



South Central MIRECC Communiqué

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“Closing the efficacy-effectiveness gap”

Update from a Busy MIRECC Retreat

Greer Sullivan, MD, MSPH
Director, South Central MIRECC

In March 2007, the South Central MIRECC welcomed 65 MIRECCers and several guests to our annual retreat, held this year in Houston. Since the SC MIRECC is a virtual center serving a very geographically dispersed set of clients and stakeholders, our annual retreat offers a rare opportunity for many of us to meet face to face. Consequently, we usually have a great deal of information to convey in a relatively short time. This year’s retreat, designed to promote implementation of the VA’s Mental Health Strategic Plan, seemed especially chocked full of information!

The retreat began with a discussion of research opportunities appropriate for this geographic area (led by Grayson Norquist, MD, MSPH), of general priorities of the VA (led by Thomas Horvath, MD, FRACP), of the needs of the VISN Mental Health Product Line (led by Kathy Henderson, MD), and of future directions of the SC MIRECC (led by Michael Kauth, PhD, and Greer Sullivan, MD, MSPH). We were fortunate that four of the Chairs of Psychiatry of VISN 16 affiliated Departments of Psychiatry were able to attend, including Stuart Yudofsky, MD, Baylor College of Medicine; Rick Smith, MD, University of Arkansas for Medical Sciences; Dan Winstead, MD, Tulane School of Medicine; and Grayson Norquist, MD, University of Mississippi School of Medicine. They were joined by special guest, Kathryn Kotrla, MD, former SC MIRECC Associate Director, who is now Chair of the Department of Psychiatry at Texas A&M in our neighboring VISN 17. During this presentation, we had the opportunity to alert these Chairs to the VA’s recent infusion of funds into mental health, creating a number of opportunities for recruitment. We asked for their assistance in identifying appropriate candidates to fill the vacant clinical slots.

Bruce P. Dohrenwend, PhD, Professor at Columbia University and Member of the Scientific Advisory Subcommittee to the National Vietnam Veterans Readjustment Study, was a keynote speaker. He presented his recently published study in *Science*, entitled, “The Psychological Risks of Vietnam for U.S. Veterans: A Revisit with New Data and Methods.” He and his colleagues have applied new methods to analyze data from the Vietnam Veterans Readjustment Study in order to estimate the prevalence of PTSD. Dr. Dohrenwend’s elegant and clear presentation led to a discussion about the differences and similarities between the Vietnam war experience and the experience of those serving recently in Iraq and Afghanistan and the extent to which Dr. Dohrenwend’s findings might be applicable to returning veterans. We were especially pleased that Dr. Dohrenwend was able to have lunch with the 6 residents participating in this year’s Training Residents in Psychiatric Scholarship (TRIPS) program. This year’s TRIPS fellows included M. Irfan Munawar, MD (University of Mississippi Medical Center); Geetika Dembla, MD (University of Mississippi Medical Center); Andrew Diederich, MD (University of Arkansas for Medical Sciences); Brian Copeland, MD (Tulane School of Medicine); Deidre Davis, MD (Baylor College of Medicine); Katie Anders Goudelocke, MD (not present; Louisiana State University School of Medicine-Shreveport); and Shawn Khavari, MD (University of Oklahoma Health Science Center). Drs. Kunik and

Kirchner, who met with the TRIPS fellows, were especially impressed with the quality and enthusiasm of this group of fellows. Other trainees who attended were the MIRECC Fellows. The Fellows prepared posters on their current research. Amy K. Cuellar, PhD, presented on “Effects of Daily Stress on Mood in OEF/OIF Veterans.” Lisa A. Miller, MD, presented on “Characterization of Aggression in Vietnam-Era Veterans with Military-Related Posttraumatic Stress Disorders,” and Andra Teten, PhD, presented on “Violence Between Therapy Seeking Male Veterans and Their Female Partners.”

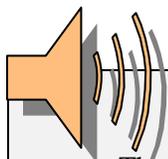
Lauren Marangell, MD, briefly described recent changes in the MIRECC research programs, and each of the three MIRECC groups presented an update on their work and invited key speakers to talk about specific research projects. Representing the MIRECC group focusing on older veterans, Melinda Stanley, PhD, discussed her work on treating late-life anxiety in primary care settings. Joe Constans, PhD, leader of the MIRECC Stress/Resilience group, described the design of his study of the impact of the hurricane on veterans, comparing those with and without mental illness. JoAnn Kirchner, MD, and Pat Dubbert, PhD, described the Access group’s VISN wide project on integrating Mental Health in Primary Care clinics at every VISN 16 medical center.

On the second day of the retreat, Dr. Kauth led a session on implementing the recovery model in VISN 16. Lisa Martone, RN, APN, described the MIRECC-supported training in psychosocial rehabilitation. Dr. Kauth and Joseph DeVance Hamilton, MD, described the work of the VISN 16 Recovery Committee, which they co-chair. The Committee has surveyed the Mental Health programs at the 10 medical centers on their recovery focus and recently issued recommendations for further implementation.

In addition, Mary Sue Farmer, PhD candidate, and Rhonda Mattox, MD, described the community-based work that they have begun with VA chaplains and local ministers. Aided by John “Vince” Roca, PhD, of the Central Arkansas Veterans Health Care system (who has been aptly nicknamed “St. Vince” by Ms. Farmer), they have planned a series of training programs for local Arkansas ministers and administrators in the Arkansas national guard. This training, which will take place in 8 locations across the state of Arkansas over the next 6 months, will help these “informal caregivers” understand more about mental illness and how to best access VA care for the returning veterans who seek their help and advice.

The retreat was greatly enriched by the active participation of 7 members of our Consumer Advisory Board (CAB), including Eddie Schmidt, Jesse Martin, Ray Wodynski, Dick Hills, Terry Williams, Estella Morris PhD, and Michelle Sherman PhD. The CAB members provided input on the SC MIRECC strategic plan, the importance of involving Veterans Service Organizations in education and outreach to veterans regarding VA services, and networking with local Consumer Councils to share information. Terry Williams and Ray Wodynski presented the Board Members’ thoughts on these topics, their priorities, and plans for the upcoming year.

The 2007 SC MIRECC Retreat was one of the busiest, most interesting and exciting programs we have had to date. We are very grateful for the many people who participated in its planning and execution, but especially grateful for the coordination by Ms. Brenda Schubert and our new MIRECC program assistant in Houston, Mathilda Ceaser-Jordan.



Research Rounds on Couples-Based Treatment

The South Central MIRECC **Research Rounds** features, **Frederic Sautter, PhD**, on “*Development of a Couple-Based Treatment for PTSD*,” **Monday, April 9 at 2:00 PM CT**. Dr. Sautter is Director of Family Mental Health at the Southeast Louisiana Veterans Health Care System, New Orleans, LA. He is also co-Leader of the MIRECC Family Team.

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. Please contact Dr. Thomas Teasdale (Thomas-teasdale@ouhsc.edu) for information about how to access the system.

Recognition of Excellence in the MIRECC

The South Central MIRECC recognized the contributions of several outstanding individuals at the annual retreat. Please join us in congratulating the following:

MIRECC Major Contributor Award

Lauren Marangell, MD (Houston)

Excellence in Education Award

Lisa Martone, APN (Little Rock)

Best Publication by a Senior Investigator

Jennifer Vasterling, PhD (New Orleans, now Boston)

Clinical Care Award

Jeanne Morgan, PhD (Oklahoma City)

Best Publication by a Junior Investigator

Jeff A. Cully, PhD (Houston)

Clinical Leadership Award

Luigi Martone, LCSW (Mental Health Product Line, now retired)

Excellence in Research Education Award

Cornelia Beck, PhD (Little Rock)

Editor's note: This article continues our series on a recovery model of care. Helping veterans to identify their goals for treatment and to break down those goals into manageable steps is the foundation of recovery oriented services. However, clinicians may be just as puzzled about how to solicit veterans' goals as the veterans themselves are when asked to identify their treatment goals. This article suggests guidelines for soliciting treatment goals.

Giving Hope to Recovery

Melanie Goldman, MSW, LCSW
VA Medical Center, Muskogee, OK

During a life skills group for veterans diagnosed with a chronic mental illness, Mary Bard, RN at the Jack C. Montgomery VA Medical Center Outpatient Clinic in Tulsa asked members of the group what recovery meant to them and the responses were insightful and empowering. These are some of their sentiments:

"I have been in recovery for dual diagnosis problems with substance abuse (alcohol) and bipolar. Hope for recovery seems to get easier as time goes by. As the fog from alcohol clears it is easier to make rational decisions, and I become more hopeful of full recovery. With medication and education for bipolar issues I am more hopeful about dealing with symptoms. Being around others in group therapy who are dealing with problems makes me hopeful I can do the same."

"Hope means my grandkids growing up normal. It means me and my husband are well. It means me getting better so I can volunteer for charity. I don't want to be suicidal which means taking medicine."

"While waiting for recovery one must maintain a certain amount of hope. Hope for a better life. Hope for a family of my own and a nice house. Hope for a good job and a stable income. Hope that I don't hear voices anymore. Hope that someday I won't have to take medications."

Without hope, we would not be able to get through the day, let alone get through a lifetime. It's hard to imagine a life without hope of good things to come, such as a fulfilling job, a promotion, a new apartment or house, or time with friends or family. In 1987, Harding, Zubin and Strauss reported that environmental factors, such as work and social context contribute to a consumer's chronic emotional state. If veterans aren't afforded opportunities for employment, socialization, and recreation, loss of hope and the emotional and behavioral consequences that follow loss of hope are likely.

The Second Edition of *Psychiatric Rehabilitation* lists nine basic principles of psychosocial rehabilitation. The ninth principle identifies hope as an essential ingredient of the rehabilitation process (Anthony et al., 2002, p. 96). The authors maintain that no matter what the statistical probabilities of improvement are, hope is an essential element of recovery. And, when the attitude of practitioners is less than hopeful, it can permeate a rehabilitation setting and diminish potential progress.

Resnick, Rosenheck and Lehman's 2004 study identified four dimensions of recovery including life satisfaction, hope and optimism, perceived knowledge about mental illness and services, and empowerment. Hope was positively associated with younger age, fewer side effects of medications, receipt of family psychoeducation, and positive clinical outcomes. Consistent with other studies, the investigators found no significant relationship between hope and severity of psychotic symptoms. This means that hope is associated with positive outcomes in even very impaired individuals.

There are many things that clinicians can do to instill hope. Clinicians who focus on and honor a veteran's strengths and aspirations help to promote a sense of hopefulness about recovery. Clinicians can also promote hope by encouraging veterans to join a peer support group and establish social supports within the community by, for example, attending church, volunteering, taking a class, or joining a club or special interest group. Being involved with other people and in the community can promote a sense of belongingness and meaningfulness. Emphasizing health and wellness activities, including spirituality, with veterans serves to promote hopefulness.

As a result of the Department of Veterans Affairs' adoption of the recovery philosophy, this is truly an exciting, empowering, and hopeful time for mental health clinicians and veterans

Hardin, C.M., Zubin, J., & Strauss, J.S. (1987). Chronicity in schizophrenia: Fact, partial fact, or artifact? *Hospital and Community Psychiatry*, 38 (5), 477-486.

Anthony, W., Cohen, M., Farkas, M., & Gagne, C. (2004). *Psychiatric Rehabilitation, Second Edition*. Boston, MA: Center for Psychiatric Rehabilitation.

Resnick, S.G., Rosenheck, R.A., Lehman, A.F. (2004). An exploratory analysis of correlates of recovery. *Psychiatric Services*, 55, 540-547.



VA Research Data Security & Privacy Web Course

All staff involved in VA research must complete the new VA Research Data Security & Privacy training **by June 12**. This training is in addition to the annual training in Good Clinical Practices, cyber security, and privacy. Staff who must complete this training include investigators, study coordinators, research assistants, trainees, administrative support staff (secretaries, clerks, etc), and members of the IRB and Research & Development Committee. Personnel includes compensated and without compensation employees, and those on IPAs.

From a VA-networked computer, go to <http://vaww.sites.lrn.va.gov/vacatalog/valoredirect.asp> and follow the instructions. From a non-VA computer, go to <http://www.vcampus.com/vcekpvalo/> and follow the instructions. Once in the VALO system, click on the Catalog link in the Knowledge Tool Box on the right of the home page. Click on the Mandatory Training Catalog. Click on "VA Research Data Security & Privacy". Click the Enrollment button until you get to the Current Learning Modules page. Click on the course to start. Remember to print the certificate when you complete your training!

Meet the MIRECC Researchers: Dr. Frederic Sautter

Frederic Sautter, PhD

Director of Family Mental Health, Southeast Louisiana Veterans Health Care System,
New Orleans, LA
Co-Leader of the South Central MIRECC Family Team

Editor: *What is your area of research?*

Dr. Sautter: I am interested in studying the impact of mental illness and traumatic stress on family and marital functioning, and I hope to develop interventions that will modify relational systems so that they foster recovery in individuals who have been exposed to trauma or suffer from mental disorders. My current research efforts focus on the development of couple-based treatments for post-traumatic stress disorder (PTSD), and other stress-related behavior problems.

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

Dr. Sautter: I am currently working to develop a manualized couple's therapy to reduce effortful avoidance and emotional numbing in veterans who have developed PTSD as a consequence of exposure to traumatic stress during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). I am also interested in the development of programmatic interventions to increase treatment engagement in spouses of individuals with PTSD.

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

Dr. Sautter: It is important to develop treatments to reduce avoidance and emotional numbing in PTSD. These symptoms have been associated with chronicity and a poor PTSD treatment outcome. A couple's therapy that reduces emotional numbing and effortful avoidance in recently traumatized people, such as veterans who have been recently deployed to the Iraqi War, would have the potential to reduce PTSD chronicity, and increase the capacity of OEF/OIF veterans to engage in intimate relationships and raise happy healthy families in the future. Pilot data collected from Vietnam veterans and their spouses in our laboratory have demonstrated that our couple-based treatment for PTSD, called Structured Approach Therapy (SAT), is associated with significant reductions in PTSD

effortful avoidance and emotional numbing, and in overall PTSD severity. It is our hope that this treatment will enable OEF/OIF veterans to avoid many of the chronic interpersonal problems that have plagued Vietnam veterans suffering from PTSD.

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

Dr. Sautter: I have focused my clinical efforts on working with couples and families for over twenty-five years. I was very fortunate to have been supervised early in my career by family therapists who had been trained by Carl Whitaker and Salvador Minuchin, two of the revolutionary thinkers in the history of family therapy. They had an enormous impact on my thinking about changing relational systems. It has recently become apparent that there is a need for family and couples-based interventions in the VA Mental Health System, especially for veterans suffering from PTSD. This emerging need is reflected in the recommendations of the President's New Freedom Commission and the VA's Mental Health Strategic Plan ("Achieving the Promise: Transforming Mental Health Care in the VA"), which both call for increased involvement of families in mental health treatment. Unfortunately, there have been few studies to develop family-based treatments for PTSD. As a consequence of the need for increased research with families, I have focused my recent research efforts on those relational behaviors that I was originally trained to treat as a clinician over twenty-five years ago.

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

Dr. Sautter: A very close member of my family suffered from a severe mental illness (SMI), so I grew up understanding the adversity that a person with SMI must overcome in order to have a happy

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life. It had a powerful impact on my personal development, and on the choices I have made in my career as clinician and as a behavioral scientist. People who overcome SMI's, and live productive lives should be regarded as heroes. We need to help them to accomplish these difficult tasks. Throughout my research career, I have tried to remember that the bottom line in mental health research is to help patients and their families.

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

Dr. Sautter: The most important thing that people who are new to research need to remember is to work with excellent researchers who are nurturing and place a strong emphasis on collaboration. This is a strength of the South Central MIRECC. There are many researchers in our MIRECC who are strong both professionally and personally. Get involved with them!

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

Dr. Sautter: I can be reached at fredericsautter@msn.com



MIRECC Genesis & Pilot Study Research Letters of Intent **Now Accepted**

The South Central MIRECC is now accepting Letters of Intent (LOIs) for both the Genesis Award and Pilot Study Research Programs.

The **Genesis Award Program** is for investigators who are new to mental health research and offers awards up to \$12,000. In contrast to the Pilot Research Study award program, Genesis Awards are not required to be linked to a larger planned grant proposal. However, a mentor is required. All MIRECC Core and Affiliate Research Investigators and Fellows are eligible to apply. On the basis of LOI review, selected investigators will be invited to develop full proposals.

The **Pilot Study Research Program** is for investigators who want to collect preliminary data to support an application for a larger grant. Pilot studies are usually funded with a cap of \$30,000. Expenses must be justified and proposals with more modest budgets are welcomed. For studies that require multiple sites, additional funds (up to \$30,000) may be requested. The Pilot Research LOI review will take into account (a) scientific merit, (b) the degree to which the award will provide pilot data that will facilitate extramural funding, (c) the degree to which the award addresses current areas of SC MIRECC emphasis (i.e., Mental health and aging, Stress and resilience in OIF/OEF veterans, and Mental health in non-specialty settings), and (d), for previously MIRECC Research Pilot-funded investigators, evidence of past productivity with MIRECC funds. All MIRECC Core and Affiliate Research Investigators and Fellows are eligible to apply. Trainee proposals (i.e., those from Fellows, residents, or interns) must include a MIRECC Core or Affiliate Research Investigator as Co-Principal Investigator. On the basis of LOI review, selected investigators will be invited to develop full proposals.

For more detailed information about submitting a Pilot Research LOI or a Genesis LOI, please contact Ms. Melonie Shelton at 501-257-1971 or msshelton@uams.edu or Dr. Lauren Marangell, South Central MIRECC Associate Research Director at 713-798-3832 x 4.

Trauma Conference May 14-15, Houston

The South Central MIRECC is pleased to announce a trauma conference entitled, *“Old Traumas, New Traumas, and New Approaches to Treating Trauma,”* May 14-15, 2007 at the Hotel Derek, Houston, TX. The meeting will focus on innovative approaches to treating trauma related to combat in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), as well as the effects of Hurricanes Katrina and Rita on individuals and on the health care system in the Gulf Coast area. Presentations include new psychopharmacological treatments, assessment of traumatic brain injury, telemedicine approaches for treating PTSD, effect of deployment in hurricane disaster areas on National Guard units, and effect of the hurricanes on mental health care, to name a few.

Registration is now available for VA employees. (See attached flier with hyperlink). There is **no** registration fee for attendance. However, this meeting can accommodate no more than 99 VA employees on travel status. General registration materials for non-VA attendees will soon be available.

To make hotel reservations, go to the Hotel Derek web site (www.hotelderek.com) or call 1-866-4100. A block of rooms is available at the government rate of \$95 per night, until they are gone. Ask for “PTSD Conference.”

This conference is a partnership with the Department of Veterans Affairs Employee Education System (EES); South Central MIRECC; Texas A&M University, Department of Psychiatry; VISN 17 PTSD Subcommittee; Texas Department of State Health Services (DSHS); Texas Army National Guard; Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine; and The Menninger Clinic.

For more information about the conference, contact Michael.kauth@va.gov.



New Presentations by MIRECC Personnel

Below are selected new presentations by South Central MIRECC personnel since May 2006. MIRECC personnel are indicated in bold face. Please contact the lead author for further information about the topic or paper.

Cuellar AK, Tolpin LH, **Bailey SD**, Anderson TR, Lanier SH, **Dunn NJ**: Effects of PTSD on daily stressful events and affective reactivity in OEF/OIF veterans. Presented at 40th Annual Convention for the Association for Behavioral and Cognitive Therapies in Chicago, November 2006.

Edge-Boyd S, **Teasdale TA**. Development of a personal preference indicator for older adults. 59th Annual Meeting of the Gerontological Society of America, Dallas, TX, 2006.

Hebert R, **Tan G**. A Phase Synchrony Model of Consciousness. Presented at the 38th Annual Meeting of the Association of Applied Psychophysiology and Biofeedback, Monterey, CA.

Martin W, **Tan G**. (2006). Hypnosis and the Treatment of Severe Neuropathic Pain (trigeminal neuralgia) and an Examination of Hypnosis across Pain Conditions Presented at the Biofeedback Society of Texas Annual Conference, Ft Worth, TX.

Mattox R, McSweeney J, **Sullivan G**. (2006, Nov 4-8). Qualitative analysis: Comparison of Christian faith leader's portrayal of mental illness in televised sermons on two religious networks. Poster presentation during the 134th Annual Meeting American Public Health Association (November 4-8, 2006) in Boston, MA.

Montgomery EC, Weiss BJ, **Kunik ME**, Wilson N, **Stanley MA**: Can paraprofessionals deliver cognitive-behavioral therapy to treat anxious and depressive symptoms? Presented at 40th Annual Convention for the Association for Behavioral and Cognitive Therapies in Chicago, November 2006.

Sherman MD. (2006, October). Life after military deployment: Supporting soldiers and their families during the transition. Workshop at the Oklahoma Department of Mental Health and Substance Abuse Services annual Best Practices Conference. Norman, Oklahoma.

Sherman MD. (2006, October). What about the kids? Rationale and resources for supporting teens of parents who have experienced trauma or who have a mental illness. Workshop at Brookhaven, Tulsa's Specialty Hospital. Tulsa, Oklahoma.

Sherman MD. (2006, October). What about the kids? Rationale and resources for supporting teens of parents who have experienced trauma or who have a mental illness. Workshop at the Oklahoma Mental Health Consumer Council's 15th Annual Statewide Mental Health Conference, Racing to Recovery. Midwest City, Oklahoma.

Sherman MD. (2006, September). Life after military deployment: Supporting children of veterans who have experienced trauma. Invited workshop for the 14th Annual Oklahoma Conference on Child Abuse and Neglect and Healthy Families. Norman, Oklahoma.

Sherman MD. (2006, September). What about the kids? Rationale and resources for supporting teens of parents who have experienced trauma or who have a mental illness. Grand Rounds at Scott & White's Department of Psychiatry. Temple, Texas.

Sherman MD. (2006, September). The S.A.F.E. Program. Workshop at the Department of Veterans Affairs Employee Education System's conference, Implementing Family Services for Persons with Serious Mental Illness and PTSD, Baltimore, Maryland.

Sherman MD. (2006, August). A user-friendly family intervention for serious mental illness in the VA system: The S.A.F.E. Program. Invited workshop/consultation at the Fayetteville VA Medical Center.

Sherman MD. (2006, August). A user-friendly family intervention for serious mental illness in the VA system: The S.A.F.E. Program. Invited workshop/consultation at the Shreveport VA Medical Center.

Sherman MD. (2006, July). The effects of war on children and families. Workshop for the University of Arkansas for Medical Sciences Partners in Behavioral Health Sciences workshop, Psychological Trauma of War: Impact on Returning Veterans, Their Families, Schools, and Communities. Little Rock, AR.

Sherman MD. (2006, June). Youth and domestic violence: The effects of parental trauma on youth. Invited workshop for Oklahoma Coalition Against Domestic Violence and Sexual Assault conference. Oklahoma City, OK.

Sherman MD. (2006, April and May). Supporting children of veterans who have experienced trauma. Invited workshops for regional Vet Center directors and counselors at their annual meeting. Oklahoma City, OK.

Tan G, Jensen MP, Thornby J, Sloan P (2007). Negative emotions and pain: Where should the focus be for pain management? Poster presented at the Health Services Research and Development 2007 Conference, Washington, DC.

Tan G. (2006). Complementary and alternative medicine (CAM) interventions for chronic pain: a review of efficacy. Presented at the Biofeedback Society of Texas Annual Conference, Ft Worth, TX.

Teasdale TA. GRECC Symposium: E-learning in gerontology and geriatrics education. 59th Annual Meeting of the Gerontological Society of America, Dallas, TX, 2006.

Teasdale TA. Strategies for disseminating e-learning tools in a medical school. 62nd American Geriatric Society Meeting, Chicago, IL, May 2006.

April Conference Calls

1-800-767-1750

2—Education Core, 2:00 PM CT, access code 16281#

9—Research Rounds, 2:00 PM CT, contact Thomas-teasdale@ouhsc.edu for access

10—Directors Call, 3:30 PM CT, access code 19356#

18—Program Assistants, 2:00 PM CT, access code 43593#

19—PSR Group Call, noon PM CT, access code 85388#

24—Directors Call, 3:30 PM CT, access code 19356#

26—National MIRECC Recovery Interest Group, noon CT, access code 22233#

The next issue of the *South Central MIRECC Communiqué* will be published May 7, 2007. Deadline for submission of items to the May newsletter is April 30. 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