



Director's Update

In this newsletter, I wanted to share news about our new strategic planning initiative. In the past two years, we have had the opportunity to have an Advisory Board meeting, meet with VISN 6 Leadership, and have our Reverse Site Visit (RSV) with Mental Health Services (MHS) in VA Central Office.

The Advisory Board occurs every 1-2 years and is composed of leaders from MHS, the VISN office, academic affiliates, local medical facilities, and Veteran representatives. The RSV occurs a maximum of every 5 years and is composed of a review panel of leaders from MHS, the Office of Mental Health Operations (OMHO), other relevant VA program offices, and additional subject matter experts.

Through these three meetings, we receive a lot of helpful feedback about our progress toward meeting our mission. Since it is unusual to receive feedback from all three oversight groups nearly concurrently, we took the opportunity to develop a strategic planning process to integrate the feedback and create a thoughtful 4-year plan.

We developed a Strategic Planning Committee (SPC), comprised of MIRECC leadership across sites, across levels of seniority, and across our three Cores (Research, Education, and Clinical). Over the past 4 months, the committee has reviewed all feedback and considered our goals and progress since our original charge in 2005. They identified strengths, weaknesses, potential barriers, and potential untapped opportunities. Through this process, the SPC developed a preliminary draft of a more unified and better defined set of goals and objectives. These include:

- 1 - to support ongoing research in the areas of PTSD, TBI, substance use, biomarkers, and suicide and violence across a diversity of subpopulations and contexts consistent with emerging understanding and priorities in post-deployment mental health,
- 2 - maintain existing and build new critical partnerships to support our research, education, and clinical efforts,
- 3 - develop metrics and a plan to evaluate the impact of our work,
- 4 - develop a systematic method for informing our stakeholders about Veteran post-deployment mental health issues,
- 5 - better define our methods for translating new knowledge of post-deployment mental illness into effective training, treatment and implementation efforts, and best practices.

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Director's Update

We believe that these efforts will enable us to better meet the needs of our Veterans as defined by our stakeholders. We are still in the beginning stages of this process. Our next step is to develop cross-site, cross-core workgroups to develop action plans for meeting our goals and objectives. I will continue to share updates as we move further along.

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

Focus on the VISN

Free Webinars for Providers by MIRECC Faculty

Education Project Update

The purpose of this series is to increase access to clinical training and education for rural community-based providers of mental health services to military service members and Veterans. We have partnered with the Duke University Area Health Education Center (AHEC) Partnership Program, headed by Dr. Marvin Swartz.

That program supports the Southern Regional AHEC, which provides clinician education to providers in and around the Fayetteville, North Carolina area that includes Ft. Bragg and nine rural counties. Most attendees are community providers serving military service members, Veterans, and families living in the area.

Wednesday May 24 from 12 -1 pm ET

The Biopsychosocial Approach to Chronic Pain Management: Interdisciplinary Considerations for Veterans

Presented by Dr. Jennifer Naylor

This presentation will review the prevalence of chronic non-cancer pain conditions and common physical and psychiatric comorbidities in U.S. Military Veterans. The impact of chronic pain and co-occurring conditions will be discussed in the context of effective treatment approaches. Targeted treatment approaches to be presented are consistent with National and Veterans Affairs chronic pain treatment guidelines and recommendations which include multimodal pain care and implementation of the biopsychosocial model. This presentation will also address common barriers to successful integration of effective pain care strategies and will provide information on how community providers can more successfully engage as a member of their interdisciplinary pain team.

June 28 *Bipolar Disorder Assessment, Dr. Joshua Tiegreen*



In affiliation with Duke University Medical Center
Part of the NC AHEC Program

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Blueprint for Excellence Strategies 1, 2, 7, 8

Focus on the VISN

Honors & Awards

Dr. Raj Morey (MIRECC Faculty & Neuroimaging Lab Director) was promoted to Associate Professor with tenure in the Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine.

Dr. Sarah Martindale (MIRECC Fellow, Salisbury site) has been awarded a 3rd year!

International Service

Dr. John Fairbank (MIRECC Director) served as a scientific merit reviewer for the Israel Science Foundation, April, 2017.

Blueprint for Excellence Strategies 2, 7, 8

National Service

Dr. John Fairbank (MIRECC Director) has served as a member of the American Psychological Association (APA) PTSD Guideline Development Panel for several years. The APA's PTSD Guideline was approved February 24, 2017. The Guideline & Appendices are available online (see page 5).

Blueprint for Excellence Strategies 1, 2, 7, 8

Dr. Katherine H. Taber (MIRECC Assistant Director, Education) served as a member of VA RR&D Career Development Award Peer Review Panel, March 1, 2017.

Blueprint for Excellence Strategies 2, 7, 8

Invited Lectures

Dr. Robin A. Hurley (MIRECC Associate Director, Education) presented *Windows to the Brain: Neuropsychiatry of Brain Injury and Co-Morbidities 2001 - 2017 ... a journey of discovery* as part of the Grand Rounds, Department of Psychiatry, Wake Forest School of Medicine, April 21, 2017.

Blueprint for Excellence Strategies 1, 2, 7, 8

Education Project Update

Self-Management Materials for Sleep Disturbance in Recently Deployed Veterans

Dr. Christi Ulmer (Durham HSR&D Center of Innovation and MIRECC Faculty, Durham site) and **Dr. Leah Farrell-Carnahan** (MIRECC faculty, Richmond site) have been engaged in the creation of self-help options for Veterans with insomnia. In 2011, they were awarded a MIRECC Clinical Education Grant to support translation of cognitive behavioral treatment for insomnia (CBTI) into a self-management workbook format. This was finalized in 2016 and is now available on our website.



<https://www.mirecc.va.gov/visn6/>

Since being uploaded to the CBTI Sharepoint site in June of 2016, the workbook has been viewed 172 times! Also, in July of 2014, the National Director of Web Services, Mental Health Informatics Section approached Drs. Ulmer and Farrell-Carnahan about using the workbook content to develop a web-based CBTI self-help course. Drs. Ulmer and Farrell-Carnahan have since served as subject matter experts for development of the "Path to Better Sleep" course, that is in the final stages of development. The course is designed to allow rural Veterans and those who are unable, or choose not to, present to the VA to access sleep disorders screening and CBTI.

In 2016, Drs. Ulmer and Farrell-Carnahan were awarded a second MIRECC Clinical Education Grant to revise and update the workbook, and create treatment manuals for a 6 session telehealth-supported self-help CBTI intervention. In this intervention, entitled "Tele-Self CBTI", a VA healthcare provider contacts the Veteran by phone on a weekly basis to support their self-help CBTI efforts. Funding is being used to create both Provider and Veteran manuals for use with this intervention. HSR&D-funded research is underway to assess the feasibility of Tele-Self CBTI, and findings will be used to support research funding applications to test the efficacy of the intervention.

Blueprint for Excellence Strategies 2, 7, 8

Transitions

Dr. Scott McDonald (MIRECC Faculty & Fellowship Co-Director, Richmond site) completed a CDA-2 in March and transitioned back to being the SCI (spinal cord injury) neuropsychologist. He will continue his work in resilience and adjustment after acquired physical disability, working with Veterans who have sustained traumatic brain injury, polytraumatic injuries, and spinal cord injury.

New Personnel

David Banks joined the MIRECC on March 6, 2017. He is a Research Coordinator for Raj Morey. His primary duties involve screening and enrolling participants, administering mental health assessments, overseeing MRI scanning procedures, assisting with regulatory compliance, and managing data collection and analysis. David joins us from the National Institute of Environmental Health Sciences where he was a Post-Baccalaureate Intramural Research Training Award Fellow.

Vickie Carpenter joined the MIRECC on January 9, 2017. She is with the Durham VA Traumatic Stress and Health Research Lab and is working with Dr. Nathan Kimbrel on the Non-suicidal Self-Injury in Veterans project. Her primary duties as research coordinator involve recruitment, screening and enrolling participants, administering mental health assessments, managing data collection, and overseeing participant retention efforts.

Piereangelo Cruz joined the MIRECC on January 9, 2017. He is a Psychology Technician for the Coaching Into Care (CIC) Program. He will be working with Dr. Cindy Swinkels at the Durham, NC site. His primary duties will be working with CIC and assisting with IRB protocol for Dr. Swanson and Dr. Curry.

Conferences



JOINING FORCES FOR VETERAN HEALTH AND REINTEGRATION

February 28, 2017, Charlotte, NC

Brearily TW, Curry D, Taber KH. *Joining Forces to Develop a Virtual Standardized Patient with mTBI.* Oral Presentation

Martindale SL, Rowland JA, Taber KH. *Blast exposure as a moderator in the relationship between PTSD symptoms and sleep quality in Iraq and Afghanistan veterans.* Poster

March 8 - 9, 2017, Bethesda, MD
National Capital Area

TBI Research Symposium 2017



McDonald SD, Feldman GM, Amos T, Franke LM, Cifu DX, Walker WC. *Olfactory and Taste Disturbances among Iraq and Afghanistan U.S. Military Veterans with a History of Mild Traumatic Brain Injury.* Oral Presentation

63rd Annual Meeting



The Grand Hyatt
Atlanta, Georgia

March 8th - March 12th, 2017

Southeastern Psychological
Association

File A, Hurley RA, Taber KH.

Neuroimaging of Borderline Personality Disorder: Current Status and Future Directions. Poster

Schmidtman EA, Taber KH, Hurley RA.

Clinical and Neurological Implications of Mindfulness Interventions: Current Status and Future Directions. Poster

Symposium Presentations

Miskey HM (Chair) & Martindale SL (Discussant) - *Posttraumatic Stress Disorder, Psychiatric Functioning, and Neurocognition: Findings across Different Veteran Samples.*

Rowland JA. *Performance Validity and PTSD are Associated with Cognitive Performance in Iraq and Afghanistan War Era Veterans.*

Shura RD. *ADHD, PTSD, and Cognitive Functioning in a Clinical Veteran Sample.*

Miskey HM. *Cognitive Performance of Veterans in an Inpatient Posttraumatic Stress Disorder Program Pre- and Post-Treatment.*

Rowland JA (Chair) & Shura RD (Discussant) - *Sequelae of Traumatic Brain Injury and Blast Exposure in Post-Deployment Veterans: Beyond the Acute Effects of Concussion.*

Martindale SL. *Behavioral health outcome differences in traumatic brain injury acquired during versus outside of deployment in Iraq and Afghanistan veterans.*

Brearily TW. *Differentiating PTSD and Blast Exposure in Combat Veterans: Utility of DTI and CANTAB.*

Rowland JA. *Alterations in Dynamic Networks during Completion of the Iowa Gambling Task due to PTSD and mTBI History.*



American Neuropsychiatric Association 28th Annual Meeting, March 9 - 11, 2017

Brearily TW, Curry DJ, Shura RD, Rowland JA, Taber KH. *Relationship between NIH Toolbox Cognition Battery and Well-Established Neuropsychological Tests in a Veteran Sample.* Poster

Hurley RA, Taber KH. *Teaching Materials to Translate Neuroanatomical Knowledge from Textbook to the War-Related Blast Injury Patient- Part VI.* Poster

Martindale SL, Rowland JA, Taber KH. *Blast exposure as a moderator in the relationship between PTSD symptoms and sleep quality in Iraq and Afghanistan veterans.* Poster

Miskey HM, Martindale SL, Shura RD, Taber KH. *Distress Tolerance and Symptom Severity Mediate Failure on a Symptom Validity Test in Iraq and Afghanistan Veterans with PTSD.* Poster

Rowland JA, Shura RD, Martindale SL, Taber KH. *Performance validity and symptom validity tests measure distinct constructs.* Poster

Shura RD, Martindale SL, Brearily TW, Rowland JA, Taber KH. *Intelligence and Possible ADHD as Risk Factors for PTSD in Veterans.* Poster

Taber KH. *Clinical Neuroimaging of Mild TBI: Present Recommendations & Future Possibilities.* Oral Presentation

Symposium Presentations

Morey RA. *Structural and Functional Connectivity Networks in PTSD: Clinical and Genetic Correlates.*

Morey RA. *Understanding the Role of Hippocampal Function in PTSD.*



Anxiety and Depression Association
of America Conference

April 6 - 9, 2017

San Francisco, CA

Publications

Clinical Practice Guideline

Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults Adopted as American Psychological Association (APA) Policy February 24, 2017. <http://www.apa.org/about/offices/directorates/guidelines/ptsd.pdf>

Guideline Development Panel for the Treatment of PTSD in Adults: Christine A. Courtois (Chair), Jeffrey Sonis (Vice-Chair), Laura S. Brown, Joan Cook, **John A. Fairbank**, Matthew Friedman, Joseph P. Gone, Russell Jones, Annette La Greca, Thomas Mellman, John Roberts, Priscilla Schulz.

Journal Articles

Goodman [Slough] CS, Smith TJ, LaMotte JM. *A survey of pharmacists' perceptions of the adequacy of their training for addressing mental health-related medication issues.* *Mental Health Clinician* [Internet]. 2017;7(2):69-73.

Introduction: The purpose of this study was to conduct a survey of North Carolina pharmacists' perceptions of their pharmacy training in mental health-related medication issues and how this influenced their perceived ability to address these issues in the provision of pharmaceutical care to their patients. **Methods:** A survey consisting of 17 questions was developed and emailed to licensed pharmacists in North Carolina. Surveys that were returned were analyzed to see if conclusions could be made regarding the pharmacists' perceptions about their mental health-related medication training and its influence on their practice. **Results:** A total of 848 pharmacists completed the survey (response rate of 7.9%). Of the survey participants, 489 (58.2%) reported that pharmacy school training adequately prepared them to provide basic pharmaceutical care to patients taking mental health-related medications. However, 350 (41.4%) reported feeling less comfortable providing medication counseling for mental health-related medications compared to cardiac medications. **Discussion:** Despite the volume of prescriptions that mental health-related medications represent in day-to-day practice, a significant portion of licensed pharmacists responding to our survey indicate that the emphasis on mental health in their training may have been inadequate.

Hicks TA Bs, Thomas SP, Wilson SM, Calhoun PS, Kuhn ER, Beckham JC. *A Preliminary Investigation of a Relapse Prevention Mobile Application to Maintain Smoking Abstinence Among Individuals With Posttraumatic Stress Disorder.* *Journal of Dual Diagnosis.* 2017; 13 (1): 15-20.

Kimbrel NA, Wilson LC, Mitchell JT, Meyer EC, DeBeer BB, Silvia PJ, Gratz KL, Calhoun PS, Beckham JC, Morissette SB. *ADHD and nonsuicidal self-injury in male veterans with and without PTSD.* *Psychiatry Research.* 2017; 252:161-163.

Kimbrel NA, Newins AR, Dedert EA, Van Voorhees EE, Elbogen EB, Naylor JC, Ryan Wagner H, Brancu M; VA Mid-Atlantic MIRECC Workgroup., Beckham JC, Calhoun PS. *Cannabis use disorder and suicide attempts in Iraq/Afghanistan-era veterans.* *Journal of Psychiatry Research.* 2017; 89:1-5.

The objective of the present research was to examine the association between lifetime cannabis use disorder (CUD), current suicidal ideation, and lifetime history of suicide attempts in a large and diverse sample of Iraq/Afghanistan-era veterans (N = 3233) using a battery of well-validated instruments. As expected, CUD was associated with both current suicidal ideation (OR = 1.683, p = 0.008) and lifetime suicide attempts (OR = 2.306, p < 0.0001), even after accounting for the effects of sex, posttraumatic stress disorder, depression, alcohol use disorder, non-cannabis drug use disorder, history of childhood sexual abuse, and combat exposure. Thus, the findings from the present study suggest that CUD may be a unique predictor of suicide attempts among Iraq/Afghanistan-era veterans; however, a significant limitation of the present study was its cross-sectional design. Prospective research aimed at understanding the complex relationship between CUD, mental health problems, and suicidal behavior among veterans is clearly needed at the present time.

Schmidtman EA, Hurley RA, Taber KH. *Secular Mindfulness-Based Interventions: Efficacy and Neurobiology.* *Journal of Neuropsychiatry and Clinical Neuroscience.* 2017 Spring; 29 (2): 78 - 83.

Shura RD, Rowland JA, Martindale SL, Brearly TW, Delahanty MB, Miskey HM. *Evaluating the motor slowing hypothesis of depression.* *Psychiatry Research.* 2017; 252: 188-195

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:

Suicide Prevention for Older Veterans

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

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

June 14 & 15 *Staff Safety Part 1*

July 12 & 13 *Staff Safety Part 2*

August 9 & 10 *TBD*

If you require assistance contact:

EES Program Manager - 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*



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

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VISN Leadership

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