



*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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## The South Central VA Healthcare Network Grants Program

By Joseph Constans, Ph.D.  
Southeast Louisiana Veterans Healthcare System  
SC MIRECC New Orleans Site Leader and Core Investigator  
Tulane University

Research is a fundamental ingredient in a continuously improving organization and is vital to improving quality of care and patient outcomes. The purpose of the Network Grants Program is to promote research in VISN 16 through the growth of promising junior investigators who have demonstrated a commitment to developing a research career. The Network Grants Program not only provides needed financial support to junior investigators but also demonstrates VISN 16's commitment to improving Veteran health care.

The program provides awardees funding to collect pilot data that will enable them to successfully develop and submit a grant application that is competitive at the national level. In addition, investigators who currently have a VA, National Institute of Health (NIH) or other career development award and who are seeking supplemental funds can also apply. The grant provides up to \$100,000 to be used

**See GRANTS on page 2**

## Working with Couples Web-based Training: A New Resource for Front-line Clinicians [www.VACouplesTherapy.org](http://www.VACouplesTherapy.org)

By Michelle D. Sherman, Ph.D.  
Director, Family Mental Health Program, Oklahoma City VA Medical Center  
Core Investigator, South Central MIRECC  
Clinical Professor, Psychiatry/Behavioral Sciences, University of Oklahoma Health Sciences Center

The VA Office of Mental Health Services has offered clinician training workshops for several evidence-based family treatments over the past few years, including behavioral family therapy, multifamily group therapy, and integrative behavioral couples therapy. These excellent face-to-face workshops provide intensive training (followed by consultation) for VA clinicians who work with couples. However, the time commitment of such trainings is a barrier for most busy VA clinicians, and the number of trainees who can attend is limited. The SC MIRECC recognized the growing need for empowering clinicians with basic skills in working with couples and provided funding to Drs. Michael Kauth and Michelle Sherman to create this new, free web-based

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## GRANTS (continued from page 1)

### Fiscal Year 2013 Funded Network Grants

#### HOUSTON

Dr. Mary Newsome  
Group Based Exposure Therapy's Impact  
on Recovery from PTSD:  
A Randomized Controlled Trial

#### LITTLE ROCK

Dr. Prasad Padala  
Repetitive Transcranial Magnetic  
Stimulation for Apathy in Alzheimer's  
Dementia

Dr. Kalpana Padala  
Wii Fit for Balance and Gait in Elderly  
Veterans

over 24 months, depending on satisfactory progress.

#### Eligibility and Application Process

This program is not intended for independent, established investigators. Researchers who have served as a principal investigator on a non-entry level or non-mentored national private or public peer reviewed grant (e.g. VA Merit Review, VA Cooperative Clinical Trial, National Institute of Health R01, etc), and/or have greater than or equal to \$50,000 per year in investigator-initiated grant funding are not eligible to apply. To apply for the Network Grants Program, applicants must:

- Hold at least a 5/8s VA appointment at a VISN 16 facility.
- Hold a doctoral degree and a faculty appointment (at least at the rank of Instructor or Assistant Professor). Eligible degrees include M.D., Ph.D., Dr.P.H., Pharm.D., or other doctorate degrees in disciplines such as rehabilitation, nursing, audiology, dentistry, and speech pathology.
- Provide a career plan and research agenda as part of the application.

Applicants are encouraged to work closely with their local VA Research and Development office for this submission. Additionally, applicants must have local Research and Development Committee approval to submit this grant application and the Associate Chief of Staff for Research Service must sign the application cover page.

#### Contact Us

Network Grant Program grant applications are accepted annually in May. For more information about the program or to request an application, contact Kerri Ulrich at [Kerri.Ulrich@va.gov](mailto:Kerri.Ulrich@va.gov) or (504) 566-8528. ♦

### 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 credit the SC MIRECC if they 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.

## One Year Later: The SC MIRECC CBOC Mental Health Rounds Program

By Geri Adler, Ph.D., M.S.W., LISW-CP

November 2012 marked the first anniversary of the *Community-Based Outpatient Clinic (CBOC) Mental Health Rounds: Sponsored by the South Central MIRECC*. The purpose of this series of virtual conferences is to engage, empower, and encourage mental health providers to incorporate cutting-edge treatments, research, and topics into their clinical practice to better meet the mental health care needs of rural Veterans. Over the past year, we have had 450 unique providers participate in the rounds and expanded beyond VISN 16 to VISNs 6 and 23. Our goal is to incrementally add all VISNs to the series and make it available to a national audience while continuing to offer other topics that will appeal to rural providers.

This endeavor was not always easy and I want to thank everyone who has helped make this series a success. A big thank you goes to the planning committee for all their hard work. This dedicated group has responsibility for the overall planning and coordination of the series, as well as ensuring the sessions are high quality, meet standards for accreditation and are of interest to rural providers. I was also lucky to have a great program support team from Employee Education Services that includes our program manager, Mary Fay, our program support assistants, Vicky Moss and Marvin Sanchez, and a 508-compliance specialist, Lara Dolin, who makes trainings compliant for users with disabilities. I would also like to thank VISN 16 leadership for giving their support to the series, including allowing providers to set aside one hour a month to participate. Lastly, I would like to thank our presenters. I appreciate the time they spent developing and delivering content for our sessions. Their knowledge has shaped our rounds into the successful series it is today.

In the coming months we will cover a broad spectrum of topics of interest to rural and urban providers across the country, including at-risk drinking, mild cognitive impairment, telemental health, ethics, and primary care/mental health co-located collaborative care. I hope you will continue to join us.

*For more information about the mental health rounds, contact the program director, Dr. Geri Adler, at [Geri.Adler@va.gov](mailto:Geri.Adler@va.gov) or (713) 794-8660. You can also visit <http://www.mirecc.va.gov/VISN16/MentalHealthRounds.asp>. ♦*

### SC MIRECC CBOC Rounds Planning Committee 2011-2012

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### December CBOC Mental Health Rounds: Sponsored by the SC MIRECC

VISN 6, 16, and 23 mental health providers are invited to attend the next SC MIRECC CBOC Mental Health Rounds titled "At-Risk Drinking" on Wednesday, December 12, 2012 at 8:00-9:00 a.m. (CT). This LiveMeeting session will be presented by Johanna Klaus, Ph.D. Call 1-800-767-1750 and use access code 26461# to participate. For registration and continuing education credit information email [Ashley.McDaniel@va.gov](mailto:Ashley.McDaniel@va.gov).

## COUPLES (continued from page 1)

training.

Involving family members in Veterans' treatment can benefit both parties. Typically, close relationships provide much of the "meaning" in one's life. Also, family members often have important historical/assessment information, spend a great deal of time with the Veteran, and can help execute the treatment plan (e.g., behavioral activation, partner-assisted exposure). What is more, the association between the family relationship and emotional problems is bidirectional, meaning that while the Veteran's emotional problem affects the family, the family also affects the emotional problem.

Recent studies have found that 86% of Veterans in a VA PTSD outpatient program reported that PTSD is a source of family stress – and 79% expressed interest in greater family involvement in care (Batten et al., 2009). Furthermore, over ¾ of live-in female partners of Veterans with PTSD rated getting couples/family therapy as very important in coping with PTSD in the family (Sherman et al., 2005). Thus, treatment of the interpersonal relationship between Veterans with PTSD and their partners does the "double duty" of addressing the PTSD symptoms within the context of strengthening the family's cohesiveness and supportiveness and dealing with family problems that arise as a result of PTSD (Johnson, 2002).

Couples therapy has been found to positively impact 70% of couples receiving treatment (Lebow et al., 2012). Conjoint treatment has also been found to be effective with other disorders, including depression (Beach et al., 2008), substance abuse (O'Farrell & Fals-Stewart, 2006), and schizophrenia (Pfammatter, Junghan & Brenner, 2006). International Society for Traumatic Stress Studies (ISTSS) guidelines recommend that couples therapy for PTSD should focus on improving communication and reducing conflict among family members (Riggs, Monson, Glynn & Canterino, 2009).

The SC MIRECC *Working with Couples* training provides an overview of essential content and skills for treating the Veteran and his/her partner or spouse who struggle with communication problems, anger and conflict, mental illness, trauma, and reintegration into the family after deployment. *Working with Couples* is not a couples therapy training – learning how to be a couples therapist

requires a long-term commitment, extensive reading, and ongoing supervision (including review of actual sessions). Rather, the purpose of this training is to provide some basic skills in key domains that are useful in working with couples – not specific to any particular model or theory. We strongly encourage clinicians to obtain training in evidence-based models and formal supervision.



Above: Pictures of the Working with Couples Online Modules

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This online training is based on a two-day face-to-face training developed and provided by Michelle Sherman, Ph.D. and Dutch Doerman, Ph.D. in Houston, TX and Little Rock, AR. With the assistance of our content consultants, including Ursula Bowling, Psy.D., Shirley Glynn, Ph.D., Donald Baucom, Ph.D., Jennifer Kirby, Ph.D., and Lee Thrash, Ph.D., we modified the workshop into an online training with funding from the SC MIRECC. Project investigators are Michael Kauth, Ph.D. (Principal Investigator) and Michelle Sherman, Ph.D. Cynthia Phelps, Ph.D. and Irmgard Willcockson, Ph.D., formerly at the University of Texas, School of Health Information Sciences, developed the web-based platform.

The training can be useful for a variety of clinicians, including:

- Established VA mental health professionals who are just beginning to provide family services.
- Clinicians who are new to VA (and thus may be less familiar with Veteran family issues and VA procedures) who are beginning practice in the VA setting.
- Practicum students, interns, residents, and postdoctoral fellows .
- Marriage and family therapists (MFTs) who are joining the VA healthcare system.

The training addresses a range of issues that confront clinicians when starting to work with couples in the VA healthcare system, such as:

- What assessment tools should I use?
- Who is in the room and when?
- How do I handle confidentiality?
- What are specific interventions that can be helpful?
- What are good homework assignments?
- How do I document couple sessions?
- When do I create collateral charts?
- When should I refer?
- What CPT codes do I use?

These issues are addressed across the six modules of Working with Couples, which include:

- Introduction
- Communication skills
- Empowering families struggling with mental illness with information, resources and hope
- Anger and conflict management
- Reintegration to the family after deployment and traumatic brain injury
- Trauma/PTSD and their impact on the relationship

The modules include didactic information; role-plays with professional actors and Drs. Doerman and Sherman as therapists to demonstrate interventions; self-assessments (quizzes); patient handouts / homework; and resource lists/downloadable attachments. The modules are designed to be interactive and engaging. Although the entire training lasts approximately 4 ½ hours, users can start and stop at their convenience without the need to complete the entire training in one sitting.

*For more information about Working with Couples, contact Dr. Sherman at [Michelle.Sherman@va.gov](mailto:Michelle.Sherman@va.gov) or visit the training site at <http://www.vacouplestherapy.org/>. Learners may register with a login and password or simply use the program as a Guest.*

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## RECENT SC MIRECC PUBLICATION

### CHANGES IN ACTIVITIES OF DAILY LIVING, NUTRIENT INTAKE, AND SYSTEMIC INFLAMMATION IN ELDERLY ADULTS RECEIVING RECUPERATIVE CARE.

Dennis, R. A., Johnson, L. E., Roberson, P. K., Heif, M., Bopp, M. M., **Garner, K. K.**, Padala, K. P., Padala, P. R., **Dubbert, P. M.**, Sullivan, D. H.

*Journal of the American Geriatric Society, 2012 (Epub ahead of print)*

The objective of this prospective observational study is to determine the relationships between physical function, systemic inflammation, and nutrient intake in elderly adults who are deconditioned or recovering from medical illness. This study took place in a recuperative care and rehabilitation setting of a Veterans Affairs hospital. Participants were older adults assessed to be in need of and likely to benefit from specialized inpatient care (N = 336, aged  $78.9 \pm 7.5$ , median length of stay 24 days).

Measurements were functional assessments and plasma analyses for albumins and inflammatory markers were performed at admission and discharge. Complete nutrient intake assessments were performed daily. Katz (independence in activities of daily living) and walking endurance (distance capability and summation of need for assistive device and human help) scores were based on direct observation and provider query. Data were analyzed using least-squares and logistic regression analyses.

Results showed that changes in physical function between admission and discharge were positively correlated with change in nutrient intake and inversely correlated with inflammation at admission and its change. Participants in the upper quartile of change for nutrient intake (particularly improved protein intake) were two to three times as likely to experience a clinically significant change in functional status during the hospitalization. Similarly, the odds of experiencing an improvement in physical function were two to four times as great for participants whose C-reactive protein levels declined as for those whose levels increased. These relationships remained significant after controlling for age, length of stay, and other baseline indicators of health status.

In conclusion, protein intake and inflammation are significantly correlated with functional recovery for aging individuals undergoing recuperative care and rehabilitation. Future studies should investigate whether combined interventions that target these factors improve recovery during hospitalization for this population. ♦

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