MID ★ ATLANTIC MIRECC POST DEPLOYMENT MENTAL HEALTH

Briefings

Vol 12 ★ Issue 3 ★ June 2016

Director's Update

In the past few newsletters, I discussed several exciting changes for the MIRECC related to our progress moving research into practice. One of these efforts has been through our FY 2016 Clinical Core Small 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 is to spark new partnerships between researchers and clinicians and support their efforts to quickly develop and implement evidence-based, enduring, innovative clinical programming that has the potential for high impact improvements in direct Veteran care.

Proposals were rated by a team of researchers, clinicians, and administrative leaders at the Hampton, Salisbury, Richmond, and Durham VA Medical Centers. Each proposal was evaluated on multiple factors including feasibility, impact, sustainability, and alignment with cross-cutting VA strategic goals (myVA goals, the Under Secretary for Health's Strategic Action Priorities, Blueprint for Excellence, VISN 6 Strategic Goals, etc.). All candidates who submitted proposals were provided with feedback and mentorship to improve various aspects of the project, such as design, feasibility, and future dissemination to other facilities.

I am pleased to announce the awardees of our FY2016 Clinical Core Small Grant Program: **Dr. Jennifer Naylor (Durham VA)** *IMproving Pain Education and Treatment for US Veterans (IMPETUS-V);* **Dr. Christi Ulmer (Durham VA)** *Self-Help Cognitive-Behavioral Therapy for Insomnia;* **Dr. John Lynch (Fredericksburg CBOC)** *An Educational Group to Assist Veterans with the Transition from Military to Civilian Status;* **Dr. Lillian Stevens (Richmond VA)** *Stakeholder Feedback on a Polytrauma Family Intervention;* **Drs. Timothy Brearly & Courtney Slough (Salisbury VA)** *Allied Transitional Telehealth Encounter(s) post-iNpatient Discharge (ATTEND);* **Dr. Richard Kennerly (Salisbury VA)** *Pain Treatment in Primary Care with Heart Rate Variability Biofeedback.*

Congratulations to all! These proposals all contain a strong plan to measure the level of impact and to eventually share broadly the knowledge gained from the project. The projects will all be completed within one year of funding, in FY2017. I look forward to sharing the results of these efforts upon their completion next year!

John A. Fairbank, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

In This Issue:

Director's Update 1
Focus on the VISN
Project Updates
Mental Health Innovations 2
Clinical Core Small Grants Program..... 2-5
Dissemination
Invited Lectures 2
Conferences 5
Publications 6
Evolutions
Regional Service 3
Leadership Activities 2
Honors & Awards 3
Transitions..... 3
New Personnel..... 3
Education & Other Resources
For Veterans 7
For Providers 8
Contact Information
Leadership 9
Fellowships 9
Research 9

Briefings is published bi-monthly by the Mid-Atlantic (VISN 6) MIRECC's Education Core

Education Project Update

The May 2016 edition of this national newsletter is now available on the MIRECC website at: **www.mirecc.va.gov/newsletter/current.asp**

Assisting At-Risk Older Veterans

Research: *Understanding Traumatic Brain Injury and Strategies for Treatment*

Education: *Online Training for Suicide Prevention of Older Veterans*

Clinical: *Partners in Dementia Care Improves Outcomes and Access to Services for Veterans and Caregivers*

Blueprint for Excellence Strategy 8

Clinical Core Update — *Clinical Core Grant Program FY 2016*

IMproving Pain Education and Treatment for US Veterans (IMPETUS-V)

Awardee: Dr. Jennifer Naylor (Durham VAMC)

Consultants: Durham VA Interdisciplinary Pain Clinic; Ambulatory and Primary Care teams. Includes Drs. Teresa Fecteau, Joseph Zanga, David Lindsay, Maureen Noh, Cynthia Johnson, and Ryan Wagner.

MIRECC Project Mentor: Dr. Christine Marx (Durham site)

Purpose: Although the majority of pain conditions are treated in Primary Care settings, Primary Care Providers (PCPs) generally do not feel adequately prepared to manage chronic pain disorders due to several barriers including significant knowledge deficits in pain management education and training, and report pessimistic expectations for effective pain relief and generally unfavorable views of patients with chronic pain disorders. The primary intent of this project is to provide National Pain Strategy (NPS)-informed, evidence based, pain care education to Resident Physicians in the Durham VA PRIME clinic. A secondary objective is to develop a patient education module designed to educate patients about pain, its impact of pain on mood and function, and its treatment based on multimodal pain management strategies. Educating providers and patients about effective pain management options will encourage provider/patient dyads to work collaboratively to develop effective, stepped pain care treatment plans as a team. A third objective of this project proposes to address the non-procedural, non-pharmacologic pain management resource gap towards full implementation of a Stepped Pain Care program by providing patients with immediate, on-site access to biofeedback therapy. Trainings will be developed in collaboration with the Durham Interdisciplinary Pain Clinic (DIPC) based on the 2016 National Pain Strategy (Health and Human Services, 2016) Core Competency for Pain Education,

Targeted VA Priorities: Improved access to care; Improved partnerships; Evidence of impact through evaluation and outcome measures; Customer satisfaction; Employee engagement and satisfaction; Improvement in coordination of care; Improving Veterans' trust in VA care; Improving Veteran wellness and ownership in wellbeing.

New Leadership Activities

Dr. Chris Marx (MIRECC Co-Associate Director of Research and Director of the Interventions & Metabolomics Lab) has been appointed to serve as Vice Chair for Faculty, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine, effective July 1, 2016. Dr. Marx has been acting as Interim Vice Chair for Faculty since July 1, 2015.

Blueprint for Excellence Strategies 8

Invited Lectures & Workshops

Dr. Robin A. Hurley (MIRECC Associate Director, Education) presented *Windows to the Brain: The Neuropsychiatry of TBI* as part of the Operational Medicine Conference held at Camp Lejuene June 10 - 12, 2016.

Blueprint for Excellence Strategies 1, 2, 7, 8

Drs. Treven Pickett (MIRECC Faculty, Richmond site) Meghan Geiss and Christopher Murphy co-presented *Military Culture and Deployment-Related Mental Health Affecting Veterans and Their Families* at the Virginia War Memorial on June 10, 2016. This 3.5 hour presentation was at the invitation of Give an Hour a nonprofit providing free mental health services to military members, Veterans, and their families.

Blueprint for Excellence Strategies 1, 2, 7, 8

Dr. Jared Rowland (MIRECC Faculty, Salisbury site) presented *Understanding Cognitive Functioning in Post-Deployment Service Members* as part of the Department of Social Services and Health Policy seminar series, Wake Forest School of Medicine, May 25, 2016.

Blueprint for Excellence Strategies 1, 2, 7, 8

Regional Service

On June 10, 2016 **Drs. Treven Pickett** (MIRECC Faculty, Richmond site), Meghan Geiss, and Christopher Murphy gave a 3 ½ hour talk *Military Culture and Deployment-Related Mental Health Affecting Veterans and their Families* at the Virginia War Memorial. David Rothman, a VCU psychology doctoral student, assisted with all aspects of the presentation and was there to support the event. The presentation was made possible by invitation from Give an Hour and offered 3 hours of free continuing education for Social Workers (NASW accredited) and Psychologists (APA accredited).

The event was catered by the Barry Robinson Center in the morning and the Wounded Warrior Program through Mission Barbeque for lunch. There were approximately 80 attendees at the event and many remained at the venue for 1-2 hours afterwards to network. Some attendees registered with Give an Hour as community-based providers willing to volunteer their professional time to support the mental health needs of Veterans and their families who present for care in the community.

Blueprint for Excellence Strategies 1, 2, 7, 8

Clinical Core Update — *Clinical Core Grant Program FY 2016*

Self-Help CBT for Insomnia: Expanding Access to a Manualized Self-Help Approach to Insomnia

Awardees: Christi Ulmer, PhD (Durham VAMC) & Leah Farrell-Carnahan, PhD (Richmond VAMC)

Consultant: Cindy Swinkels, PhD (Durham VAMC)

MIRECC Project Mentor: Dr. Jean Beckham (Durham site)

Purpose: Insomnia is pervasive among veterans of recent military conflicts and is a risk factor for the most common mental health issues treated in the VA healthcare system, including depression, posttraumatic stress disorder (PTSD), and suicidality. When veterans of recent conflicts were asked what services they would be most likely to use if offered by the VA, "help with sleep" was endorsed more frequently than any other service. The overarching goal of the proposed projects is to expand access to Cognitive Behavioral Therapy for Insomnia (CBTI) by evaluating, revising in accordance with Veteran feedback, and disseminating the existing version of the Self-Guided version of the workbook, and revising the workbook to create a Telehealth-Supported version. Although Self-help CBTI is unlikely to equal clinic-based therapy in efficacy, it is an ideal entry-level intervention in a stepped model of care wherein Veterans who cannot present to a VA facility may still obtain the standard of care for behavioral treatment of insomnia.

Targeted VA Priorities: Veteran-centered, leverages information technologies to improve access to care, enhances customer service, improve Veteran wellness and ownership in well-being.

Honors & Awards

Dr. Jeannie Beckham (MIRECC Co-Associate Director of Research and Director of the Genetics Lab) was first awarded as a Career Research Scientist almost 10 years ago. She was recently renewed at the senior level!

New Personnel

The research team at our Salisbury site has two new members, **David Curry, MSW** and **Christine Sortino, MS** . Mr. Curry is the Research Coordinator and Ms. Sortino is the Program Support Assistant for Dr. Taber's Chronic Effects of Neurotrauma Consortium -funded study of primary blast brain injury.

Transitions

Dr. Amie Schry will be starting a position as a tenure-track assistant professor at the University of Central Florida in August 2016. She completed a MIRECC fellowship at our Durham site (August 2014 to August 2015). Dr. Schry then transitioned to a position as a staff psychologist at the Durham VAMC. In addition, she has continued to collaborate with Drs. Calhoun and Beckham on MIRECC research projects. Dr. Schry's research focus at the University of Central Florida will be on trauma, substance use, and technology-based interventions.

Paola Fernandez, presently a call responder for Coaching into Care, has been accepted into the Reserves! She will leave us for basic training in November and expects to be gone for slightly more than a year.

Clinical Core Update

Clinical Core Grant Program FY 2016

An Educational Group to Assist Veterans with the Transition from Military to Civilian Status

Awardees: John Lynch, PhD (Fredericksburg CBOC) & Andrew Jones, PhD (Fredericksburg CBOC)

Consultants: Christopher Murphy, PsyD. C&P Evaluator McGuire VAMC; Jennifer Ross, MD, Medical Director, Fredericksburg CBOC

MIRECC Project Mentor: Dr. Treven Pickett (Richmond site)

Purpose: It takes considerable time, expertise, effort, and resources to train a civilian to become a soldier. In contrast, little time, resources, or effort are spent helping soldiers transition to become civilians again. This transition challenge can become an unnamed and invisible barrier to full and functional adjustment. Veterans are transformed by their military experience, and return to a culture that has not been transformed and may appear indifferent to their experience. When veterans transition to a culture that at times may seem the polar opposite of what defined success in the military, the effect can be disorienting, discouraging, and disruptive. This program will address the unnamed and invisible transition difficulties veterans face upon discharge from the service and improve post-deployment adjustment in returning OEF/OIF veterans by developing a set educational products. Specifically, the goal is to develop a 4 session curriculum on Veteran transition difficulties and expectations and disseminate the curriculum and findings. Curricula would address various aspects related to a variety of transitions from the military.

Targeted VA Priorities: In keeping with the VA Blueprint for excellence, this program provides immediate access to needed services best provided after discharge from military service, and before significant mental health and physical health problems emerge. Focuses on access, Veteran-centered care, enhancing customer service.

Stakeholder Feedback on a Polytrauma Family Intervention

Awardees: Lillian Flores Stevens, PhD (Richmond VAMC) & Andrew Jones, PhD (Fredericksburg CBOC)

Consultants: Kathryn Wilder Schaaf, PhD (Richmond VAMC)

MIRECC Project Mentor: Dr. Treven Pickett (Richmond site)

Purpose: Traumatic brain injury (TBI) is a family experience; it influences and is influenced by every member of the family, changing family dynamics and aspects of the family system, including roles, boundaries, and communication. Given that family members play such an integral role in the patient's recovery process, it is crucial to provide care within the context of the family system. Several interventions exist for families and patients post TBI but these have been mainly tested with civilians and there is a paucity of research guiding evidence-based interventions for Veterans with TBI inclusive of the family system. The polytrauma system of care is in need of a family intervention that can be used across all levels within the continuum of care. This proposal aims to refine and test a family intervention manual designed for Veterans with TBI and their families than can be integrated into the polytrauma continuum of care.

Targeted VA Priorities: The development of a clinical product that has potential to improve family and individual functioning and recovery from TBI among Veterans and their families fits squarely within the MIRECC's mission of improving post-deployment mental health. Such a manualized intervention would address the myVA goal of improving Veterans' experience, as it would be easily disseminated across the entire polytrauma continuum of care, and could be delivered in a predictable and consistent way.

Allied Transitional Telehealth Encounter(s) post-iNpatient Discharge (ATTEND)

Awardees: Timothy Brearly, PsyD & Courtney Slough, PharmD (MIRECC Fellows, Salisbury site)

Consultants: Joseph LaMotte, PharmD (MH Clinical Pharmacy Specialist) & Jared Rowland, PhD (MIRECC Psychologist)

MIRECC Project Mentor: Dr. Katherine Taber (Salisbury site)

Purpose: This quality assurance project seeks to examine the feasibility, acceptability, and effectiveness of telehealth intervention for OEF/OIF/OND Veterans transitioning from inpatient mental health (MH) to outpatient MH care. The project aims to increase engagement in follow-up MH care by equipping Veterans with telehealth tools that support access to provider services and foster an active role for Veterans' in their recovery. Specifically, a videoconference medication management appointment will be provided within seven days of discharge, and continued support will be offered via Secure Messaging, VA-approved mobile applications, and additional videoconference encounters (based on Veteran need) until the first co-located appointment with the assigned outpatient team has been completed.

Conferences

Southeastern Psychological Association
SEPA 62nd Annual Meeting
March 30 - April 2, 2016
New Orleans, LA

Baker C, Taber KH. *The Neuroanatomy and Neuropsychology of Obstructive and Central Sleep Apnea.*Talk

Lindstrom C, Taber KH. *Neuroimaging of Antisocial Personality Disorder: Current Status & Future Directions.*Poster

College of Psychiatric & Neurologic Pharmacists

Slough C, LaMotte J. *Comprehensive medication management (CMM) provided to veterans in an outpatient traumatic brain injury (TBI) clinic at a Veterans Affairs Medical Center.* Poster

Courtney Slough, PharmD is a MIRECC Fellow at our Salisbury site. Dr. Slough's study was made possible by a *Defining the Future* grant from the CPNP Foundation. More on her presentation can be found on their website:

https://cpnpf.org/news/2016/05/302324?utm_campaign=ENews&utm_medium=email&utm_source=DM20160525&utm_term=2015%2Bdefining%2Bthe%2Bfuture%2Bgrant%2Br

Focus on the VISN

Clinical Core Update

Clinical Core Grant Program FY 2016

Allied Transitional Telehealth Encounter(s) post-iNpatient Discharge (ATTEND) continued

Purpose: A tablet provided by the VA Denver Acquisition and Logistics Center (DALC) will be used for the purposes of this project.

Targeted VA Priorities: This project translates evidence-based clinical processes and use of technology into an effective intervention with education, training, and high quality care as the foundations of the project design. This project will be [1] improving easy access to care by providing Veterans with telehealth tools that support access to provider services [2]providing evidence of impact through evaluation and outcome measurements [3]addressing customer satisfaction [4] improving Veteran wellness and ownership in wellbeing.

Pain Treatment in Primary Care with Heart Rate Variability Biofeedback

Awardees: Richard Kennerly, PhD (PCHMI Charlotte CBOC/HCC), John Allmond, PhD (PCHMI Salisbury VAMC) & Francene Greene, MSN (PCHMI Charlotte CBOC/HCC)

Consultants: Daniel Rappaport, MD, Primary Care &Chronic Pain Specialist (Salisbury VAMC)

MIRECC Project Mentor: Drs. Katherine Taber (Salisbury site) & Jennifer Naylor (Durham site)

Purpose: This project will seek to improve the efficacy of pain treatment in primary care through the implementation of adjunctive treatment of pain with biofeedback at three VISN6 PCMHI clinics (Salisbury PCMHI, Charlotte CBOC PCMHI, Charlotte HCC PCMHI). There are currently no CAM treatments for pain being offered in these PCMHI clinics. Biofeedback has been shown to be effective for reducing chronic pain in a range of conditions treated in primary care. Biofeedback will be provided in the clinic setting, and in-between clinic sessions as a home based intervention. Home based biofeedback involving a mixture of clinic based biofeedback and homebased biofeedback has been shown to improve access to care and improve pain management in veterans. Studies with veterans, and in civilian populations support the efficacy of home based interventions.

Targeted VA Priorities: This project is targeting improvement in post-deployment non-opioid pain management for veterans with chronic pain. The project will be [1] improving easy access to care for treatment of chronic pain by providing a primary care option for non-opioid treatment of chronic pain symptoms [2]providing evidence of impact through evaluation and outcome measurements [3]addressing customer satisfaction [4] improving Veteran wellness and ownership in wellbeing.

Publications

Journal Articles

Calhoun PS, Schry AR, Wagner HR, Kimbrel NA, Dennis P, McDonald SD, Beckham JC, Dedert EA, Kudler H, Straits-Troster K. *The prevalence of binge drinking and receipt of provider drinking advice among US veterans with military service in Iraq or Afghanistan.* American Journal of Drug and Alcohol Abuse. 2016; 42(3): 269-78.

Dedert EA, Hicks TA, Dennis PA, Calhoun PS, Beckham JC.*Roles of inter-individual differences and intra-individual acute elevations in early smoking lapse in people with posttraumatic stress disorder.* Addictive Behaviors. 2016; 60: 171 - 176.

Gentes EL, Schry AR, Hicks TA, Clancy CP, Collie CF, Kirby AC, Dennis MF, Hertzberg MA, Beckham JC, Calhoun PS. *Prevalence and correlates of cannabis use in an outpatient VA posttraumatic stress disorder clinic.* Psychology of Addictive Behaviors. 2016; 30(3): 415-21.

Homaifar BY, Shura RD, Miskey HM, Yoash-Gantz RE, Rowland JA. *The relationship of suicidal ideation to objective and subjective executive functioning*. Military Psychology. 2016; 28(3):185-191.

Abstract: Prior research on executive ability and suicidal ideation (SI) has frequently failed to account for either symptom or performance validity. Similarly, studies have not adequately examined both objective performance on executive tests and subjective report of executive deficits in relationship to SI. The purpose of this study was to address these gaps in research by accounting for performance validity, symptom validity, and considering self-reported executive complaints with objective performance. We hypothesized that (a) increases in self-reported SI on the Personality Assessment Inventory (PAI; Morey, 1991) Suicidal Ideation subscale would be related to poorer performance on objective and subjective tests of executive function and (b) level of self-reported depressive symptoms would moderate the relationship between SI and measures of executive function, such that individuals with higher levels of both depressive symptoms and executive dysfunction would be more likely to experience higher levels of SI. No measure of executive function was related to SI when accounting for demographic variables and depressive symptoms. Wisconsin Card Sort Test categories completed was the only measure of executive function to interact significantly with depressive symptoms to predict SI (ß = .43). Of particular note, self-reported executive dysfunction was highly correlated with Beck Depression Inventory-II (Beck, Steer, & Brown, 1996) scores (r = .78). Clinical implications and future directions for research are discussed.

Patel MB, Jackson JC, Morandi A, Girard TD, Hughes CG, Thompson JL, Kiehl AL, Elstad MR, Wasserstein ML, Goodman RB, Beckham JC, Chandrasekhar R, Dittus RS, Ely EW, Pandharipande PP. *Incidence and Risk Factors for Intensive Care Unit-related Post-traumatic Stress Disorder in Veterans and Civilians.* American Journal of Respiratory and Critical Care Medicine. 2016; 193(12): 1373 - 1381.

Schry AR, Beckham JC, VA Mid-Atlantic MIRECC Work Group, Calhoun PS. *Sexual Revictimization Among Iraq and Afghanistan War Era Veterans.* Psychiatry Research. 2016; 240: 406 - 411.

Abstract: Research in both civilian and military populations has demonstrated that females who experience childhood sexual abuse (CSA) are more likely to experience sexual assault in adulthood than females who did not experience CSA. Among veteran samples, however, little research has examined previous sexual assault as a risk factor of military sexual assault and post-military sexual assault, and very little research has examined revictimization in male veterans. The purpose of this study was to examine risk of sexual revictimization in a sample of veterans who served during the wars in Iraq and Afghanistan. A sample of 3106 veterans (80.4% male) completed a measure of lifetime exposure to traumatic events, including sexual abuse and sexual assault. Logistic regression analyses were used to examine previous sexual abuse/assault as predictors of later sexual assault; analyses were conducted separately for males and females. In general, previous sexual abuse/assault was associated with later sexual assault in both male and female veterans. These findings have important assessment and treatment implications for clinicians working with veterans

Van Voorhees EE, Dennis PA, Neal LC, Hicks TA, Calhoun PS, Beckham JC, Elbogen EB. *Posttraumatic Stress Disorder, Hostile Cognitions, and Aggression in Iraq/Afghanistan Era Veterans.* Psychiatry. 2016; 79(1): 70-84.

Resources for Veterans & Families

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

CBOC Mental Health Rounds

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

Suicide Prevention/Safety Planning

Wednesday July 13 from 9-10 am ET & Thursday July 14 from 12-1 pm ET

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

August 10 & 11 *Imagery Rehearsal Therapy*
September 14 & 15 *Substance Use Disorder*

If you require assistance contact:
EES Program Manager - Tim.Walsh2@va.gov or
Education Tech - 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.ahecconnect.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 CivilianWorkforce*
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*

MID ★ ATLANTIC MIRECC POST DEPLOYMENT MENTAL HEALTH

www.mirecc.va.gov/visn6

MIRECC Leadership

Director
John Fairbank, PhD
john.fairbank2@va.gov

Deputy Director
Mira Brancu, PhD
mira.brancu@va.gov

Associate Director - Education
Robin A. Hurley, MD
robin.hurley@va.gov

Associate Director - Clinical
R. Keith Shaw, PhD
keith.shaw@va.gov

Assistant Director - Education
Katherine H. Taber, PhD
katherine.taber@va.gov

Co-Associate Directors - Research
Jean C. Beckham, PhD
jean.beckham@va.gov

Christine Marx, MD
marx0001@mc.duke.edu

Genetics
Jean C. Beckham, PhD
jean.beckham@va.gov

Interventions & Metabolomics
Christine Marx, MD
marx0001@mc.duke.edu

Health Services
Patrick Calhoun, PhD
patrick.calhoun2@va.gov

Neurocognition
Larry A. Tupler, PhD
larry.tupler@va.gov

Neuroimaging
Rajendra A. Morey, MD
morey@biac.duke.edu

Neuroscience
Scott D. Moore, MD, PhD
scott.moore2@va.gov

VISN Leadership

VISN 6 Director
Daniel F. Hoffmann, FACHE

MIRECC Fellowships

Special Fellowship for Physicians

Durham VAMC site
Christine Marx, MD
marx0001@mc.duke.edu

Salisbury VAMC site
Robin Hurley, MD
robin.hurley@va.gov

Special Fellowship for Psychology/Allied Health

Durham VAMC site
Patrick Calhoun, PhD
patrick.calhoun2@va.gov

Richmond VAMC site
Treven Pickett, PsyD
treven.pickett@va.gov
Scott McDonald, PhD
scott.mcdonald@va.gov

Salisbury VAMC site
Kristin Humphrey, PhD
kristin.humphrey@va.gov

Research Sites & Contacts

Durham VAMC
Study Coordinator
mireccstudies@va.gov
919-416-5915

Richmond VAMC
Robin Lumpkin
robin.lumpkin@va.gov
804-675-5000 ext 4251

Salisbury VAMC
Mary Peoples
mary.peoples1@va.gov
704-638-9000 ext 2956