Major Milestone:  MIRECC Study Passes 3,000!!!

Dr. Mira Brancu (MIRECC PDMH Managing Director) announced in July that we have officially seen our 3,000th Veteran for the Post Deployment Mental Health (previously called Registry) study!!

Congrats & Go Team!

Focus on the VISN

Home-Based Mental Health Evaluation (HOME) Program

The HOME program is a clinical demonstration project funded by the Office Mental Health Services in VA Central Office. The project is being led by the Denver VA MIRECC and implemented at three VA sites: Salt Lake City, Denver, and Durham. The intent of the HOME project is to enhance the VA infrastructure for ensuring that Veterans with recent suicidal crises receive the care they need during the often difficult transition from psychiatric inpatient hospitalization to home.

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Group Cognitive Behavioral Therapy for Anger and Aggression in Veterans with PTSD

Dr. Elizabeth Van Voorhees (MIRECC researcher) was recently approved for a VA career development award (CDA) focused on systematically developing, testing, and refining treatments for PTSD-related anger and aggression in Veterans.

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Education Update

The topic focus for the August issue is engaging community partners, and features work from our MIRECC!

www.mirecc.va.gov/newsletter/current.asp

Transitions & New Personnel

Dr. Harold Kudler (MIRECC Associate Director, Clinical) has transitioned to a new position as Chief Consultant for Mental Health Services, Office of Patient Care Services, VA Central Office. Dr. Kudler, who is in his 32nd year as a VA psychiatrist and has been a leader in our MIRECC from its inception, looks forward to sharing clinical concepts, research findings and practical experience he has gained with leadership in VA Central Office and with VA colleagues across the nation. As he points out: “What could be more consistent with the MIRECC mission?”

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Focus on the VISN
HOME Program
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The primary goal is to increase engagement with aftercare and decrease the risk of suicide during this time of transition and elevated risk. A home visit and weekly phone contacts involving suicide assessment and safety planning is provided by the project clinician until the Veteran becomes connected to and engaged in outpatient care. In addition, we will be gathering data to help evaluate factors related to feasibility of implementation, patient engagement, and symptom outcomes. Durham VA site personnel: Dr. Mira Brancu (Managing Director, MIRECC PDMH study) is site PI. Madriianne Wong is the Research Project Coordinator. Drs. Cindy Swinkels (MIRECC researcher and Coaching into Care site lead psychologist), Monica Mann-Wrobel (Local Recovery Coordinator) and Keith Shaw (MIRECC Clinical Core) are co-investigators and will be supporting clinical intervention needs. Gary Cunha and Ryan Higgins (Suicide Prevention Coordinator team) will be partnering with the HOME project to identify and work with eligible Veterans post-discharge.

Honors & Awards
Dr. Keith Shaw (MIRECC Clinical Core) received the Association of VA Psychologist Leaders Leadership Award, one of the highest honors given in the organization. It was announced on August 8th at the 122nd Annual Convention of the American Psychological Association (APA).

Invited Lectures
Drs. Eric Crawford (MIRECC Assistant Director, Clinical), John Allen (MIRECC researcher), Kate Berlin and Kelley Caron presented the Wake AHEC workshop “Veterans in Need of Care: Substance Abuse, Military Sexual Trauma and Other Mental Health Issues” June 26, 2014, Henderson, NC. Drs. Crawford, Greg Wolf and Chris Crow presented the workshop “Prolonged Exposure Therapy (PE) Training” July 22 - 25, 2014, St. Louis, MO. This training was sponsored by the VA Office of Mental Health Services, National Center for PTSD, and Employee Education System.

Program Update
Engaging Chaplains in MH Care
This project is funded by Central Office and housed within our MIRECC. Dr. Keith Meador directs the initiative, and Dr. Jason Nieuwmsa serves as associate director.

Mental Health and Chaplaincy Learning Collaborative
All 14 (7 VA, 7 DoD) learning collaborative teams (chaplain, mental health provider, and systems redesign coach) attended the second 2-day session in Minneapolis, MN on July 22-23. Teams are from all over the country and from all branches of the military.

Focus on the VISN
Group CBT for Anger and Aggression
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Presence of PTSD robustly predicts anger and aggression. Iraq/Afghanistan-era Veterans report that controlling anger and aggressive urges are primary readjustment concerns. Trauma-related anger and aggression are associated with functional impairments that significantly limit community reintegration and may persist for decades. Thus, there is an urgent and growing need for the development and testing of psychosocial treatment for anger and aggression in combat Veterans with PTSD. VA clinicians are doing their best to be responsive to Veteran’s needs by offering anger management treatment to Veterans. However, the single randomized clinical trial (RCT) investigating the efficacy of treatment of anger and aggression in Veterans with PTSD was published in 1997. continued on page 4

Visit our web site for more resources
Madrianne Wong has moved from Coaching into Care to the new HOME project. Stephen Zablonski and Paola Fernandez have joined the Coaching into Care team. In addition, Stephen will be working on the new Moral Injury study with Mira Brancu and Paola will be working on Family Studies with John Curry. Sarah Lancaster and Chelsea Swanson joined Dr. Rajendra Morey’s group (MIRECC Neuroimaging Lab) in June.

Madrianne Wong graduated from Swarthmore College in 2011 with a BA in Sociology and Anthropology. She has worked with Coaching Into Care as a responder for the past three years, and served as coordinator for the national MIRECC Group Supervision calls. At the beginning of August, Madrianne transitioned over to serve as the study coordinator for the HOME project. She will also be assisting with the PDMH study on an as-needed basis.

Stephen Zablonski graduated with a BA in Psychology from UNC-Chapel Hill in 2013. While a student, he served as a research assistant for the UNC Weight Research Lab and the Children’s Memory Project. Over the past year, he has worked on the NC Smoke-Free Homes Project. Stephen is a call responder for Coaching into Care and assists the VA Mental Health and Chaplaincy Program on evaluation and research projects. He has already proved a tremendous asset in assisting with IRB issues, data entry and cleaning, and study protocols.

Paola Fernandez graduated from UNC-Chapel Hill this past spring with a BS in Psychology. She worked for RTI while completing her degree. She has participated in a variety of studies focusing on the relationship between children and smoking, children and alcohol, and food shortage in Latino Communities. Paola will be working on both Coaching into Care and Family Studies. She will be continuing the work on a pilot study looking into the challenges that Veterans face when returning home from deployment to theatre.

Sarah Lancaster graduated from Duke University in May. Her duties as a neuroimaging research assistant include recruiting and enrolling subjects. She also administers procedures such as MRI scans, behavioral studies, and psychiatric assessments. She will manage all IRB submissions (new and renewals) as well as compliance and data integrity for the lab.

Chelsea Swanson graduated from Elon University in May. Her duties as a neuroimaging research assistant include recruiting and enrolling subjects. She also administers procedures such as MRI scans, behavioral studies, and psychiatric assessments. She will manage lab grant funds including year to date spending and upcoming cost projections.

Educational Resources from the TBI Model Systems Carolinas Site
Heads Up - An Ounce of Prevention
Heads Up - Fatigue
Heads Up - Irritability
Heads Up - Plans for the Future
Heads Up - Sleep Disturbances after TBI
http://www.carolinashealthcare.org/carolinas-rehab-heads-up-educational-resources

Free Web Courses for Providers
Treating the Invisible Wounds of War www.ahecconnect.com/citizensoldier

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

1 - Post Traumatic Stress Disorder (english & spanish editions)
2 - A Primary Care Approach
3 - Issues of Women Returning from Combat
4 - Recognizing the Signs of mTBI during Routine Eye Examinations
5 - Understanding Military Family Issues

These courses were developed by MIRECC faculty in collaboration with Citizen Soldier Support Program (CSSP) and North Carolina Area Health Education Center (NC AHEC). They are designed to help primary care physicians, case workers, mental health providers - who may see a veteran or family member on an unrelated issue - develop a better understanding of the culture in which veterans and their families live and work, and provide best practices for identifying, assessing and treating mental health problems that result from the trauma of war.
Dr. Van Voorhees will be conducting a feasibility assessment for an RCT of Cognitive-Behavioral Therapy for Anger and Aggression in Combat Veterans with PTSD (CBT-A). CBT-A is a 12-week manualized group treatment protocol that has been designed to address the specific needs of combat Veterans whose PTSD-related anger and aggression interfere with effective community reintegration. The active comparison treatment for the pilot RCT will be group Present-Centered Therapy (PCT), a manualized treatment for PTSD that controls for treatment time, social support, and instillation of hope. One goal of this project is to characterize the differential effects of CBT-A and PCT on targeted outcomes (anger, aggression, and anger/aggression-related limitations to psychosocial functioning and community reintegration) in combat Veterans with PTSD. Another is to evaluate the feasibility of a full-scale RCT, including treatment delivery procedures. The results generated will guide the design of a full RCT. The research, training, and mentoring supported by the CDA is designed to provide Dr. Van Voorhees with the foundation for independent research career developing a systematic program of research in the treatment of anger and aggression among combat Veterans with PTSD. The availability of empirically-supported treatment would benefit the many Veterans with PTSD who return from combat reporting problems with anger and aggression.

Coaching into Care
Coaching Into Care (CIC) is a free and confidential VA phone service that helps callers discover new ways to talk with a struggling Veteran about their concerns and about treatment options. Dr. Cindy Swinkels (MIRECC researcher) is Durham site lead psychologist. The program’s purpose is to help family members and other loved ones encourage distressed Veterans to access VA Care successfully anywhere in the United States. CIC, which began operating as a VA call center in January 2010 and became a national program in June 2011, grew out of a collaboration between our MIRECC and the VISN 4 MIRECC (Families at Ease project). CIC’s purpose has been to address the mental health needs of Veterans through coaching the Veteran’s family members/friends, with the goal of engaging Veterans in VA care. Thus, CIC is another “door” to VA care. Callers may receive assistance over the course of one or several phone calls, sometimes spanning several months. The program provides support and problem solving assistance for family members and others concerned about a Veteran, coaching with family members about how to talk to Veterans about seeking VA care, referrals for care for Veterans and family members, and information about available programs or enrolling in VA Care. Coaching Into Care’s phone number is 888-823-7458.

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Morissette SB, DeBeer BB, Meyer EC, Kimbrel NA, Gulliver SB. *Longer time between warzone deployments predicts fewer long-term PTSD symptoms and better work functioning.*

**Meeting Presentations continued from page 4**

### Resources for Providers

**Treatment of Substance Use Disorders in Veterans with PTSD**

This PowerPoint presentation by Dr. John Allen (MIRECC Senior Scientist, Clinical Care) addresses treatment of substance use disorder in Veterans who are also diagnosed as having PTSD. It reviews research on how deployment and war zone stressors contribute to development of each of the two conditions separately and their co-occurrence; evidence-based treatments for substance use disorder and PTSD; epidemiological findings on the dual diagnosis, dynamic interactions of the two conditions. It also provides recommendations for treatment. To assist community health care providers, the presentation also comments on issues of military culture; VA resources for OEF-OIF Veterans; and criteria for eligibility of care.

### Visit our web site for more resources