantive research area, as well as the day-to-day "how-to's" of research. However, be aware that

continued on page 6

Latini interview, continued from page 5

agreements about authorship should be established up front, to avoid unexpected problems. The other advice I would offer is to apply for funding as soon as you can and to send your proposals to multiple funders. It is so difficult to get funded these days that you have to be as efficient as possible. Also,

publish your proposal literature reviews as review papers, if possible, as another way to build your CV.

Editor: *How can people get in touch with you if they have questions about your work?*

Dr. Latini: The best way to reach me is by email at latini@bcm.tmc.edu.



MIRECC Personnel in the News

Cully Receives VA Career Development Award

Recently, **Jeffrey A. Cully, PhD**, was awarded a Veterans Affairs Health Services Research & Development Career Development Award (level 2). This 3-year career award includes full salary support and will provide Dr. Cully with protected research time to continue his research related to improving mental health engagement for medically ill patients. He had previously received a VA Associate Investigator Award (aka CDA, level 1).

Dr. Cully is a former Psychology Fellow at the Houston VA. Currently, he is with the Houston Center for Quality of Care and Utilization Studies (HCQCUS), Michael E. DeBakey VA Medical Center, Houston, TX. He is also an Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine.

Stecker Receives NIMH Award

Tracy Stecker, PhD, received an R34 grant from the National Institute of Mental Health (NIMH) to develop an intervention designed to increase help-seeking behavior among newly returning soldiers deployed for Operation Iraqi Freedom (OIF) who screen positive for a mental health disorder. The study is conceptually modeled upon the Theory of Planned Behavior and incorporates three stages of research. In the first stage, beliefs about mental health treatments were identified through qualitative, in-depth interviews. In the second stage, a quantitative assessment instrument was designed to assess which beliefs were predictive of treatment initiation. In the third stage, a brief, individualized intervention incorporating principles of cognitive-behavioral therapy will be administered to veterans screening positive for a mental health disorder. The intervention targets beliefs predictive of treatment initiation. Participants are being recruited from the 39th Brigade of the Arkansas National Guard.

Additionally, Dr. Stecker is running her first Boston Marathon on April 16th, 2007!

Sherman Co-Chairs APA Task Force on Deployment Services

Recently, the American Psychological Association (APA) named **Michelle Sherman, PhD**, Co-Chair of the Task Force on Military Deployment Services for Youth, Families, and Service Members. The Task Force has been charged with identifying the psychological needs of military members and their families during and after deployments. This Task Force was also asked to develop a strategic plan for working with the military and with other organizations to meet those needs. Finally, the Task Force was asked to develop a list of current APA resources available for military members and families, as well as

additional resources that APA might develop or facilitate in order to meet the identified needs of this population. Dr. Sherman will attend the APA Council meeting in Washington DC in February when the Task Force report is discussed. She is also charged with coordinating with the media about the Task Force report when it is released.

Dr. Sherman is a MIRECC Education Affiliate and Director of the Family Mental Health Program at the Oklahoma City VA Medical Center.

Kosten Presents at Grand Rounds at Tulane

Thomas R. Kosten, MD, will present on “Pharmacotherapy of Substance Abuse” at Grand Rounds at the Tulane School of Medicine, New Orleans, LA on Friday, February 9. The presentation will be held from 12:00-1:00 pm at the Tidewater Building located at 1440 Canal Street on the 10th floor in room 1027.



DynaMed Database Now Available

Sara Blackwell, MLS
Oklahoma City Veterans Affairs Medical Center



The trial database DynaMed (Dynamic Medical Information System) is a quick and easy-to-use medical reference system designed for use at the point of care. DynaMed contains clinically organized summaries of nearly 1,800 topics and is updated daily from review of the research literature. This means that the reference information is always current and does not require new editions. DynaMed is a useful resource in clinical, educational and research settings. The references to the evidence-based literature are easily marked within the various topics.

For a half hour of approved continuing education credit, see the DynaMed web tutorial on the Virtual Library web site <http://10.132.30.14/vha16/Tips/dynamed.pps>



February Conference Calls 1-800-767-1750

- 5—Education Core, 2:00 PM CT, access code 16281#
- 12—Research Rounds, 2:00 PM CT, contact Thomas-teasdale@ouhsc.edu for access
- 13—Directors Call, 3:30 PM CT, access code 19356#
- 15—PSR Group Call, noon PM CT, access code 85388#
- 21—Program Assistants, 2:00 PM CT, access code 43593#
- 22—National MIRECC Recovery Interest Group, access code 22233#
- 27—Directors Call, 3:30 PM CT, access code 19356#

The next issue of the *South Central MIRECC Communiqué* will be published March 5, 2007. Deadline for submission of items to the March newsletter is February 26. 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

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

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