



Points of Excellence

The Newsletter of the VISN 17 Center of Excellence for Research on Returning War Veterans

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Lab technician, Will Stewart, monitors specimen freezers and lab equipment during COVID-19 pandemic



The VA VISN 17 Center of Excellence for Research on Returning War Veterans is dedicated to conducting research that serves to improve the quality of life of our nations Veterans and foster the wellbeing of their families.

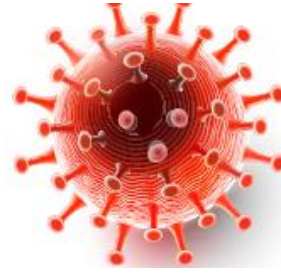
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CoE Responds to COVID-19

The global COVID-19 pandemic has drastically changed the lives of people across the world. Over 1.5 million confirmed cases and 100,000 deaths have been reported in the U.S. In response to these alarming rates, the VA implemented an aggressive public health plan designed to protect and care for Veterans, their families, and staff. Joining these nationwide efforts, the CoE staff has contributed in diverse ways to help our Veterans and community cope during these stressful times.



COVID-19
CORONAVIRUS

- To support our Central Texas leadership, Staley Justice, Social Worker in the Neuroimaging Core, has worked for the past several months as an assistant for the Central Texas COVID-19 Emergency Response Planning team.
- Daisy Lopez, our Advanced Medical Support Assistant, and LaShanda Montgomery, nurse practitioner, volunteered to support the national Veterans Crisis Line.
- Drs. Sheila Frankfurt, Yvette Szabo and Laura Zambrano-Vazquez, have expanded their clinical service by adapting to provide care using telehealth while extending the number of hours spend in caring for Veterans and their families. Dr. Szabo is now leading a novel group for Veterans at the General Mental Health Clinic to specifically help Veterans cope with COVID stress.
- The CoE organized a weekly support call where employees from across Texas can learn strategies from CoE psychologists, including Drs. Anderson, Frankfurt, Kurz, Lantrip, McGuire, Mignogna, Seim, Szabo, and Zambrano-Vazquez, to promote self-care, emotional resilience, and stress management during these challenging times.

Our CoE investigators and their research teams have also quickly adapted to contribute to efforts of understanding of how COVID is impacting our Veterans.

- Dr. Suzannah Creech with the help of Project SERVE's psychology technicians, Lisa Corcoran, Brian Kim, and Corina Mendoza, launched a COVID-19 study in May. The study received funding from the VA's Rehabilitation Research & Development Service to help understand how COVID-19 pandemic is impacting every day life, mental health, relationship functioning, and telehealth use of mental health services in returning war Veterans.



COVID-19 Response cont'd

- Dr. Joseph Mignogna, Implementation Sciences Core investigator, submitted a grant to investigate the effects of COVID-19.
- Lab technicians, Christina Hejl and Will Stewart, and MRI technician, Jennifer Smith, are regularly monitoring our laboratory equipment while some of our on-site research has been temporarily paused.
- Drs. Adam McGuire, Sheila Frankfurt, Solomon Kurz, Austen Anderson and Yvette Szabo collaborated on a manuscript addressing how, in the midst of measures of social distancing and shelter-in-place, social engagement can impact individuals with pre-existing mental health symptoms, like depression or anxiety.



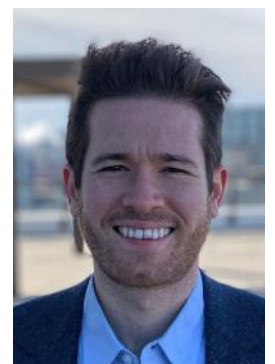
Ethics of Telehealth Webinar: Delivering Care in the Era of COVID-19



In the midst of this COVID-19 pandemic, the CoE hosted a national webinar to help VA clinicians appropriately address the ethical and legal issues in using telehealth technology to provide care to Veterans. Dr. Samuel Lustgarten, an assistant clinical professor and cyberpsychology expert at the University of Wisconsin-Madison, explained how providers across the world are adapting to provide care using tools ranging from text messaging, smartphone apps, emails, electronic medical/health records, digital assessments, and

video-conferencing. Though these adaptations facilitate service delivery, they are not without their risks. During his talk, Dr. Lustgarten addressed how these technologies may impact providers' abilities to maintain competence, privacy and confidentiality, and other relevant ethical standards. Furthermore, the diverse and emerging threats to the secure and private transmission of mental health communications and data storage were considered, acknowledging how recognition of these threats can prepare us to protect our patients.

Dr. Lustgarten offered several strategies to the nearly one thousand healthcare providers in attendance. By adapting informed consent procedures, minimizing the use of personal health information, using 2-factor security and encryption, and developing competence in emerging technologies, Dr. Lustgarten explained how providers can safely continue to utilize this technology in a way that protects patient confidentiality. If we address its risks, the flexibility that telehealth provides can help us successfully attend to the emerging needs of our Veterans and patients during these challenging times.



Samuel Lustgarten, Ph.D.
Univ of Wisconsin Madison

Identifying Provider Factors that Predict use of Effective PTSD Treatments

One in every five Veterans returning from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND) are diagnosed with PTSD, yet trauma-focused treatments shown to be effective are still underutilized by many VA providers. In their recent study, Dr. Hector Garcia, from the Valley Coastal Bend VA, in collaboration with CoE investigators, Drs. Joseph Mignogna and Bryann DeBeer, and colleagues, investigated how the use of evidence-based treatments is influenced by clinician characteristics.

Evidence-based psychotherapy integrates the best available research with clinical expertise to offer treatments that have been tested. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) are widely considered to be among the most effective trauma-based treatments. With the goal that every Veteran has access to these treatments, the VA has used a system-wide training and dissemination. However, research suggests only between 8%–20% of Veterans with PTSD receive CPT or PE. While research has identified factors that contribute to this low utilization like stigma, staff shortage, and patient characteristics, factors residing within providers are not yet well understood among VA clinicians.

To address these concerns, researchers examined whether theoretical orientation, training in use of cognitive behavioral therapy (CBT), professional discipline, and VA-sponsored training in CPT or PE were associated with use of specific treatments in PTSD care. After surveying over 200 VA providers working in PTSD clinics, the investigators confirmed that providers reported using CPT and PE for a relatively low percentage of their clinical time and instead relied on use of other psychotherapies for 50% of their time. Yet, several factors predicted higher rates of use among clinicians. For instance, use of evidence-based treatments was higher among providers who had completed VA-sponsored trainings in CPT or PE, and among those who endorsed a CBT orientation. Contrary to expectations, social workers were more likely to use CPT than psychologists, and graduate school training in CBT did not predict use of CPT or PE.

Overall, their findings suggest that the VA can enhance utilization of evidence-based treatments by targeting training to providers without prior CBT training but that special adaptations may be needed to motivate those without a CBT theoretical orientation. Ultimately, studies like this can provide guidance on factors impacting providers use of evidence-based treatments for Veterans struggling with PTSD.

Trauma – Based Treatments



*Cognitive
Processing
Therapy*

Teaches to change upsetting thoughts and feelings, and instead learn balanced ways to think about trauma



*Prolonged
Exposure*

Teaches to gradually approach trauma-related memories, feelings and situations avoided since trauma

Serving our Women Veterans: Impact of Sexual Trauma on Sexual Health

As their population in the US Military continues to grow, women now make up 10% of US Veterans. Unfortunately, this fast-growing group experiences disproportionately high rates of sexual trauma relative to their civilian counterparts and fellow male Veterans. With the goal of providing guidance for policy, practice, and research on the unique healthcare needs of women Veterans, Drs. Carey Pulverman and Suzannah Creech, CoE investigators, explored the relationship between sexual trauma and sexual health.

Sexual Trauma and Sexual Health cont'd



Sexual trauma, particularly childhood sexual trauma, is believed to disrupt healthy psychosexual development leading to sexual dysfunction in adulthood, including difficulties with sexual desire, arousal, orgasm, and pain. With approximately 50% reporting sexual trauma prior to their service and 23–33% experiencing military sexual trauma during active duty service, women Veterans may be especially vulnerable to sexual health difficulties. While the relationship between sexual trauma and sexual health is well-documented among civilian women, research is limited among women Veterans.

Drs. Pulverman and Creech conducted a comprehensive review of extant research focused on identifying the prevalence and correlates of sexual dysfunction among women Veterans in general, and among those with histories of sexual trauma in particular. They found that, depending on methodological differences, sexual dysfunction was present in up to nearly 13% of women Veterans, with nearly 30% of those Veterans endorsing sexual pain. Yet, among those with histories of sexual trauma, the rates of reported sexual difficulties increased to as high as 75%, suggesting that sexual trauma is likely associated with sexual dysfunction and low sexual satisfaction among women Veterans. Contrasting reports of civilian women who report low desire as the most common dysfunction, the review also found that women Veterans were more likely to report sexual pain as the most common sexual dysfunction.

Drs. Pulverman and Creech recommended that healthcare providers assess sexual health among women Veteran reporting sexual trauma. Research like this can improve clinician awareness of the specific needs of this population and increase opportunities for treating these important health care needs.

Welcome Our New Staff



Binh An Howard, B.S. is a psychology technician working in the Behavioral Science Core on the MOVED Study. She began her time with the CoE as an intern of the 2018-2019 class of the VA Center

of Excellence Research Program and later graduated from Tarleton State University with a degree in Psychology. Ms. Howard is planning to eventually pursue a Ph.D. in Clinical Psychology and hopes to work with children and adolescents in the foster care system.



Daisy Lopez is an Advanced Medical Support Assistant in the Business Core working with research teams to assist with participant scheduling. Prior to joining the CoE, she spent three years working with

other services at the Waco VA campus, such as Surgical Service, where she assisted with optometry and podiatry cases. Ms. Lopez has also provided support to the Veterans Crisis Line and is a Controlled Substance Inspector for the Central Texas Veterans Health Care System.

Using Patient Experiences to Improve Coordinated Care



Coordinated care refers to the deliberate collaboration across two or more services involved in a patient's care to provide efficient and proper healthcare. For example, a Veteran receiving care at a Specialty Clinic for a chronic condition, such as diabetes, could also benefit

from working with a mental health provider who provides coping skills to manage depression symptoms or the stress of their condition. In these cases, it is important that the Specialty Clinic and Mental Health Clinic have a strong communication to help address the Veteran's unique needs. Unfortunately, coordination of care is frequently a challenge in healthcare due to the multiple factors that can lead to care fragmentation. Recognizing that, to minimize the negative impact of co-occurring conditions, care should be efficiently coordinated, CoE investigator, Dr. Justin Benzer, and his colleagues investigated issues that could impact Veterans' experience of coordinated care.

Coordinating care between some related conditions, such as diabetes and hypertension, can be more straightforward because they share common risk factors and have overlapping treatment plans (e.g., dietary changes). Yet conditions that are discordant (i.e., not directly related by cause or management) or those with higher severity pose greater challenges in establishing cross-service communication and shared treatment plans. The VA is a healthcare system that, relative to most healthcare in the US, has invested heavily in integration and coordination of care. However, to fully serve the needs of our Veterans it is critical to better understand how these factors, like illness severity and discordance, impact the quality of coordinated care and whether these efforts for integration within the VA translate into improved healthcare experiences for Veterans.



Dr. Justin Benzer

Through their study, Dr. Benzer and colleagues were the first to empirically address this question by examining Veterans with diabetes and comorbid conditions that varied in level of severity and discordance. More specifically, low-severity (i.e., hypertension) and high-severity (i.e., congestive heart failure) cardiovascular illness was used as a concordant condition while low-severity (i.e., depression and anxiety) and high-severity (i.e., schizophrenia, bipolar disorder, and PTSD) mental health conditions were used as discordant comorbidities. Over 5,000 Veterans across approximately 30 VA medical centers with diabetes and cardiovascular/mental health comorbidities completed an

online survey of their perceptions of coordinated care. The results suggested that although the VA may be adequately addressing coordination needs related to diabetes and cardiovascular conditions, mental health conditions were associated with significantly lower patient experiences of coordinated care. Furthermore, the findings showed that Veterans believed that while specialized programs for more severe conditions are important, coordination is also needed for more common, less severe conditions. To fulfill its goal to care for our nation's Veterans, studies like this can inform the VA on how strengthening coordination for common, less severe conditions can ultimately have a major impact in a Veteran's experience of care and quality of life.

Next Steps for VA-CERP Graduates



Habib Abl (2017-2018) won the Best Poster award at URSA in 2018. He is now completing a Master's in Biomedical Sciences at Texas Tech University's Health Sciences Center.



Tessa Breeding (2017-2018) co-authored a review with Dr. Yvette Szabo. She is headed to Nova Southeastern University College of Medicine with a \$60,000 scholarship to pursue her M.D.



Nicole D'Aoust (2018-2019) was awarded Outstanding Research in Psychology and Magna Cum Laude. She will be completing a Master's in Clinical Psychology at Pepperdine University.



Hailey Fox (2017-2018) worked as an rTMS Technician and a Research Assistant in the Biomarkers Core. This fall, she is beginning grad school in clinical psychology at Auburn University.



Meredith Hayes (2018-2019) won URSA's Best Poster award working with the Implementation Sciences Core. She is headed to Louisiana State University in New Orleans to start Medical School.



Emily Johnson (2017-2018) graduated from Baylor University in December 2019. She will be pursuing an M.D. at McGovern School of Medicine in Houston this summer.



Kaitlin Jones (2017-2018) was a Neuroimaging Core intern. Currently she is simultaneously completing an M.D. and a Master's in Public Health at UT Southwestern Medical School.



Alyssa Kaser (2018-2019) defended her honor thesis studying fMRI changes after neurofeedback in Veterans with TBI. She is headed to Johns Hopkins to be a lab coordinator.



Katelyn Lucas (2017-2018) was a neuroimaging and psychology technician on the MINER Study. She will be completing a Ph.D. in Communication Sciences & Disorders at UT Dallas.



Jeffrey Rossiter (2016-2017) worked with the SERVE team for 2 years. He recently completed a Master's of Science at the University of North Texas Health Sciences Center.



Janani Srikanth (2016-2017) gained advanced neuroimaging processing skills as an intern. She is pursuing an M.D. at the University of North Texas Health Science Center in Forth Worth.



Jada Stanton (2017-2018) worked with Dr. Bryann DeBeer and the SERVE Team. She is graduating from Tarleton State University with a Master's of Social Work.

Ethics and Diversity Webinar Series

As part of the CoE Ethics and Diversity Webinar series, Dr. Beck Munsey, associate professor at Tarleton State University, discussed the unique therapeutic challenges faced by the LGBTQ community. Dr. Munsey explained to mental health providers that as a result of stigma, and discrimination, LGBTQ individuals face increased health risks. He provided an overview of ethical and cultural considerations that can help clinicians address the therapeutic needs of the community, helping clinicians understand how to create safe spaces in different professional settings and become an ally.



In February, Dr. Bryann DeBeer, CoE investigator, spoke about the assessment of trauma in high-risk, trauma-vulnerable populations, including women, Veterans, and persons of color. She presented practical strategies to aid in identifying nuances specific to the assessment of trauma events in diverse clients. Dr. DeBeer, currently an investigator at the MIRECC 6 VA in Denver, concluded by offering additional resources as a tool to further expand clinicians' skills in assessing trauma.

If you are interested in receiving notifications for upcoming Ethics & Diversity trainings, subscribe here: https://public.govdelivery.com/accounts/USVHA/subscriber/new?topic_id=USVHA_1340

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