



## Director's Update

After months of hard work by our administrative team, our Durham site has moved locations, from the Durham VA Medical Center's main campus to an off-campus location a few miles away. I'd first like to thank Brian Gordon, Misty Brooks, Tasia Bracket, Jeff Hoerle, and the Transition Team (Caitlyn

Campbell, Chelsea Swanson, Paola Fernandez, Nate Kimbrel, Susan O'Loughlin, and Madrienne Wong) for their help with all the logistical details. I would also like to thank the Durham VA IT and Engineering departments for all their help and support with this large move. Finally, I'd like to thank the Durham VA Medical Center executive leadership team for their ongoing support of the MIRECC, including: Ms. Deanne Seekins, Director, Mr. Stephen Black, Associate Director, and Mr. Peter Tillman, Health Systems Specialist.

As we think about a (seemingly) simple transition, such as moving a department to a new location, other broader transitions come to mind. In the last newsletter, I discussed several exciting changes for the MIRECC related to our progress moving research into practice. At the Reverse Site Visit (RSV) we presented our progress to VACO Mental Health Services. This visit provided us with useful feedback about how far we've come since our initial funding in 2005 and the progress we've made since our renewal was granted in 2009. Our center has now been renewed a second time. This gives us the opportunity to continue meeting our mission of improving post-deployment mental health care for Iraq and Afghanistan era Veterans by sharing our research with clinicians and Veterans.

This year, one effort we have implemented toward that goal is through a Clinical Core Grant Program. The mission of the MIRECC Clinical Core is to translate empirical research into effective clinical training and consultation to improve the quality of care for Veterans. The goal of the Clinical Core grant program initiative was to spark new partnerships between researchers and clinicians and support their efforts to quickly develop and implement simple, evidence-based, enduring, innovative clinical programming that had the potential for high impact improvements in direct Veteran care.

The request for proposals closed on March 25. Proposals were rated in the areas of feasibility, innovation, impact, financial soundness, sustainability, alignment with MIRECC mission and priority areas, and alignment with cross-cutting VA strategic goals.

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# Focus on the VISN

Cross-cutting VA strategic goals could include: VA's overarching Strategic Plan, myVA goals, the Under Secretary for Health's Strategic Action Priorities, Blueprint for Excellence, Office of Rural Health's Promising Practices, and/or the VISN 6 Strategic Goals.

The identified strengths and areas of concern have been communicated, as well as suggestions for improvements. I look forward to announcing the awardees of our FY2016 Clinical Core Grant Program in the next edition of *Briefings*.

*John A. Fairbank, Ph.D.*  
Director, Mid-Atlantic (VISN 6) MIRECC

## Focus on the VISN

### National Service



On April 20-21, 2016, **Dr. Robin Hurley** (MIRECC Associate Director, Education) represented our MIRECC at this by-invitation meeting hosted by Secretary Robert A. McDonald. The purpose of the two-day meeting held in Washington DC was to bring together VA researchers with leaders from Veterans groups, Federal, Sports, Private Industry and Community Partners to advance national discussion related to traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD).

This outward-facing meeting was the Secretary's initiative to bring together leaders and experts in their respective fields for substantive collaborations and to develop public-private partnership that will *"advance medicine in prevention, diagnosis, treatment, rehabilitation, and reintegration of those Veterans, and Americans in general, who are affected by TBI and PTSD"*.

### National Service

**Dr. John Fairbank** (MIRECC Director) served as a member of two scientific merit review panels: HSR&D Center of Innovation (COIN) applications, February 23, 2016 and VA-ORD Quality Enhancement Research Initiative (QUERI) program applications, March 3, 2016.

*Blueprint for Excellence Strategies 7, 8*

**Dr. Katherine Taber** (MIRECC Assistant Director for Education) served as a member of VA RR&D scientific merit review Brain Injury panel, February 23, 2016.

*Blueprint for Excellence Strategies 7, 8*

### New Leadership Activities

**Dr. Holly Miskey** (MIRECC Faculty, Salisbury site) has been appointed to serve on the *Science Task Force Committee* of the International Neuropsychological Society.

*Blueprint for Excellence Strategies 7, 8*

### Invited Lectures & Workshops

**Dr. Robin A. Hurley** (MIRECC Associate Director, Education) presented *Neuropsychiatry of Blast-Related Brain Injuries* as part of the UNC-Chapel Hill Dental Residency Program Annual Continuing Education Day at the Salisbury VAMC on April 14, 2016.

*Blueprint for Excellence Strategies 1, 2, 7, 8*

**Dr. Jason Nieuwsma** (Associate Director, Engaging Chaplains in Mental Health Care) presented *Moral injury: Developing Conceptual, Clinical and Collaborative Paradigms*, in February at Behavioral Health Grand Rounds, co-sponsored by VISN 4 MIRECC and University of Pennsylvania School of Medicine, Philadelphia, PA.

*Blueprint for Excellence Strategies 1, 2, 7, 8*

**Dr. Robert Shura** (MIRECC Faculty, Salisbury site) presented *Adult ADHD* as part of the Salisbury VAMC VCOM Medical Student Seminar Series on April 16, 2016.

*Blueprint for Excellence Strategies 2, 7, 8*

## Research Update



## 2nd Neurosteroid Congress

Durham, NC April 6 - 8, 2016

**Dr. Christine Marx** (MIRECC Co-Associate Director of Research and Director of the Interventions & Metabolomics Lab) is the founder and organizer of this meeting. Dr. Marx served as the Chair.



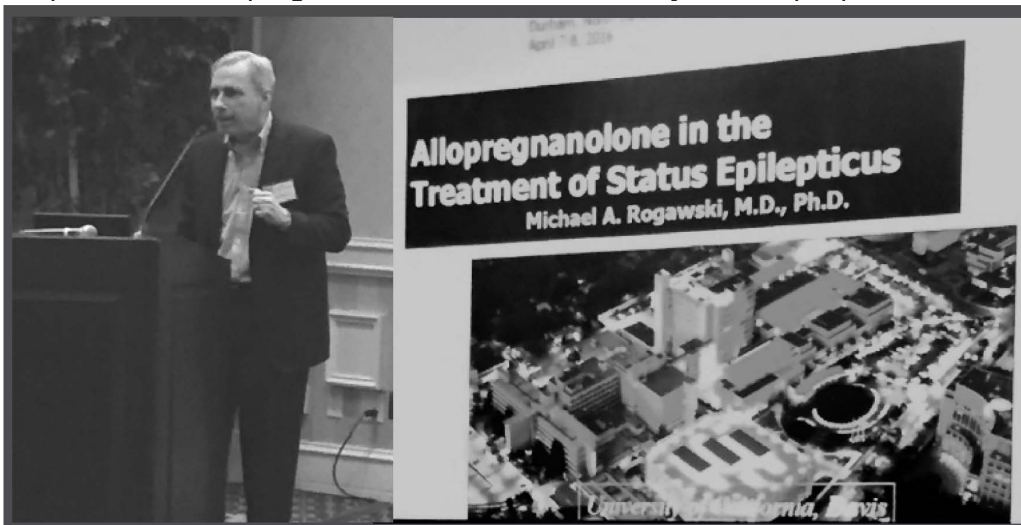
There were more than 40 attendees, including 19 speakers from the US, Canada and Europe.

The Plenary Speaker and Pioneer Award Recipient was Dr. Steven Paul, who presented *“Neurosterols and NMDA Receptors: Therapeutic Implications”*. Now faculty at Weill Cornell Medical College, Dr. Paul has previously served at NIMH in multiple positions including Scientific Director of the Intramural Research Program, Branch Chief of Clinical Neuroscience, and Section Chief of Molecular Pharmacology.



Dr. Mehmet Sofuoglu, Director of the VISN 1 MIRECC and faculty at Yale School of Medicine, presented *“Role of Progesterone in Addictive Disorders: Human Laboratory and Clinical Trial Findings”*.

Dr. Mike Rogawski, faculty at University of California-Davis, presented *“Allopregnanolone in the Treatment of Status Epilepticus”*.



## Honors & Awards

**Dr. Sarah Martindale** (MIRECC Fellow, Salisbury site) was awarded the Outstanding Dissertation Award in the category of Social Sciences by Baylor University in Waco, TX, for the 2015-2016 academic year. Annually, departments nominate one doctoral candidate who exhibits exceptional scholarship, research, and writing in the category of Humanities, Sciences, or Social Sciences. Typically one of the three awardees will later also be nominated for various national awards, including the Council of Graduate Schools/UMI Distinguished Dissertation Award. *Blueprint for Excellence Strategies 7, 8*

## Promotions

**Dr. Jason Nieuwsma** (Associate Director, Engaging Chaplains in Mental Health Care) has been promoted to Associate Professor in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center.

## New Personnel

**Jennifer Wortmann, PhD** joined the Mental Health and Chaplaincy (MH&C) team in January. She is a psychologist and training expert, working from Arlington, MA. Dr. Wortmann serves as instructor and consultant to chaplains enrolled in the Mental Health Integration for Chaplain Services course. She is also engaged in research related to MH&C integration.





## Alignment with VA USH Five VHA Priorities

### Project/Program: Focus

	Access	Employee Engagement	Performance Best Practices	Building High & Trust in VA	Restore Pride
<b>BHIP Case-Finder:</b> Improving care coordination	★	★	★	★	★
<b>Coaching into Care:</b> Coaching family and friends to help Veterans into care	★				★
<b>HOME Program:</b> Improving outpatient treatment engagement for high risk and suicidal Veterans	★		★		★
<b>Mental Health &amp; Chaplaincy:</b> Helping Veterans connect to care through chaplains	★				★
<b>Learning Collaboratives:</b> Supporting effective, routine and sustained implementation of smoking cessation psychotherapies			★	★	★
<b>Practice Based Implementation Network:</b> Supporting effective, routine and sustained implementation of PTSD psychotherapies			★	★	★
<b>National EBP Rollouts:</b> Supporting effective, routine and sustained implementation of 6 of the 14 VA EBP roll outs.				★	★
<b>Clinical Interventions Research:</b> Developing and testing novel behavioral and pharmacological interventions for PTSD, TBI and substance use.				★	★

## Update on Access Projects

- ★ State and community partnerships to engage Veterans into care - North Carolina Governor's Institute, NC Institute of Medicine, Citizen Soldier Support Program
- ★ Developing data mining tools (VISN 6 BHIP case-finder) to leverage the electronic medical record to improve care coordination
- ★ PDMH Study outreach to Veterans
- ★ Coaching into Care - reaching Veterans through loved ones
- ★ Improving outpatient treatment engagement for high-risk and suicidal Veterans through the Home-Based Mental Health Evaluation (HOME) program HOME project - includes urban and rural Veteran care
- ★ Helping Veterans connect to care through chaplains via the National MH & Chaplaincy program
- ★ Developed and researching multiple smoking cessation interventions using mobile technologies, including online services, phone, and telehealth for homeless and rural Veterans
- ★ VISN 6 Needs Assessment survey - Identified important post-9/11 Veteran preferences for care and communication modalities across the VISN 6 catchment area to inform outreach, training, education, and dissemination efforts.
- ★ Facilitate VA-Community coordination of and access to care for Veterans and their families via MH Summit evaluation data
- ★ Developed Veteran-centric Continuing Education training for community providers via private-public partnerships (Wake Area Health Education Center, Citizen Soldier Support Program - Odom Institute, UNC Chapel Hill, and other Area Health Education Centers [AHECs])

## Update on Suicide Prevention and Intervention Projects

- ★ Developed a violence risk screening tool (VIO-SCAN) currently being piloted in several VAMC ERs
- ★ Evaluating a combined suicide-and-violence assessment tool for clinicians
- ★ Improving outpatient treatment engagement for high-risk and suicidal Veterans through the Home-Based Mental Health Evaluation (HOME) program HOME project - includes urban and rural Veteran care
- ★ Investigating biomarkers and therapeutic candidates interventions for suicidality

# Conferences



## 2nd Neurosteroid Congress

April 6 - 8, 2016, Durham, NC

**Shawn Acheson:** *Pregnenolone Prevents Stress Induced Anxiety Behaviors: Translation from Pilot Clinical Investigations in PTSD*

**Allison Ashley-Koch:** *Interaction Between Genetic Variants in the SRD5A2 Locus and Neurosteroid Levels Modulate Risk and Severity of PTSD*

**Christine Marx:** *Neurosteroids as Biomarker Candidates in PTSD and TBI*

**Raj Morey:** *Neurosteroids May Impact Cortical Brain Architecture: Preliminary MRI Investigations*

**Jennifer Naylor:** *Pain Investigations: Neurosteroids, Functional Status, and Mental Health in Male and Female Iraq/Afghanistan Era Veterans*



## 8th Annual Conference on the Science of Dissemination and Implementation

December 14-15, 2015, Washington DC

Advancing Research, Policy and Practice

**Jackson GL, King HA, Nieuwsma JA, White B, Bates MJ, Bidassie B, Wright L, Cantrell WC, Rhodes JE, O'Mara S, Sperber NR, Meador KG.** *Use of quality improvement learning collaboratives with improvement coaching and facilitation in different organizations: A joint Department of Defense (DoD) and Department of Veterans Affairs (VA) collaborative.*



## AMERICAN ASSOCIATION OF SUICIDOLOGY

Suicide Prevention is *Everyone's Business*

*AAS is a charitable, nonprofit membership organization*

### 49th Annual AAS Conference

March 30 - April 2, 2016, Chicago IL

**Billera M, Burger M, Hill J, Wong M, Close J, Brancu M, Matarazzo BB.** *Increasing Treatment Engagement among Veterans at Risk for Suicide: The HOME Program through the Voice of Rural Veterans.*

A mini-video about this presentation has been posted by the VISN 19 MIRECC, originators of the HOME program!

[www.mirecc.va.gov/visn19/education/aas2016.asp](http://www.mirecc.va.gov/visn19/education/aas2016.asp)

# Publications

## Journal Articles

**Dennis PA, Kimbrel NA, Dedert EA, Beckham JC, Dennis MF, Calhoun PS.** *Supplemental nicotine preloading for smoking cessation in posttraumatic stress disorder: Results from a randomized controlled trial.* Addictive Behaviors. 2016 ; 59: 24-29.

**Dennis PA, Weinberg JB, Calhoun PS, Watkins LL, Sherwood A, Dennis MF, Beckham JC.** *An investigation of vago-regulatory and health-behavior accounts for increased inflammation in posttraumatic stress disorder.* Journal of Psychosomatic Research. 2016; 83: 33-9.

**DeViva JC, Sheerin CM, Southwick SM, Roy AM, Pietrzak RH, Harpaz-Rotem I.** *Correlates of VA mental health treatment utilization among OEF/OIF/OND veterans: resilience, stigma, social support, personality, and beliefs about treatment.* Psychological Trauma: Theory, Research, Practice, and Policy. 2016; 8(3): 310-318.

**Fleming E, Crawford EF, Calhoun PS, Kudler H, Straits-Troster KA.** *Veterans' Preferences for Receiving Information About VA Services: Is Getting the Information You Want Related to Increased Health Care Utilization?* Military Medicine. 2016; 181(2): 106-10.

### Abstract

Although the current cohort of returning veterans has engaged more fully with care from the Department of Veterans Affairs (VA) than have veterans from previous eras, concern remains regarding low engagement with VA services, particularly for specialty services for diagnoses that can most negatively impact quality of life. This study used the framework of the Andersen Model to examine factors related to VA health care use in Operation Enduring Freedom/Operation Iraqi Freedom veterans. Match between veterans' preferences for source of information about VA programs and veterans' actual sources of information about VA services was examined as an additional predictor of help seeking. The study included 1,161 veterans recruited from the southeast United States. Results suggested that veterans prefer to receive information from VA publications and the web, whereas they actually receive information from VA publications and other veterans. Logistic regression suggested that the number of deployments, income, distance to VA, VA disability rating, self-rated health, and match between preferred source of information and actual source of information were significantly related to the use of VA services since deployment. These results suggest that future outreach efforts should focus on targeting veterans' health needs and preferences for care and source of information.

**Green KT, Dennis PA, Neal LC, Hobkirk AL, Hicks TA, Watkins LL, Hayano J, Sherwood A, Calhoun PS, Beckham JC.** *Exploring the relationship between posttraumatic stress disorder symptoms and momentary heart rate variability.* Journal of Psychosomatic Research. 2016; 82: 31-4.

**Naylor JC, Kilts JD, Szabo ST, Dunn CE, Keefe FJ, Tupler LA, Shampine LJ, Morey RA, Strauss JL, Hamer RM, Wagner HR, VA Mid-Atlantic MIRECC Workgroup, Marx CE.** *Levels are Inversely Associated with Self-Reported Pain Symptoms in U.S. Iraq and Afghanistan-Era Male Veterans: Implications for Biomarkers and Therapeutics.* Pain Medicine. 2016; 17: 25-32.

**Scioli-Salter E, Forman DE, Otis JD, Tun C, Allsup K, Marx CE, Hauger TL, Shipherd JC, Higgins D, Tyzik A, Rasmusson AM.** *Potential neurobiological benefits of exercise in chronic pain and post-traumatic stress disorder: A pilot study.* Journal of Rehabilitation Research and Development. 2016;53(1):95-106.

**Shura RD, Hurley RA, Taber KH.** *Working Memory Models: Insights from Neuroimaging.* Journal of Neuropsychiatry and Clinical Neuroscience. 2016; 28(1): A4-5.

**Slough C, Masters SC, Hurley RA, Taber KH.** *Clinical Positron Emission Tomography (PET) Neuroimaging: Advantages and Limitations as a Diagnostic Tool.* Journal of Neuropsychiatry and Clinical Neuroscience. 2016; 28(2): A4-71.

# Resources for Veterans & Families

The VA's Specialized Mental Health Centers have launched a new website:

[http://www.mentalhealth.va.gov/self\\_help.asp](http://www.mentalhealth.va.gov/self_help.asp)

## Resources to Empower Veterans Mental Health

Self help materials can provide valuable education and support for Veterans who may be facing mental health challenges, their friends, and family members. There are a wide variety of self help materials available and it can sometimes be difficult to select the most useful. VA has assembled a list of reviewer recommended materials that may be helpful in finding the right option for you. For help in finding these materials, please click the "How to Use" tab.



## Online Life Skills Training for Veterans

There are several free and anonymous on-line education and life coaching programs that use interactive exercises and video demonstrations to teach skills for overcoming life challenges.

<http://www.veterantraining.va.gov/>

### *AIMS: Anger & Irritability Management Skills*

This course offers a wide range of practical skills and tools to manage your anger and develop self-control over your thoughts and actions.

### *Moving Forward: Stress vs Performance*

An educational and life coaching program that teaches Problem Solving skills to help you better handle life's challenges

### *PTSD Coach Online*

PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit.

### *Parenting: Positive Communication*

This course provides parents with tools that strengthen parenting skills and helps them reconnect with their children.

## NC4VETS Resource Guide

The purpose of this comprehensive resource guide is to assist and educate Veterans in learning about state and federal Veteran benefits. Topic areas include services, employment, healthcare, education, housing and personal services.

<http://www.nc4vets.com/blog/resource-guide>

This resource guide was produced by the North Carolina Division of Veterans Affairs in partnership with the Governor's Working Group on Veterans, Service Members, and Their Families. <http://www.veteransfocus.org>

# Provider Education



## CBOC Mental Health Rounds

Each CBOC MH Rounds presentation is now offered twice a month:

### *Ethics*

Wednesday May 11 from 9-10 am ET & Thursday May 12 from 12-1 pm ET

**Remember to register in TMS in advance to attend and receive credit.**

June 8 & 9 *Suicide Prevention/Safety Planning*

July 13 & 14 *To Be Determined*

If you require assistance contact:

EES Program Manager - [Tim.Walsh2@va.gov](mailto:Tim.Walsh2@va.gov) or

Education Tech - [Jessica.Denno@va.gov](mailto:Jessica.Denno@va.gov)

## PACERS: Program for Advancing Cognitive disorders Education for Rural Staff

NEW in TMS

### *Dementia and Driving*

Web-Based Training

One of the most challenging issues clinicians must address when working with Veterans with dementia is declines in driving skills. Approximately 30-45% of persons with dementia continue to drive, placing them at risk for becoming lost, crashing, and other adverse events. Clinicians have recognized a gap in knowledge regarding how to address diminished driving skills and decision-making for drivers with dementia. This training module will provide practical information that clinicians and health care teams can use in their work with older drivers with dementia and their families.

## Online Military Culture Training for Community Providers

<http://deploymentpsych.org/military-culture>

It's important that all who care for Veterans have a basic understanding of military culture. In the interest of the highest quality, most compassionate health care for our Nation's Veterans, the Departments of Veterans Affairs and Defense launched an online course available at no cost to all Veteran care providers.

### *Military Culture: Core Competencies for Healthcare Professionals*

This course stems from research, surveys and hundreds of hours of interviews with Service members and Veterans. It is designed as a comprehensive training in military culture for seasoned practitioners as well as for those less familiar with military populations. The interactive course includes a self-assessment to help providers better understand the biases they may unknowingly have that may be impacting the care they are providing to Veterans and their families. It also includes a variety of vignettes and candid video testimonials to highlight the meaning of military cultural competence.

## *Treating the Invisible Wounds of War*

This workshop series was developed by MIRECC faculty in collaboration with Citizen Soldier Support Program (CSSP) and North Carolina Area Health Education Center (NC AHEC). The web-based versions of the courses are all free at:

<http://www.aheconnect.com/citizensoldier>

Click on **New Users** to register. You will then see the available courses listed:

1 - *Treating the Invisible Wounds of War (TTIWW)*  
english & spanish editions

2 - *TTIWW - A Primary Care Approach*

3 - *TTIWW - Employee Assistance in the Civilian Workforce*

4 - *TTIWW - Issues of Women Returning from Combat*

5 - *TTIWW - Recognizing the Signs of mTBI during Routine Eye Examinations*

6 - *TTIWW - Understanding Military Family Issues*

7 - *TTIWW - Taking a Military History: Four Critical Questions*





[www.mirecc.va.gov/visn6](http://www.mirecc.va.gov/visn6)

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## MIRECC Fellowships

### Special Fellowship for Physicians

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