



## Director's Update

In recent Updates I've discussed several exciting VISN 6 MIRECC initiatives related to our progress moving research into practice.

One of the newest initiatives for this year is a new **Education Grant Program for FY2017** hosted by the Education Core. It is focused on encouraging the development of new clinical educational products for post-deployment mental health, rehabilitation and recovery. The call for proposals was sent out across the VISN-wide network with a deadline of December 20.

In addition, this year we have also put out an additional **Research Pilot Grant Program for FY2017** to support our **Research Core's** mission to support and accelerate the progress of junior level investigators toward mid-level careers.

Foundational main research areas include PTSD, TBI, and Substance Use Disorders. Emerging areas of interest have included pain, destructive behaviors (suicide and violence), and psychotic disorders. Special subpopulations of interest include women, families, and the First Persian Gulf War involvement. However, any area that supports our MIRECC's mission of understanding and improving post-deployment mental health conditions will be considered. The deadline for submissions for this grant program was December 16. We are excited to support these endeavors this year!

I would also like to extend a farewell to an important member of our community, **Dr. Marinell Miller**, who is retiring from the VA on December 16. Dr. Miller served as the Hampton Site Principal Investigator (PI) of the Post-Deployment Mental Health (PDMH) Study. Over time she also became more involved in building the research infrastructure as the Hampton VAMC Facility Coordinator of Research and Development while also maintaining her leadership duties as Chief Psychologist. She worked tirelessly to communicate and support the importance of research in informing and supporting clinical work at Hampton as well as regionally and nationally. Her contributions have been invaluable to the MIRECC and we will greatly miss her. We wish her the best of luck!

*John A. Fairbank, Ph.D.*

Director, Mid-Atlantic (VISN 6) MIRECC

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# Focus on the VISN

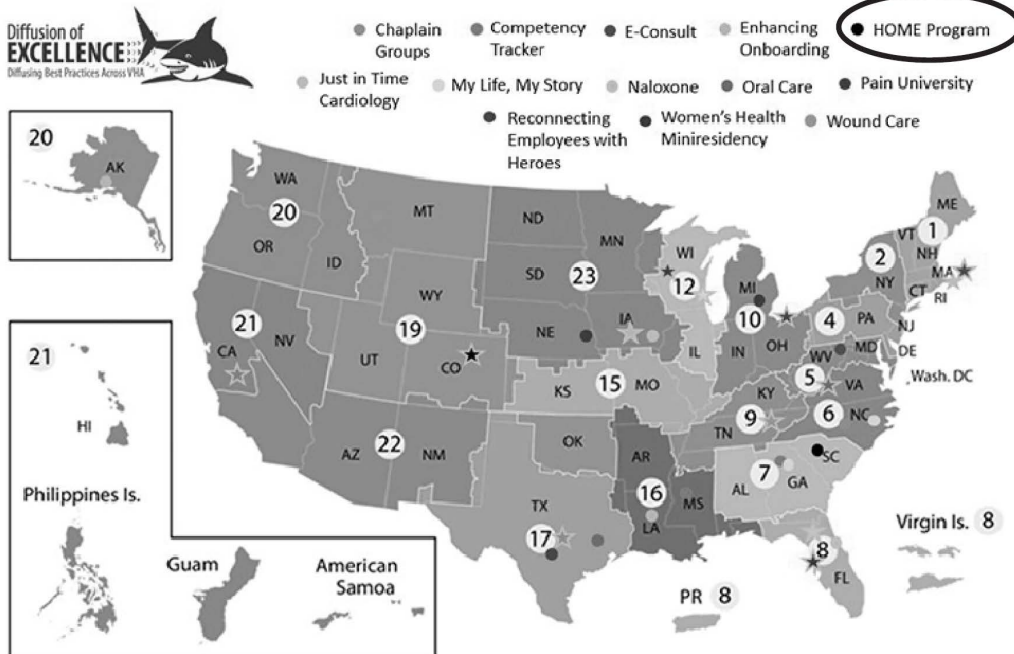
We have a Winner!!!!!!

Diffusion of  
**EXCELLENCE**  
Diffusing Best Practices Across VHA



Under Secretary for  
Health 2nd Annual  
Shark Tank  
Competition

Thirteen submissions from across the VA system were selected as a Gold Status practice in the final round of this competition:



<http://www.blogs.va.gov/VAntage/34113/gold-status-winners-named-shark-tank-competition-part-vhas-diffusion-excellence-initiative/>

**Dr. Mira Brancu's Home-Based Mental Health Evaluation (HOME) Program for Rural Veterans** was one of the 13 selected! As a Gold Status Fellow, Dr. Brancu will be guiding another facility (or more than one) in adapting and implementing her program. Dr. Brancu has been invited to attend the 3 day Diffusion of Excellence Summit at the SimLEARN National Simulation Center in Orlando, FL. During the Summit, Dr. Brancu will be working with Implementing Facility Fellows to develop action plans for implementing her program at their site.

Blueprint for Excellence Strategies 1, 2, 7, 8

## Save the Date

Joining Forces for Veteran Health & Reintegration

February 28, UNC Charlotte

<http://veteranhealth.uncc.edu/conferences-and-events>

## National Service

**Dr. Mira Brancu** (MIRECC Deputy Director) has accepted a 3-4 month half-time detail to Mental Health Services in VA Central Office (VACO) to support a Special Project focused on improving VACO processes / procedures for support and oversight of the Mental Health Centers of Excellence (MH CoEs). Project goals include redesigning the current Reverse Site Visit / renewal process; supporting the development of standardized criteria / procedures for evaluating productivity and return on investment; and establishing plans for more robust communication of MH CoE activities / accomplishments. Dr. Brancu looks forward to working collaboratively with all the Centers in meeting these goals.

Blueprint for Excellence Strategies 1, 2, 7, 8

**Ms. Madrienne Wong** (initially a call responder at our site's *Coaching into Care* program, then coordinator for the HOME program) has accepted a 120-day detail to serve in a Program Specialist capacity supporting the National Director of Public-Private Partnerships in concert with the Office of Suicide Prevention. The focus will be on developing partnerships, outreach, and engagement with external organizations pursuant to preventing more Veteran suicide among Veterans not engaged in VHA. Blueprint for Excellence Strategies 1, 2, 7, 8

## Honors & Awards

**Drs. Timothy Brearly** (MIRECC Fellow, Salisbury site) & **Courtney Slough** (MIRECC Faculty, Salisbury site) received a 2nd year of funding for their MIRECC clinical demonstration project: *Allied Transitional Telehealth Encounter(s) post-INpatient Discharge (ATTEND: Telehealth for Inpatient to Outpatient Transition)*

## In the News

### Equine Therapy Helps Military Vets with PTSD

**Dr. Kathleen Decker** (MIRECC Faculty, Hampton site) has been interviewed twice this year regarding the Hampton VAMC's Equine therapy program for PTSD that she (a former dressage rider) and Ms. Kay Kerr (Rec Therapist and an avid horsewoman) developed.

As of October, about 125 Veterans in the residential PTSD program have gone to a local farm to do Natural Horsemanship training of the wild mustangs (NOT a riding program) coupled with classroom modules that assist Veterans with understanding "how horses can help with PTSD."

<http://www.13newsnow.com/news/equine-therapy-helps-military-vets-with-ptsd/160350220>

Interview with Courtney Mabeus, *Virginian-Pilot*. October 18, 2016.

[http://pilotonline.com/news/military/veterans/local-veterans-recovering-from-ptsd-regain-trust-through-bonding-with/article\\_49ffb6eb-3ee5-5c00-a922-db6b0aa250f2.html](http://pilotonline.com/news/military/veterans/local-veterans-recovering-from-ptsd-regain-trust-through-bonding-with/article_49ffb6eb-3ee5-5c00-a922-db6b0aa250f2.html)

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## In the News

### In Depth: Dr. Robin Hurley

Rob Boisvert takes an in depth look at post traumatic stress syndrome and traumatic brain injury in military veterans in this interview with **Dr. Robin Hurley** (MIRECC Associate Director, Education) from the Salisbury VA.



<http://www.twcnews.com/nc/charlotte/salute-to-our-troops/2016/11/8/in-depth-doctor-robin-hurley.html>

## Invited Lectures

**Dr. Timothy Brearly** (MIRECC Fellow, Salisbury site) presented *Neuropsychological Evaluation of TBI* to the PRRC staff and peer support specialists at the Salisbury VAMC November 1.

Blueprint for Excellence Strategies 1,2, 7

**Dr. Robin A. Hurley** (MIRECC Associate Director, Education) presented *Neuropsychiatry of TBI & Co-Morbidities* as part of the Richmond Polytrauma Fellowship program. VTEL, November 16, 2016.

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## New Personnel

**Julia Neal, MS, CRC** received her master's degree in Clinical Mental Health Counseling at UNC- Chapel Hill and is currently a certified Vocational Rehabilitation Counselor. She will be the Study Coordinator for a project in Dr. Beckham's Traumatic Stress and Health Research Laboratory.

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## Transitions

**Mariah Delahanty, PharmD** (MIRECC Fellow, Salisbury site) has begun a new position as a Psychiatric Clinical Pharmacy Specialist position at the Kernersville HCC.

# Publications

## Journal Articles

**Calhoun PS, Van Voorhees EE, Elbogen EB, Dedert EA, Clancy CP, Hair LP, Hertzberg M, Beckham JC, Kimbrel NA.** *Nonsuicidal self-injury and interpersonal violence in U.S. veterans seeking help for posttraumatic stress disorder.* Psychiatry Research. 2017; 247:250-256.

**Abstract:** Nonsuicidal self-injury (NSSI) has been defined as deliberately damaging one's body tissue without conscious suicidal intent. NSSI is a robust predictor of suicidal ideation and attempts in adults. While NSSI has been associated with other-directed violence in adolescent populations, the link between NSSI and interpersonal violence in adults is less clear. The current study examined the cross-sectional relationship between NSSI and past-year interpersonal violence among 729 help-seeking veterans with posttraumatic stress disorder (PTSD). Veterans who reported a recent history of engaging in cutting, hitting, or burning themselves were significantly more likely to report making violent threats and engaging in violent acts, including the use of a knife or gun, in the past year than veterans without NSSI. NSSI was uniquely associated with interpersonal violence after controlling for a variety of dispositional, historical, contextual, and clinical risk factors for violence, including age, race, socio-economic status, marital status, employment status, combat exposure, alcohol misuse, depression, PTSD symptom severity, and reported difficulty controlling violence. These findings suggest that clinicians working with veterans with PTSD should review NSSI history when conducting a risk assessment of violence.

**Campbell MC, Decker KP, Kruk K, Deaver SP.** *Art therapy and Cognitive Processing Therapy for combat PTSD: a randomized, controlled trial.* Art Therapy: Journal of the American Art Therapy Association. 2016; 33(4): 1-9.

**Abstract:** This randomized controlled trial was designed to determine if art therapy in conjunction with Cognitive Processing Therapy (CPT) was more effective for reducing symptoms of combat posttraumatic stress disorder (PTSD) than CPT alone. Veterans (N = 11) were randomized to receive either individual CPT, or individual CPT in conjunction with individual art therapy. PTSD Checklist–Military Version and Beck Depression Inventory–II scores improved with treatment in both groups with no significant difference in improvement between the experimental and control groups. Art therapy in conjunction with CPT was found to improve trauma processing and veterans considered it to be an important part of their treatment as it provided healthy distancing, enhanced trauma recall, and increased access to emotions.

**Review of this article:** <https://www.psychologytoday.com/blog/arts-and-health/201610/art-therapy-treating-combat-related-ptsd>

**Martindale SL, Morissette SB, Rowland JA, Dolan SL.** *Sleep quality affects cognitive functioning in returning combat veterans beyond combat exposure, PTSD, and mTBI history.* Neuropsychology. 2017; 31(1): 93-104.

**Miskey HM, Gross PL.** *Neuropsychological assessment of a veteran with a large arachnoid cyst.* Applied Neuropsychology: Adult. 2016; 23: 464-470

**Shura RD, Miskey HM, Williams VG, Jadidian A, Rowland JA.** *Informing evidence-based protocol for the assessment of ADHD in veterans and service-members.* Military Psychology. 2017; 29:27 - 40.

**Abstract:** Attention-deficit/hyperactivity disorder (ADHD) is diagnosed in approximately 2.5% to 5% of the population, and though epidemiological studies of ADHD in veterans and service members are lacking, available evidence suggests that there may be a higher prevalence of ADHD in service members than in the general population. Assessment of ADHD in military populations is complicated by the higher prevalence rates of many other disorders with symptoms that overlap those of ADHD (e.g., posttraumatic stress disorder), making differential diagnosis an important aspect of the evaluation of ADHD. Although the diagnostic interview remains the gold standard for the evaluation and diagnosis of ADHD with adults, several different types of psychological measures have been developed and validated that can aid the evaluation. Future epidemiological research focused on prevalence and comorbidity rates in military samples is warranted to better understand the scope and complexity of the diagnosis. In addition, continued study of diagnostic assessment techniques, including validity testing and neurocognitive performance of veterans and service members with ADHD, particularly postdeployed veterans pursuing higher education, is warranted. This article reviews relevant findings and identifies initial recommendations for clinicians and researchers

[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*

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 trauma survivors, their families, or anyone coping with stress. It includes tools to help manage anxiety, anger, sleep problems and more.

### *Parenting for Service Members & Veterans*

This course helps parents learn how to address both everyday parenting challenges as well as family issues unique to military families.

## NC4VETS Resource Guide

This Resource Guide is produced and published by the North Carolina Department of Military and Veterans Affairs to assist and educate veterans in learning about state and federal veteran benefits.

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

# Provider Education



## CBOC Mental Health Rounds

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

### *Domains of Posttraumatic Growth in Clinical Practice*

Wednesday Dec 14 from 9-10 am ET & Thursday Dec 15 from 12-1 pm ET

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

February 8 & 9

*Mindfulness*

March 8 & 9

*VA Opioid Overdose Education*

April 12 & 13

*TBD*

If you require assistance contact:

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

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PACERS is pleased to announce a **new** "Dementia and Delirium" education module in our curriculum on cognitive disorders. **Each module is accredited for 1 hour of CE and is available to VA providers in the VA Talent Management System.**

### ***Dementia and Delirium***

**TMS ID 29817**

Dementia is a major public health concern, affecting over 5 million Americans, of whom over 560,000 are Veterans. The incidence of dementia increases with age, with more than 90% of those affected aged over 60 years. It is one of the most costly chronic conditions that the VA treats and its financial impact is expected to grow with the increasing number of aging Veterans. This course will describe two of the most common neurocognitive disorders that occur among elderly

### ***Dementia and Driving***

**TMS ID 28776**

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.



BRIDGING MILITARY AND COMMUNITY SERVICE SYSTEMS

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>

- 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*



*Preparing Professionals to Support Warriors and Families*



UNIFORMED SERVICES UNIVERSITY of the Health Sciences



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

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

Module 1: *Self-Assessment & Introduction to Military Ethos*

Module 3: *Stressors & Resources*

Module 2: *Military Organization & Roles*

Module 4: *Treatment, Resources & Tools*



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

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## MIRECC Fellowships

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