

*Reducing  
mental health  
disparities  
among  
rural veterans*

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The next issue of the *South Central MIRECC Communiqué* will be published May 2, 2011. Deadline for submission of items to the May newsletter is April 26, 2011. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Ashley McDaniel, at [Ashley.McDaniel@va.gov](mailto:Ashley.McDaniel@va.gov)

South Central MIRECC Internet site: [www.mirecc.va.gov/visn16](http://www.mirecc.va.gov/visn16)

National MIRECC Internet site: [www.mirecc.va.gov](http://www.mirecc.va.gov)

## SC MIRECC CONSUMER ADVISORY COUNCIL MEMBER NAMED TEXAS DAR OUTSTANDING VETERAN VOLUNTEER OF THE YEAR

By Ashley McDaniel, M.A.

There were plenty of smiles, laughter and applause at the Texas Society Daughters of the American Revolution (TSDAR) 112<sup>th</sup> Annual State Conference National Defense Banquet held on March 11, 2011 at the Hilton Hotel Lincoln Centre in Dallas, Texas.

Before a crowd of more than 800, Cheryl "Sissie" Kipp, TSDAR Service for Veterans Chairman, presented Ray Wodynski, SC MIRECC Consumer Advisory Council member, with the TSDAR Outstanding Veteran Volunteer of the Year award. "This award is humbling in that there are so many Veterans across the State of Texas giving their time and talents to their fellow Veterans. To be chosen as the Outstanding Volunteer Veteran for Texas is a great honor and privilege," said Wodynski.

Outstanding Veteran Volunteer nominees demonstrate a commitment to improving the lives of our nation's Veterans through service activities, including VA programs, community events and celebrations. Wodynski has been involved with the VA for more than a decade. He has served on the SC MIRECC Consumer Advisory Council for 12 years and the Michael



*Pictured from left: Anne J. Smith, TSDAR 2010 Outstanding DAR Volunteer for Veterans; Cheryl "Sissie" Kipp, TSDAR Service for Veterans Chairman; Raymond J. Wodynski, TSDAR 2010 Outstanding Veteran Volunteer. Awardees were sponsored by the DAR Sam Houston Chapter, Houston, TX, Alice Braud-Jones, Regent.*

E. DeBakey Veterans Consumer Advocacy Council in Houston for 11 years. He is also a facilitator and Certified Peer Specialist for the Vet-to-Vet peer support program, and has been a Veteran Consultant to Veterans Administration Central Office (VACO).

Wodynski's work with the VA has kept him busy. For the past three years, he has been a guest speaker at VACO Implementing and Maintaining Consumer Councils conferences throughout the U.S.

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### *TSDAR Veteran Volunteer of the Year continued...*

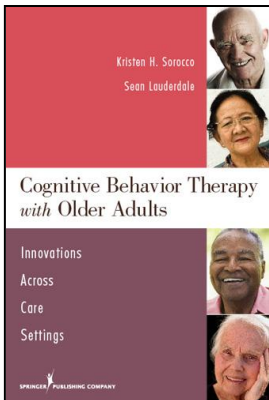
He has also recently consulted on the SC MIRECC Guide to VA Mental Health Services for Veterans & Families, served on a VACO committee to update the Manual for Consumer Councils throughout the U.S., and is currently working with VACO to create a Psychosocial Rehabilitation Services Metrics Outcomes Group.

Wodynski also has a strong military background. He served ten years in the Marine Corps and completed three Vietnam tours. His unit, Mike Company 3rd Battalion, 7th Marine Regiment, 1st Marine Division, has met once a year for the past 27 years to conduct business meetings and memorial services for those in the unit who have passed away.

Wodynski is just as devoted to community service as Veteran support activities. He belongs to the Galveston Bay Parrot Head Club, which supports causes such as battered women and children, pet adoption, recycling and clean up. Last year, the group raised \$14,000 for the Shriners Children's Hospital in Galveston. He is also a member of his Neighborhood Watch Committee.

The SC MIRECC congratulates Ray Wodynski for his award and appreciates his efforts to improve the lives of Veterans through his impeccable service to the VA. TSDAR will submit his nomination for judging on the regional level, and, if chosen, the nomination will be forwarded to the national competition in Washington, D.C. for presentation at their 120<sup>th</sup> Continental Congress in July 2011.

## SC MIRECC Acknowledgements



The SC MIRECC congratulates Kristen Sorocco, Ph.D. for publishing her new book “Cognitive Behavior Therapy with Older Adults: Innovations Across Care Settings.”

- Full Citation: Sorocco, K.H. & Lauderdale, S. (2011). *Cognitive Behavior Therapy with Older Adults: Innovations Across Care Settings*. New York: Springer Publishing Company.

Congratulations to our recent SC MIRECC pilot grant funding recipients:

- **Jessica Calleo, Ph.D.** (Houston, TX) - Increasing Access and Implementation of Behavioral Treatments for Anxiety and Depression in Rural Veterans with Parkinson's Disease.
- **Teri D. Davis, Ph.D.** (Little Rock, AR) - Improving the Engagement of Women Veterans in Mental Health Care: A Study of Racial Differences in Barriers to Care.
- **Michael Mallen, Ph.D.** (Houston, TX) - Using a Telephone Intervention with Rural Veterans with Dementia and Pain and their Caregivers: A Pilot Study.
- **Jocelyn McGee, Ph.D.** (Jackson, MS) - Enhancing Rural Interventions for Caregiver Health (EN-RICH).
- **Mary R. Newsome, Ph.D.** (Houston, TX) - Remote Cognitive Rehabilitation and Web-based Intervention in Rural Veterans with Comorbid PTS
- **D and Mild TBI: A Feasibility Study.**
- **Aanand Naik, M.D.** (Houston, TX) - Behavioral Coaching for Rural Veterans with Diabetes and Depression.
- **Joy Pemberton, Ph.D.** (Little Rock, AR) - Parent-Child Interaction Therapy in the VA System: A Needs and Barriers Assessment.
- **Ellen Teng, Ph.D.** (Houston, TX) - Using Smart Phone Technology as a Platform for Delivering Mental Health Care to Rural Veterans.

## SC MIRECC IMPLEMENTATION, DESIGN AND ANALYSIS SUPPORT (MIDAS) WELCOMES NEW TEAM MEMBERS

MIDAS is a service arm of the South Central MIRECC created to assist VISN 16 investigators who are seeking intramural or extramural funding or conducting pilot studies. The MIDAS team offers design, methods, and analytic support for all phases of project development, implementation, analysis, and/or dissemination. Team members have expertise in biostatistics, epidemiology, psychometrics, qualitative methods and project implementation and management. The SC MIRECC welcomes its new MIDAS team members.

**Kenneth Pietz, Ph.D.**, is a statistician with the Houston VAMC Center for Quality of Care and Utilization Studies and an assistant professor with the Baylor College of Medicine. Dr. Pietz received his Ph.D. in Math from the University of California at Los Angeles and his master's degree in Industrial Engineering from the University of Houston. Dr. Pietz's research interests include analysis of clinical trials and linear models, including generalized linear models and longitudinal analysis.

**Shubhada Sansgiry, Ph.D.**, is a statistician with the Houston VA HSR&D Center of Excellence and an instructor with the Baylor College of Medicine Division of Health Services Research. Dr. Sansgiry received her Ph.D. degree in Pharmacy Administration from Idaho State University. She has been with the Center since 2008, and has experience with Access database design, and techniques such as logistic regression, propensity score matching, and survival analysis. She has worked with investigators on outcomes studies in cardiovascular surgery; pancreatic, colorectal, prostate and bladder cancer survivorship; and mental health. Presently, her interest is improving diabetes control and quality of life in patients and utilizing patient reported outcomes.

**Nancy E. Schoenberg, Ph.D.** is a Marion Pearsall Professor of Behavioral Science with the University of Kentucky, College of Medicine. Dr. Schoenberg (B.A., political science and development economics, Franklin

and Marshall College; M.A., sociocultural anthropology, University of Texas, Austin; Ph.D., medical anthropology, University of Florida) is a medical anthropologist and gerontologist who focuses on understanding the complex constellation of factors, including culture, that underlie health decision making. Increasingly, she has been developing and administering community-based participatory interventions to improve health in traditionally underserved populations.

Her ongoing research involves several NIH/NCI and NIDDK-sponsored projects, including: (1) an intergenerational effort to improve energy balance among rural residents; (2) two projects to increase cancer screening in Appalachia; and (3) an examination of the relationship between prevention efforts and multiple morbidity among vulnerable older adults. Primarily a qualitative and mixed methods researcher, Dr. Schoenberg serves as a standing study section member for NIH and provides culturally-based consultation for several institutions, including serving as President's Professor at the University of Alaska, Fairbanks. She also serves as Associate Editor for The Gerontologist.

*For all requests for assistance from MIDAS, please contact Dr. Ellen Fischer at [FischerEllenP@uams.edu](mailto:FischerEllenP@uams.edu) or Melonie Shelton at [Melonie.Shelton@va.gov](mailto:Melonie.Shelton@va.gov) to fill out an application. ■*

### APRIL CONFERENCE CALLS

CALL-IN NUMBER: 1-800-767-1750

	ACCESS CODE
11 MIRECC Site Leaders, 11:00 AM CT <i>Cancelled</i>	27761#
12 MIRECC Leadership Council, 3:30 PM CT	19356#
14 National MIRECC & CoE Education Group, 1:00 PM CT	28791#
19 VISN 16 Mental Disaster Team, 11AM CT	76670#
20 MIRECC Program Assistants, 2PM Central	43593#
25 MIRECC Education Core, 3:00 PM CT	16821#
26 MIRECC Leadership Council, 3:30 PM CT	19356#
28 MIRECC & CoE Implementation Science Discussion, 1:00 PM CT	28791#

## RECOVERY CORNER

### MY HEALTHeVET: A RECOVERY TOOL

By Wanda Shull, Ph.D., C.R.C.

Local Recovery Coordinator

Veterans Healthcare System of the Ozarks, Fayetteville, AR

The VISN 16 Leadership Development Institute team has been charged with increasing registered users of the award-winning My Health<sup>e</sup>Vet product website. MyHealth<sup>e</sup>Vet is a perfect example of a recovery-oriented tool that mental health providers can introduce to Veterans. The site is promoted as “the gateway to web-based tools that empower Veterans to become better partners in their healthcare.” Indeed, allowing Veterans to become active partners in healthcare decisions is a central component of recovery. My Health<sup>e</sup>Vet is also identified in the VHA T-21 initiatives as an essential component of the patient aligned care teams, and, as a result, calls for increasing numbers of registered users.

Veterans can register for an account by visiting [www.myhealth.va.gov](http://www.myhealth.va.gov). They will have several options for managing their personal health at their fingertips. For example, Veterans can create an online health record that can be downloaded or printed when needed. Users can also refill prescriptions online by prescription number, access screening tools and medical libraries, and link to other helpful Veteran resources such as the Suicide Prevention Lifeline or the VA website for returning service members. If users choose to upgrade their accounts to become In Person Authenticated, the options increase to being able to refill prescriptions by name instead of just by prescription number, access VA wellness reminders, and use secure messages to contact providers. Authentication is a simple process that can be completed during a regular visit to the Veteran's local VA facility.

My Health<sup>e</sup>Vet fulfills some of the fundamental components of recovery as prescribed by the Substance Abuse and Mental Health Services Administration:

- **Individualized and Person-centered** – My Health<sup>e</sup>Vet promotes individualized service by allowing Veterans to use the site to fit their needs best. Veterans can choose to use one, all, or any combination of the options on the website.

- **Self-direction** – This principle indicates that a Veteran leads and controls his or her own path of recovery by "optimizing autonomy, independence, and control over resources to achieve a self-determined life." With My Health<sup>e</sup>Vet, users control which resources to access and how they will be used. The secure messaging feature allows Veterans to communicate with their providers, giving them more control over access to and coordination of care.
- **Responsibility** – MyHealth<sup>e</sup>Vet promotes responsibility. Veterans can securely contact their provider when needed, track various health statistics, refill prescriptions online instead of by phone or in person, and manage their personal health history, which can also be downloaded when needed (e.g. visiting a primary care or mental health provider).
- **Empowerment** – Using this site is not a requirement for any Veteran, but should they choose to, MyHealth<sup>e</sup>Vet can empower Veterans to participate in their own healthcare and related decision making. For example, the personal health history tracking feature (e.g. blood sugar levels over time) can facilitate a dialogue between the Veteran and the provider to address that specific issue. In turn, providers receive information that is more objective from the Veteran, allowing them to make more effective treatment decisions.

While many of the examples above are aspects of physical health, MyHealth<sup>e</sup>Vet offers select mental health screening tools that allow users to identify symptoms that could potentially relate to particular mental health diagnoses. While not meant for diagnosis, these tools enable users to identify situations in which seeking an evaluation from a mental health provider is warranted.

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Due to the stigma associated with mental illness, many people often refrain from seeking treatment, or may not be aware that what they are experiencing could relate to a mental health issue. With the increasing number of returning service men and women, the screening tools on My HealthVet may be the first resource used by a Veteran to determine if a problem exists.

In accordance with psychiatric rehabilitation principles (United States Psychiatric Rehabilitation Association, 2011), MyHealthVet emphasizes health and wellness, emerging best practices, and self-determination. It is also beneficial to providers because they will be able to work with more informed and involved consumers. In addition, when Veterans use the secure messaging

feature, they may require fewer patient phone calls and walk-in appointments. The expanded use of My HealthVet by Veterans with mental health conditions will likely serve to increase their active participation and decision making, and promote a recovery-oriented culture in VA facilities.

#### References

- Uniform Mental Health Services Handbook. VHA Handbook No. 1160.01. VA Veterans Health Administration, Washington, DC, June 11, 2008.
- US Dept of Health and Human Services and SAMHSA Center for Mental Health Services (2004) National Consensus Statement on Mental Health Recovery.
- Veterans Administration (2011). Veterans Health Administration T-21 Implementation Guidance. Veterans Health Administration, Washington DC.

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## New SC MIRECC Clinical Educator Product

### Development of an Internet-Based Cognitive Behavioral Therapy Training Program

Jeffrey A. Cully, PhD, Irmgard Willcockson, PhD, Kristen Sorocco, PhD, Alauna D. Curry, MD, Stacy Ryan, MA

The SC MIRECC Clinical Educator grant “Development of an Internet-Based Cognitive Behavioral Therapy (CBT) Training Program” is now complete. The team sought to generate online training materials for the practice of CBT in the primary care setting, specifically targeting the training of mental health primary care clinicians.

The training program is available online at [www.vaprojectaccess.org](http://www.vaprojectaccess.org). From the main website, information about the ACCESS project, materials and resources for patients and clinicians, current and past projects involving the ACCESS project and/or team of investigators, and a tab providing details about the ACCESS team is available. To explore the website as a learner, please contact the project coordinator, Darrell Zeno ([Darrell.Zeno@va.gov](mailto:Darrell.Zeno@va.gov)) to set up a guest login. As a learner, individuals are exposed to a series of training

activities that are broken down into modules of approximately 45-50 minutes in duration.

The total online training time is approximately 8 hours (1 full day). The researchers utilized a Moodle platform as directed by Dr. Willcockson (MIDAS consultant). As a result, the researchers were able to "publish" word documents and Captivate files (narrated audio training slides), as well as exit questions (quizzes) on the website.

The website is presently being used to train clinicians as part of a larger multisite randomized trial involving primary care mental health clinicians at Houston and Oklahoma City VAMCs.

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The training is being finalized through a pilot phase but expected to be available to interested clinicians within the next 3 months. Challenges (e.g. download speed within VA) will be identified and addressed during pilot testing prior to wider release of the training.

*For more information, contact Jeffrey A. Cully, Ph.D., Clinical Psychologist / Health Services Researcher, Houston Center for Quality of Care and Utilization Studies, Associate Professor, Baylor College of Medicine Dept of Psychiatry, [jcully@bcm.edu](mailto:jcully@bcm.edu).*

## **ATTRIBUTION (ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT)**

SC MIRECC researchers and educators have a responsibility to ensure that the SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should cite references to the SC MIRECC if you receive either direct or indirect support from the SC MIRECC. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center." If you receive salary support from the SC MIRECC, you should list the SC MIRECC as an affiliation.

## **RURAL HEALTH RESOURCES UPDATE**

### **Nurse Staffing and Rural Hospital Performance Improvement (Policy Brief)**

This study examines the impact of nurse staffing on rural hospital performance improvement in the CMS/Premier Inc. Hospital Quality Incentive Demonstration project. Higher registered nurse (RN) staffing hours per patient day are associated with higher scores on composite quality measures for pneumonia, heart failure, acute myocardial infarction and a hospital-wide composite score. The relationship between RN staffing and quality measures does not differ based on rural or urban location, the number of staffed beds, or medical school affiliation. For more information, contact Ira Moscovice, Ph.D., Upper Midwest Rural Health Research Center, Phone: 612-624-8618, [mosco001@umn.edu](mailto:mosco001@umn.edu). To download a copy of this report, visit [http://www.uppermidwesthrc.org/pdf/2011\\_ruralhospitalperformance.pdf](http://www.uppermidwesthrc.org/pdf/2011_ruralhospitalperformance.pdf).