



## *South Central MIRECC Communiqué*

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### ***“Closing the efficacy-effectiveness gap”***

*Editor’s note: William Miller developed Motivational Interviewing (MI) more than 20 years ago to promote behavioral change and address resistance to change among individuals in treatment for substance abuse. As a brief intervention, MI has shown effectiveness in the treatment of substance abuse. MI has also been applied to a host of other targets of change such as smoking cessation, HIV sexual risk reduction, diet/exercise, compulsive sexual behavior, medication adherence, breastfeeding, etc, with less positive results. Increasingly, MI has been incorporated as a component in other interventions, including the psychosocial rehabilitation training undertaken in VISN 16, where it is employed as a technique to engage patients and reduce resistance to change. For this reason, we invited Ms. Hendrix-Giles to describe MI and its relationship to a recovery model of care in order to familiarize mental health clinicians with this tool.*

### **The Role of Motivational Interviewing in the Recovery Model of Care**

Delores Hendrix-Giles, LCSW  
Michael E. DeBakey VAMC, Houston TX

The President’s New Freedom Commission Report on Mental Health presented an opportunity for the transformation of Mental Health service delivery, especially in the VA. Central themes of the report are the ideas that individuals with mental illness can recover and that mental health care should be a collaborative effort focused on maximizing the individual’s functioning. Recent research in psychosocial rehabilitation that demonstrates significantly promising outcomes in conjunction with the catalyst of the Commission’s report have spurred VA clinicians into action. We are beginning to benefit from research, education, training and tools that assist mental health professionals in meeting the needs of our clients and are encouraging involvement and choice among our veteran population. However, the notion of recovery from mental health illness requires a paradigm shift for both clinician and consumer. One tool that has been particularly useful in helping clinicians to promote recovery through behavioral change is Motivational Interviewing.

Motivational interviewing (MI) as defined by Miller and Rollnick (2002) is a client-centered, directive method of enhancing intrinsic motivation for behavioral change by exploring and resolving ambivalence. MI utilizes the Stages of Change, developed by Prochaska and DiClemente (1982), as a framework for understanding the process of change. The stages of change outline a structured continuum of the phases of readiness to change. It is essential to understand this process in the exploration of motivation and ambivalence. MI was initially introduced in the treatment of substance abuse to help consumers initiate behavioral change. It is now being used for a wide range of problems in a wide array of medical settings where the necessities for behavioral change and resistance to change are quite common (Miller & Rollnick, 2002).

The marriage between motivational interviewing and the recovery model of care is a congenial one. The overall spirit of MI (Collaboration, Evocation, and Autonomy; Miller & Rollnick 2002) parallels the principles of recovery as outlined by the Substance Abuse and Mental Health Services Administration

(SAMHSA), as well as the goals of psychosocial rehabilitation (Recovery, Self confidence, Inclusion, Empowerment, and Quality of life). This approach is intended to move veterans from a place of passive participation in treatment to empowered engagement in their care. They align with the strengths perspective and literally allow veterans a voice and agency in their mental health treatment.

How does MI work? Briefly, Miller and Rollnick (2002) identified important points to consider in relation to personal motivation and how MI can be used to facilitate behavioral change. MI is more than a set of interventional techniques. It is a way of communicating with our clients. The focus is on the concerns and perspectives of the individual. In a recent presentation, M. Velasquez (personal communication, February 24, 2006), drawing upon Miller and Rollnick (2002), outlined several assumptions about the function and implementation of MI:

- Motivation is a state of readiness to change that can fluctuate from one time or situation to another. This state is flexible and can be influenced.
- Motivation to change does not reside solely within the client.
- The clinician's style is a powerful determinant for client resistance and change. An empathic style is more likely to elicit self-motivational responses and less resistance from the client.
- Ambivalence is a normal, not pathological, part of contemplating and making changes.
- Each person has powerful potential for change.

How does MI impact the recovery of consumers? Often, persons with mental illness are challenged by multiple physical and mental health related occupational and social dilemmas that inhibit their ability to maintain stability. MI provides a means to assist with the process of problem solving and facilitate change. The MI process by definition and practice emphasizes self-efficacy and ownership of resolution, key concepts in the recovery paradigm.

Motivational Interviewing is an excellent philosophy that clinicians should consider adding to their repertoire of intervention skills. Persons interested in more information and training should visit [www.motivationalinterview.org/sitemap](http://www.motivationalinterview.org/sitemap) or [www.samhsa.gov](http://www.samhsa.gov).

#### References

Miller, W.R. & Rollnick, S. (2002). *Motivation interviewing: Preparing people for change* (2nd Ed.). New York, NY: Guilford Press.

Prochaska, J.O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 19(3), 276-288.



### **VISN 16 Virtual Library Has Dictionaries**

Dixie A Jones, MLS, AHIP, Overton Brooks VA Medical Center

Do you need a quick definition of a word? Are you making a presentation and need to be sure of the pronunciation of a particular word? Go to the [Virtual Library](#) and use one of the online dictionaries there. The Merriam-Webster Online Dictionary provides audible pronunciations of words through your computer speakers! Stedman's Online Medical Dictionary defines words used in the health sciences. If you need to know what a medical abbreviation or acronym stands for, try the Dictionary of Medical Acronyms & Abbreviations found within STAT!Ref. These resources are available 24/7 at your desktop through the Virtual Library.

For a half hour of continuing education credit, see the tip on using online dictionaries at the Virtual Library, Tip #2.

## South Central MIRECC Announces New Research Programs

The MIRECC is pleased to announce two new research programs, the *Genesis Awards* and the *Trainee Research Awards*. These new programs are in addition to the ongoing Pilot Studies Program and the TRIPS program and are designed to support career development for junior investigators. Both will require that a mentor be involved with the junior investigator.

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, and a mentor is required. All South Central MIRECC Core and Affiliate Research Investigators and Fellows are eligible to apply. Letters of intent are due October 16th, 2006. In the future, Genesis Awards are expected to follow a grant cycle with specific submission dates.

The **Trainee Research Award** program is designed to defray direct research costs for trainees in the South Central MIRECC. This program can fund applications up to \$5,000, although we expect most applications to request less than \$3,000. Eligible trainees include medical students, psychiatric residents and fellows, psychology interns and fellows, and social work trainees in South Central MIRECC Core and Affiliate Facilities (VA and academic affiliates). A mentor is required for this award. Of note, this award is in addition to the Training Residents in Psychiatry Scholarship (TRIPS) program. TRIPS awardees and non-TRIPS trainees may apply for the Trainee Research Award. Applications for this award will be accepted on an ongoing basis rather than on a regular cycle. Applications are being accepted immediately and will be reviewed shortly after receipt. Applications should include a CV, mentor letter of support, a two page research proposal, a one page statement of career goals, and a one page budget justification.

Also note, the existing **Pilot Studies Research Program** will continue with an increase in allowable budgets to \$30,000 and with stricter criteria for demonstrating how the proposed project is needed for pilot data to support an externally funded project (e.g., NIH or VA research support). For more information about these programs, contact Lauren Marangell, MD, SC MIRECC Associate Director for Research, at [Laurenm@bcm.tmc.edu](mailto:Laurenm@bcm.tmc.edu).

### MIRECC Education Grant Applications for FY07

The South Central MIRECC calls for **Clinical Education grant proposals by August 21, 2006**. Attached are the application and a list of previously funded, active projects. The purposes of the grants are to support the development and evaluation of innovative clinical education tools or creative methods for delivering effective mental health care by frontline clinicians. Recipients may be awarded up to \$7,000. To date, 65 grants have been awarded, and a number of fine clinical education tools have been developed. A list of completed, available products can be found at [www1.va.gov/scmirecc/page.cfm?pg=12](http://www1.va.gov/scmirecc/page.cfm?pg=12).

If you wish to submit a proposal, the **FIRST THING** you should do is *talk to someone in MIRECC Education about your idea*. MIRECC personnel can help you develop the idea into a proposal that has a good likelihood of being funded. Projects related to promoting recovery-oriented education and services are a funding priority. A recovery orientation takes a holistic, multi-dimensional view of the veteran that includes physical and mental health, spirituality, occupational functioning, social functioning, etc., within a family and within the community. A recovery orientation strives to improve general functioning and promote hope. For more information about recovery, see the national consensus statement on recovery at [www.samhsa.gov/](http://www.samhsa.gov/). Contact Dr. Randy Burke ([randy.burke@va.med.gov](mailto:randy.burke@va.med.gov)) as soon as possible for assistance with your Clinical Education proposal.

VA Mental Health staff in VISN 16 and VISN 17 are eligible for this award.

## Houston Team Present Aug 17 on an Educational Intervention for Day Treatment Programs

The MIRECC *Bringing Science to Practice* web-based conference series presents **Quang (Charlie) X. Nguyen, PhD; Cynthia Andrus, RN, MSN; Carol Beckwith, RN; Audrey Dawkins-Oliver, LCSW; Ellen Flood, LCSW; Jocelyn Ulanday, MD; and Diana Willis, PA-C** on “*Newsletters as a Clinical Intervention Tool in a Day Treatment Setting*,” August 17, noon to 1:00 PM CT. Dr. Nguyen and colleagues will discuss an innovative educational strategy to engage veterans with a serious mental illness. The presenters are located at the Michael E. DeBakey VA Medical Center in Houston, TX.

Dr. Nguyen is Associate Director of the Comprehensive Mental Health Program. His primary interests include serious mental illness, diversity issues, Asian mental health, and test construction. He was a staff psychologist in the former Psychosocial Rehabilitation Program (PRP). Ms. Andrus is currently the Bar Code Medication Administration Coordinator. Previously, she was the Nurse Manager for PRP. She has extensive experience working with individuals with serious and persistent mental illness. Ms. Beckwith is currently assigned to outpatient Mental Health and works in the Comprehensive Mental Health program, providing telephone and walk-in triage for veterans in crisis. She was previously the Charge Nurse for the PRP for 10 years and was responsible for overseeing the operations of the clinic and case management. Ms. Dawkins-Oliver has since served in an array of clinical and administrative capacities in Mental Health, Medicine, Rehabilitation, and Long-Term Care. She previously served as Acting Program Director and Program Director of PRP from January 2001 to November 2004. Ms. Flood is currently working at the Vet Center, providing assessment and counseling services to veterans. She previously worked in PRP from 1998-2004. Dr. Ulanday is a staff psychiatrist in the Comprehensive Mental Health Program. Prior to this assignment, she worked for several years in PRP. Ms. Willis provided primary care support to the Mental Health Care Line from 1996 to 2005. Currently, she provides GI consult review and support in the Department of Gastroenterology.

The PowerPoint slides for Dr. Nguyen and colleagues’ presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning August 16. The live audioconference can be accessed August 17 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 program, contact [Randy.burke@med.va.gov](mailto:Randy.burke@med.va.gov)

### **MIRECC Personnel in the News**

**Teresa J. Hudson, PharmD, BCPP, FASHP**, was elected to a one-year term as Chair of the American Society of Health-System Pharmacists’ (ASHP) House of Delegates during its 58<sup>th</sup> annual session held June 25 and 27 in Orlando, FL. Dr. Hudson will also serve as a member of the ASHP Board of Directors.

Dr. Hudson is Associate Director of the Health Services Research and Development Center for Mental Healthcare and Outcomes Research at the Central Arkansas Veterans Healthcare System in North Little Rock, AR. She is also Assistant Professor of Psychiatry at the University of Arkansas for Medical Sciences, College of Medicine and is a Core Investigator in the VA South Central MIRECC.

The House of Delegates, ASHP’s chief policy-making body, consists of 163 voting state delegates, and members of the Board of Directors, past presidents of ASHP, chairs of the Society’s sections and forums, and five delegates representing federal services. The Society’s 30,000 members include pharmacists and pharmacy technicians who practice in a wide-range of settings, as well as pharmacy students.

Congratulations to Dr. Hudson!

## Research Rounds

The South Central MIRECC begins a **Research Rounds series** on the second Monday of each month at 2:00 PM CT. **Lauren Marangell, MD**, MIRECC Associate Director for Research, will present on *Mood Disorders Research: Developing Programs and Collaborations in the VISN 16 MIRECC*. The purpose of the program is to keep MIRECC investigators informed about each others' research interests and expertise.

This series employs a commercial web-based conferencing technology called Web-Ex. Please contact Dr. Thomas Teasdale ([Thomas-teasdale@ouhsc.edu](mailto:Thomas-teasdale@ouhsc.edu)) for information about how to access the system.

## Psychopharmacology Update 2006

The Baylor College of Medicine and South Central MIRECC will hold the *Psychopharmacology Update 2006 October 13-14, 2006* at the Houstonian Hotel. Scheduled speakers include:

A. John Rush, Jr., MD - "*STAR-D and Clinical Pearls for Treating Depression in the Real World*"

Christopher J. McDougle, MD - "*The Psychopharmacology of Autism*"

Joseph P. McEvoy, MD - "*A Clinician's Guide to the CATIE Data*"

Lauren B. Marangell, MD - "*Update on Bipolar Disorder*"

Max Hirshkowitz, PhD - "*The New Psychopharmacology of Sleep*"

Martha Sajatovic, MD - "*A Clinical Update on Geriatric Psychopharmacology*"

M. Katherine Shear, MD - "*Trauma, Grief and Ethics*"

Glen O. Gabbard, MD - "*Evaluation and Treatment of Complex Personalities*"

This meeting is approved for CME. To register, go to <http://cme.bcm.tmc.edu/1345> or call Baylor College of Medicine, Office of Continuing Medical Education at 713-798-8237 for a registration form. **South Central MIRECC Affiliates can have their registration fees covered by the MIRECC. Indicate on the form that you are a MIRECC Affiliate.** If you are uncertain of your MIRECC affiliation, contact the MIRECC program support person at your VA facility.

The Houstonian Hotel is located at 111 North Post Oak Lane, Houston, TX 77024. To make reservations, call 800-231-2759. Deadline for the reduced conference rate is September 21, or until the block is filled. Reserve your room early.

For more information, go to the web site above or email the Baylor Office of Continuing Medical Education at [cme@bcm.tmc.edu](mailto:cme@bcm.tmc.edu).

## Call for Papers for Anxiety Conference

The Anxiety Disorders Association of America (ADAA) has made a call for papers for their 2007 annual conference. Submission criteria and forms can be found at [www.adaa.org/conference&events/2007/Callforpaper07.asp](http://www.adaa.org/conference&events/2007/Callforpaper07.asp). Deadline for submission is September 15, 2006.

The 27<sup>th</sup> Annual Conference will be March 29 – April 1, 2007 at the Hyatt Regency St. Louis, St. Louis, MO. Contact Danielle Savard (240-485-1032 or [dsavard@adaa.org](mailto:dsavard@adaa.org)) for more information.

## Online Resources for Psychiatric Rehabilitation

Compiled by Kathleen Dohoney, PsyD,\* VA North Texas Health Care System, Dallas, and Lisa Martone, APN, Central Arkansas Veterans Health Care System, Little Rock

[www.mentalhealth.samhsa.gov/consumersurvivor](http://www.mentalhealth.samhsa.gov/consumersurvivor)

This is the Substance Abuse and Mental Health Services Administration's (SAMHSA) Consumer / Survivor webpage. In 2000, the Center for Mental Health Services (CMHS) formed a Consumer / Survivor Subcommittee to provide guidance and feedback to the CMHS National Advisory Council on mental health-related activities and policies. This subcommittee serves as a fact-finding body that reports on specific needs, issues, and concerns from the perspective of people living with mental illness. The subcommittee extends CMHS's continuing efforts to involve consumers / survivors at every level of the mental health system. This website provides information on such topics as recovery and living, self-directed care, discrimination and stigma, and research initiatives.

[www.reintegration.com](http://www.reintegration.com)

The Center for Reintegration web site is a resource for those persons dealing with schizophrenia, bipolar affective disorder, and related disorders. This site provides hope and help in returning to a meaningful life that includes employment, family and friends, and independent living. Sign up to get a free subscription to *Reintegration Today*, a magazine published quarterly by the Center as an information resource and community forum for people interested in all aspects of severe mental illness, particularly the process of recovery and reintegration back into society.

[www.self-determination.com](http://www.self-determination.com)

The Center for Self-Determination is an interactive collaboration of individuals and organizations committed to the principles of self-determination to help all persons create the lives they want, connected to and with their communities, and pursuing long term relationships and economic futures. The Center offers assistance to individuals and organizations attempting to change their systems of support based upon the self-determination principles. It builds upon the rapidly growing experience and learning about creating individual budgets; developing independent brokers / support coordinators who work for each individual receiving support; designing effective ways to help people pay for the supports and services they purchase; and helping public and private agencies create the needed changes in their organizational structures. This site provides a self-determination clearinghouse, training, and a technical assistance center.

*The following psychosocial rehabilitation sites were published in the July newsletter:*

[www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp)

SAMHSA and its Center for Mental Health Services (CMHS) have published six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health care. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy and can be downloaded for free on this website. SAMHSA expects to identify additional practices for future Kits. The next toolkit may be on the topic of Peer Support. The Kits contain many useful resources, including information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbooks and manuals for practitioners. The six toolkits are on the topics of Illness Management, Family Education, Supported

Employment, Co-Occurring Disorders, Assertive Community Treatment (ACT), and Medication Management.

[www.uspra.org](http://www.uspra.org)

The United States Psychiatric Rehabilitation Association (USPRA), formerly International Association of Psychosocial Rehabilitation Services (IAPRS), is an organization of psychosocial rehabilitation agencies, practitioners, and interested organizations and individuals dedicated to promoting, supporting and strengthening community-oriented rehabilitation services and resources for persons with psychiatric disabilities. For 30 years and with nearly 1,400 members, USPRA is the leading psychiatric rehabilitation organization in the United States. USPRA provides annual conferences, trainings, announcements, and a process for members to become certified as Psychiatric Rehabilitation practitioners.

\* Dr. Dohoney completed the 2004 MIRECC psychosocial rehabilitation training and is a certified trainer. She participated as a trainer in the 2006 training in Little Rock. Dr. Dohoney is Director, Mental Health Rehabilitation Module at the Dallas VA.



## New Presentations from MIRECC Investigators

Below is a partial list of presentations by MIRECC investigators from December 2005 to June 2006. MIRECC investigators are in bold. For more information about a presentation, please contact the lead MIRECC investigator directly.

**Dunn NJ**, Beckner M. (2006, May 5). "Treatment of Panic Attacks in Veterans with PTSD and Other Anxiety Disorders." Invited videoconference presentation to the *VISN 6 and VISN 16 Mid-Atlantic and South Central MIRECCs*.

**Kirchner J.** (2006). "What Does it Take to Implement Evidence Based but Major Changes in Routine Care: The VA Care for Depression Example," *Society of General Internal Medicine*, Los Angeles, CA.

**Kirchner J**, Parker LE, Yano EM. (2006). "The Implementation Process: Perspectives from Frontline Providers and Managers," *Society of General Internal Medicine*, Los Angeles, CA.

**Mattox R**, McSweeney J, **Sullivan G**, Hair K, Ivory J. (2006). "Faith Based Leader's Portrayal of Mental Illness--A Qualitative Analysis." Grand Rounds. Department of Psychiatry, UAMS.

**Mattox R, Sullivan G.** (2006, May 21). "A Qualitative Analysis of Faith Based Leaders Portrayal of Mental Illness in Televised Sermons." *11<sup>th</sup> Annual Research Colloquium for Junior Investigators*, APA Annual Meeting, Toronto, Ontario Canada for the section on research on Efficacy and Effectiveness.

**Sherman MD.** (2006, April and May). "Supporting Children of Veterans who have Experienced Trauma." Workshop for *regional Vet Center Director's annual meetings*. Oklahoma City, OK.

**Sherman MD.** (2006). "Impact of Parental Mental Illness on Children." Workshop at a Community Forum as part of *NAMI-Oklahoma's Hope For Tomorrow Program*. Del City High School, Del City, OK.

**Tan G**, Fukui T, Jensen MP, Thornby J (2006). Hypnosis in the treatment of veterans with chronic low back pain. Paper presented at the *114th Annual Convention of the American Psychological Association*, New Orleans, Louisiana.

**Tan G**, Colon-Garcia F, Jensen MP (2006). A model for expanding psychologist services to veterans suffering from chronic pain. Poster presented at the *VA Psychology Leadership Conference*, co-sponsored by the APA Practice Directorate, the AVAPL, and the APA Division 18, Dallas, Texas.

**Tan G** (2006). Translating research into clinical practice, and clinical practice into research. A panel discussion, *VA Psychology Leadership Conference*, co-sponsored by the APA Practice Directorate, the AVAPL, and the APA Division 18, Dallas, Texas.

**Tan G** (2006). Complementary and alternative medicine (CAM) interventions for pain. Presented at the *2nd Annual Pain Management Symposium*, South Central VA Health Care Network's Pain Management Initiative, Jackson, Mississippi.

**Tan G**, Jensen MP, Rintala D, Thornby J. (2006). Categorizing pain intensity for veterans with severe and intractable chronic pain. Poster presented at the *American Pain Society 25th Annual Scientific Meeting*, San Antonio, TX.

**Tan G**. (2005). Hypnosis in the treatment of Irritable Bowel Syndrome Paper presented at the *31st Annual Biofeedback of Texas Conference*, Salado, Texas.

**Tan G**. (2005). Updates on Pain Management Seminar. Presented at the *31st Annual Biofeedback of Texas Conference*, Salado, Texas.

**Tan G**, Thornby J, Hammond DC, Strehl U, Arnemann K (2005). Meta-analysis of neurofeedback and epilepsy. Presented at the *13th Annual Conference of the International Society for Neuronal Regulation*, Denver, Colorado

Zimmer GM, Walder A, **Kunik ME**, Naik AD (2006, May 3-7). Collaborative goal-setting behaviors predict hypertension control in older diabetics. *American Geriatrics Society 2006 Annual Meeting*, Chicago, IL.

### August Conference Calls 1-800-767-1750

7—Education Core, 2:00 PM CT, access code 16821#

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

17—*Bringing Science to Practice* presentation, noon CT, access code 45566#; slides downloaded at <http://vaww.visn16.med.va.gov/mirecc.htm>

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

23—Program Assistants, 1:00 PM CT, access code 43593#

25—PSR Group Call, noon CT, access code 85388#



The next issue of the *South Central MIRECC Communiqué* will be published September 4, 2006. Deadline for submission of items to the September newsletter is August 28. 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](mailto:Michael.Kauth@med.va.gov) or FAX to (504) 619-4086.

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

SC MIRECC intranet site: [vaww.visn16.med.va.gov/mirecc.htm](http://vaww.visn16.med.va.gov/mirecc.htm)

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