



*Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans*

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# Communiqué

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## Health Care for Transgender and Intersex Veterans: An Overview of the Patient Care Services Transgender Training Workgroup

This article features excerpts from the Patient Care Services Transgender Training Workgroup June 2012 final report.

In June 2011, the VA issued Directive 2011-024 “Providing Health Care for Transgender and Intersex Veterans” (the Directive). The VA Women’s Strategic Health Care Group, National Pharmacy Benefits Management Services, and Office of Mental Health were charged with communicating the Directive, developing clinical guidance on the use of cross-sex hormones in the VA, and developing and delivering training to VA staff, respectively. In July 2011, a transgender training workgroup (the Workgroup) was convened. The Workgroup encompassed twenty VA personnel (content experts and educators) across ten VISNs and various disciplines, from psychology, psychiatry, social work, nursing, epidemiology, pharmacy, and medicine. John Blosnich, Ph.D., a Public Health Fellow, provided program support, with funding from the VA

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## RECOVERY CORNER

### Psychosocial Rehabilitation Practices in Acute Psychiatric Inpatient Settings

Shawn L. Clark, Ph.D., Local Recovery Coordinator/Community Reintegration Supervisory Psychologist, Jackson VAMC

Traditionally, acute psychiatric inpatient units have emphasized stabilization through treatment with medications. However, once patients with serious mental illness (SMI) are discharged, they may have medication relapses and difficulty managing symptoms of SMI (McCann & Bowers, 2005). Veterans with the most severe symptoms may have frequent readmissions. To improve the overall quality of services provided to our Veterans and improve their functional status post-discharge, the VA has introduced psychosocial rehabilitation programming (PSR) into acute care environments.

Psychiatric (psychosocial) rehabilitation is a process that "promotes recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their

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## **TRANSGENDER (continued from page 1)**

Office of Mental Health. In addition, representatives from the VA Employee Education System (EES), Julie Cashel and Kimber Polette, provided logistical support.

In January 2012, the Workgroup, chaired by Michael Kauth, Ph.D. (Co-Director and Associate Director for Education, South Central MIRECC) and co-chaired by Jillian Shipherd, Ph.D., submitted a multi-level, phased plan for training VA staff. Collectively, the Workgroup committed to deliver the following four key products by June 30, 2012:

### **Product 1. Send a General Email Announcement about the Directive**

On April 2, 2012, the Workgroup partnered with the VA Public Affairs Office to disseminate an announcement about the Directive to VA Patient Care Services, reaching approximately 1,800 administration, clinical, and support personnel. The announcement explained where to find the Directive and emphasized the importance of conveying respect to transgender Veterans.

### **Product 2: Establish a SharePoint Website for Transgender Resources**

Working with VA Central Office, the Workgroup created a SharePoint Web site under Patient Care Services. The Web site is intended to be a one-stop shop for VA clinicians and other VA staff seeking transgender health care resources. Workgroup members reviewed and selected resources for posting if the resources represented VA policy or had been peer-reviewed or sponsored by premier professional health care organizations. The site provides information on the following topic areas:

- Endocrine Cross-sex Hormone Issues
- General Information
- General Medical Care
- Intersex Information
- Mental Health Concerns
- Mental Health Evaluation for Cross-sex Hormones
- Mental Health Evaluation for Surgical Reassignment
- Support and Educational Resources for Patients and Employees
- Training Materials
- VHA Directive and Other Internal Guidelines

In addition, the Web site hosts links to key non-VA resources, such as the World Professional Association for Transgender

Health (WPATH). The transgender educational resource SharePoint is at: <http://vaww.infoshare.va.gov/sites/pesclipro/trer/default.aspx>

### **Product 3: Conduct Expert-Led Training Series through LiveMeeting**

The Workgroup collaborated with the VA Employee Education System to develop and conduct expert-led Microsoft LiveMeeting presentations on three key topics: prescribing cross-sex hormones, conducting mental health evaluations for cross-sex hormones, and treating transgender Veterans from a Patient Aligned Care Team (PACT) perspective. Following each of the three topical LiveMeeting programs, written responses to questions were incorporated in the PowerPoint presentation and the presentation was posted on the transgender SharePoint Web site.

### **Product 4: Provide Self-Guided PowerPoint Toolkits for Staff**

Because not all staff can join a scheduled LiveMeeting or find the archived slides to be fully explanatory for their job responsibilities, PowerPoint Toolkits were developed for three broad categories of VA staff: non-clinical staff, mental health staff, and PACT providers and other medical staff. The purpose of the Toolkits is to provide all levels of VHA staff with a basic understanding of the Directive and its implications for these three broad work areas. In addition to information tailored to each work area, the Toolkits invite staff to respond to multiple scenarios involving patient interactions related to gender identity and expression, with culturally appropriate responses provided at the end of the Toolkit. The Toolkits are intended for use in staff meetings and followed by discussion. However, they may also be employed as individual-paced self-study. The three PowerPoint Toolkits are hosted on the SharePoint under Training Materials.

### **Proposed Sustainability Strategies**

Dissemination research suggests that even when best practices in health care are identified, translation to the field can be challenging. Multiple exposures to new content and support for its application are often necessary for sustained practice change. To expand the reach of the training content described in this article and increase VHA clinicians' exposure to content related to transgender and intersex health care, Drs. Kauth and Shipherd and a new workgroup are creating a course on transgender health care in the VA Talent Management System (TMS). In addition, Drs. Kauth and Shipherd and

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a different workgroup are training four regional teams to provide consultation to other facilities employing SCAN-ECHO, E-consultation, and/or telehealth. Patient Care Services, Office of Mental Health, Women’s Health, Specialty Care, and the Employee Education System are supporting these projects.

The efforts of these Workgroups are particularly salient given the multiple challenges transgender and intersex persons face in accessing quality health care. The goal of this work is to increase VA’s capacity to provide respectful and appropriate health care to all Veterans. Future training initiatives for clinical providers will address the health care needs of gay, lesbian, and bisexual Veterans. For more information about the transgender training workgroup, contact Dr. Kauth at Michael.Kauth@va.gov. ♦

<b>VHA Patient Care Services Transgender Training Workgroup Members</b>		
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Peter Hauser, M.D.	VAMC – Long Beach CA	22
Kathryn Havens, M.D.	VAMC –Milwaukee WI	12
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Jean Muench, Ph.D.	VAMC - Atlanta GA	7
Sarah Nunnink, Ph.D.	VAMC - San Diego CA	22
Amy Pechukas, R.N.	VAMC - Boston MA	1
Leonard Pogach, M.D., M.B.A.	VACO - Medical Services	
Jillian Shipherd, Ph.D. (co-chair)	VAMC - Boston MA	1

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## **Fiscal Year 2013 Off-Cycle Clinical Educator Grants Call for Applications**

The South Central MIRECC will accept off-cycle fiscal year 2013 Clinical Educator Grant proposals until November 30. These grants of up to \$10,000 (for projects involving multiple facilities) support development of innovative, unique clinical education tools for quality Veterans’ health care that can be exported to other facilities. Funded projects must also support the mission of the South Central MIRECC: *"To promote equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans."*

Grants are typically used to deliver existing educational content in a new way or to pilot a new educational intervention. We strongly encourage people with a good idea to talk to their SC MIRECC site leader (Little Rock: Jeffrey.Pyne@va.gov, Houston: Melinda.Stanley@va.gov, New Orleans: Joseph.Constans@va.gov, or Oklahoma City: Thomas.Teasdale@va.gov) or Dr. Geri Adler (Geri.Adler@va.gov) about how to develop the idea into a fundable submission. The caveat for off-cycle grants is that funding is limited to one fiscal year and, whenever awarded, must be spent by mid-September 2013.

- Download Application at <http://www.mirecc.va.gov/VISN16/docs/CEGApplication2013.pdf>.
- Download Example Application 1 at [http://www.mirecc.va.gov/VISN16/docs/Sample\\_application\\_I.pdf](http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf).
- Download Example Application 2 at [http://www.mirecc.va.gov/VISN16/docs/Sample\\_application\\_II.pdf](http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf). ♦

## **RECOVERY (continued from page 1)**

ability to lead meaningful lives. Psychiatric (psychosocial) rehabilitation services are collaborative, person-directed, and individualized. These services are an essential element of the health care and human services spectrum, and should be evidence-based. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice" (USPRA, 2007).

The Veterans Health Administration (1999), defines psychosocial rehabilitation as "a type of psychosocial intervention that focuses on patients' strengths and functioning than treatment of symptoms." This focus on strengths and improved functional status is particularly salient in creating recovery-oriented environments on acute inpatient units. Psychosocial rehabilitation services correlate closely with principles of mental health recovery because their primary focus is on developing the Veteran's strengths, improving his or her general functional level and increasing his or her ability to appropriately and fully integrate into a community of his or her choosing.

Specifically, psychosocial rehabilitation is designed to:

- Assist Veterans in managing the stigma associated with serious mental illness
- Increase opportunities for Veterans to develop social connections in their communities
- Encourage Veterans to be actively involved in treatment planning
- Increase empowerment of Veterans (Farkas & Anthony, 1989) (Blackwell, Eilers, Robinson, 2000).

Psychosocial rehabilitation covers a wide range of skill areas including symptom management; social skills including relationships, boundaries, and communication; employment and education; basic living skills; financial skills; access to and utilization of community resources; housing; and health and wellness. This makes PSR an exceptional fit for Veterans with SMI who frequently have difficulties in obtaining and maintaining housing, engaging in shopping activities, managing their diets, and understanding and managing their mental health. Given that PSR services focus on empowerment and improvement in functional abilities and emphasize enhancement of social skills, community integration, and wellness, they provide the ideal opportunity to assist Veterans in obtaining the skills that are necessary

to live independently within the community. Common evidence-based PSR treatment options in VA medical center acute inpatient units are described below:

### **Illness Management and Recovery**

Illness Management and Recovery (IMR) is an evidence-based psychiatric rehabilitation practice whose primary aim is to empower individuals to manage their illnesses, find their own goals for recovery, and make informed decisions about their treatment by teaching them the necessary knowledge and skills. (SAMHSA, 2009). The core components of illness management and recovery are psychoeducation, behavioral tailoring, relapse prevention and coping skills training.

### **Social Skills Training**

Social skills training (SST) is an evidence-based treatment procedure that emphasizes role-playing and practice as a means of enhancing social functioning. Social skills training is a highly structured practice that focuses on one skill at a time. The group feeds on the member's strengths, communications with group members are always positive, and reinforcement is specific and frequent. The training is tailored to directly address social problem-solving skills deficits and designed to current, day-to-day difficulties experienced by Veterans in social interactions.

### **Peer Support**

Peer support is "a promising best practice" that provides role models for Veterans and is a fundamental component of recovery-oriented services (Veterans Health Administration, 2011).

The goal of peer support is to demonstrate recovery-in-action, teach self-advocacy and establish hope that recovery is a viable possibility. Peer support focuses on the strengths of the Veteran and offers opportunities to improve functional status through focusing on individual's strengths. Individuals with SMI universally report that peer support is one of the most helpful interventions they have experienced (Davidson, Chinman, Kloos, Weingarten, Stayner, & Tebes, 1999).

The above-mentioned practices, although the most frequently utilized in inpatient settings, are only a few of the many options that can be implemented effectively in these settings. Integrated dual diagnosis treatment, coping skills development, medication education, and smoking cessation groups are other psychosocial rehabilitation options that are commonly practiced as well.

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As psychosocial rehabilitation and recovery-oriented services proliferate in acute inpatient settings, it will be essential that staff have access to adequate training and resources to ensure the practices are appropriately implemented. One means of obtaining information, education and resources on these practices and services is through the South Central MIRECC. The South Central MIRECC has ongoing training and resource development activities available to enhance use of psychosocial rehabilitation and mental health recovery. Also, the U.S. Psychiatric Rehabilitation Association, the primary professional organization for psychiatric (psychosocial) rehabilitation, has a wealth of resources available as well.

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## The SC MIRECC 2012 Education and Training Needs Assessment

VISN 16 mental health clinicians are reminded to complete the SC MIRECC's annual education and training needs assessment. This information is used to plan trainings and fund educational projects for VISN 16 mental health clinicians. **The survey is available at <https://www.surveymonkey.com/s/facilitypriorities>**. Any and all responses are appreciated! We welcome responses from individuals at VISN 16 medical centers and CBOCs. Please complete the survey by October 31, 2012. For more information or troubleshooting assistance, contact Michael Kauth, Ph.D., the SC MIRECC Co-Director and Associate Director for Education at [Michael.Kauth@va.gov](mailto:Michael.Kauth@va.gov).

## MEET THE SC MIRECC FELLOWS

**Claudia Drossel, Ph.D.** is a second-year fellow in Little Rock. She received her first doctoral degree from Temple University's Brain & Cognitive Sciences Program in 2004 and her second in 2011 from the University of Nevada, Reno's Clinical Psychology Program. From 2004 through 2010, Dr. Drossel co-led the Nevada Caregiver Support Center, a state-funded agency offering home and clinic-based services to individuals with dementia and their caregivers. She completed her pre-doctoral clinical internship at the Central Arkansas Veterans Healthcare System, focusing on interventions to improve the quality of life of individuals with complex chronic psychiatric and physical conditions. Dr. Drossel's current research, mentored by Drs. Dubbert and Kunik, centers on the impact of psychosocial factors and health behaviors on functional disability in neurocognitive disorders. Recently, Dr. Drossel has received an award of MIRECC pilot funds to design and assess a health promotion program, "Walking Together," for Veterans with cognitive impairment or dementia living at home and their caregivers.

**Kathleen Grubbs, Ph.D.** is a first year fellow in Little Rock. She received her Ph.D. in Clinical Psychology from the University of Hawaii, Manoa in August 2011 and completed her clinical internship and postdoctoral fellowship training at the Michael E. DeBakey VAMC in Houston. Dr. Grubbs' VA research interests have developed over the past 4 years. Dr. Grubbs worked with Dr. Leslie Morland on treatments delivered to Veterans living on remote pacific islands using telemedicine. During her internship and fellowship she gained experience adapting and delivering innovative treatments for panic disorder (brief intensive treatment, combined treatments) while working with Dr. Ellen Teng. These experiences as well as excellent mentoring have shaped her long term research goals of developing and testing innovative strategies to implement evidence-based treatments for rural Veterans with PTSD.

**Natalie Hundt, Ph.D.** is a second-year fellow in Houston. She received her Ph.D. in Clinical Psychology from the University of North Carolina at Greensboro. Dr. Hundt completed a predoctoral internship at the Salem VA Medical Center. Dr. Hundt's primary research interests are in improving access and efficiency of care for depression. With a clinical educator grant from the SCMIRECC, she is designing a guided self-help behavioral activation workbook for Veterans.

**Joe Mignogna, Ph.D.** is a first-year MIRECC fellow in Houston. He received his doctoral degree in Clinical Psychology from Oklahoma State University in 2010. He completed his predoctoral internship at the Michael E. DeBakey VAMC. Dr. Mignogna's primary research interest focuses on improving the efficiency and effectiveness of mental health services in primary care, particularly in enhancing the coordination and continuity of care in this setting.

**Juliette Mott, Ph.D.** is a third-year fellow in Houston. She received her Ph.D. in Clinical Psychology from the University of Missouri-St. Louis in August 2010 and completed her predoctoral internship at the Michael E. DeBakey VA medical center. Dr. Mott's primary research interest is in increasing engagement in evidence-based psychotherapies for PTSD. With funding from the SCMIRECC, she is currently conducting a pilot study designed to develop and test a decision-making intervention that will help Veterans with PTSD make well-informed treatment choices.

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