Psychotherapy and Psychogeriatrics

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April 26, 2008
Psychotherapy
Evidence-Based Psychotherapy Dissemination

National initiatives to train MH staff in the delivery of EBPs for:

- PTSD
  - Cognitive Processing Therapy
  - Prolonged Exposure Therapy
- Depression
  - Cognitive Behavioral Therapy
  - Acceptance and Commitment Therapy
- Serious Mental Illness
  - Social Skills Training
Training Model

- In-person workshop
  - Didactic
  - Experiential

- Ongoing regular consultation to build mastery and facilitate implementation

- Train-the-trainer component
# Training Workshop Timelines

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Initial Workshop</th>
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<tbody>
<tr>
<td>CPT</td>
<td>July 2007</td>
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<tr>
<td>PE</td>
<td>November 2007</td>
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<tr>
<td>SST</td>
<td>April 2008</td>
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<tr>
<td>CBT/ACT</td>
<td>June 2008</td>
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Implementation

- Top down + bottom up approach to promote adoption and sustainability
- CPRS templates under development
- Roster
- Local champions
Uniform MH Services Package: Evidence-Based Psychotherapy

**Access and capacity for:**
- CPT or PE for PTSD
- CBT/ACT or IPT for depression/anxiety
- SST for SMI
- Other provisions (e.g., Family Psychoeducation, Motivational Enhancement, EB psychosocial treatments in RRTPs)
- Evidence-based somatic treatments for mental and substance disorders

Mental Health Metrics Evidence-Based Treatments Work Group
Related Goals

- Increase delivery of psychotherapy in VA
  - Develop metrics to monitor psychotherapy delivery

- Promote bibliotherapy
  - Bibliotherapy resource guide

- Supplemental EBP training
  - e.g., CBT for insomnia

- Group therapy training

- Suicide prevention
Psychogeriatrics
“Geriatric Mental Health Care Crisis”

Older adults receive MH treatment at very low rates
(Karlin, Duffy, & Gleaves, in press; Karlin & Norris, 2006; Wei et al., 2006)

Older adults unlikely to receive specialty MH treatment
(Crabb & Hunsley, 2006)

Prevalence of MH problems in older adults expected to increase over the coming decades
(Gfroerer, Penne, Pemberton, & Folsom, 2003)
Home Based Primary Care Mental Health Initiative

MH provider funded for each HBPC team (130)
- FT, integral member of HBPC team
- Psychologist on almost all teams

General responsibilities of HBPC MH Provider
- Cognitive and psychological assessment
- Time-limited psychotherapy/psychosocial and behavioral medicine services
- Behavior management/caregiver interventions
- Team-focused activities
Implementation

~70 HBPC MH Providers on board

Opportunities for limited contributions to other geriatrics settings, after determined 100% commitment not needed

Support/mentorship from MH

VA HBPC MH Provider e-mail group

National conference May 13-16, 2008

HBPC MH Coordinator position being developed

Close collaboration with GEC
Nursing Home Mental Health Initiative

MH providers in community living centers (CLCs), as part of special initiative

- Promote delivery of psychosocial services for behavior management

- Facilitate NH culture transformation

National conference August 2008
Other Developments

- Psychologist part of Palliative Care Consult Team (part-time)
  - new directive
Uniform MH Services Package: Older Veterans

Integration of MH services in:
- HBPC
- Community Living Centers
- Palliative Care Consult Teams
- SCI
- Blind Rehab

Capacity for:
- Cognitive screening
- Capacity assessment
- Education and support for family caregivers
Additional Activities

- MH Education Debt Reduction Program
  - Significant majority of awards to psychologists

- Monitoring of staffing and hiring
Additional Activities

- Development of VA Mental Health Design Guide
- Standardization of MH stop code reporting for MH programs