



## Director's Update

In the last newsletter, I spoke about our new strategic planning initiative to fine tune our mission, goals, and objectives. Out of this came the need to develop specific action plans.

We will be doing that through the use of five workgroups focused on: Collaboration/Partnership Development, Evaluation, Communication/Dissemination, Maintenance and Growth of Research, and Clinical Translational Mission Development. Each workgroup consists of leaders from across our 6 labs and 3 cores (research, education, and clinical). These workgroups also include stakeholders, such as our national program partners. We believe that these efforts will enable us to better meet the needs of our Veterans. The workgroups have been tasked with a 120-day challenge to develop action plans for their workgroup's topic, to be completed and reported out by September 28, 2017.

One of the ways we have already started to focus on each of these five major priority areas is through the education, clinical, and research pilot grants we disseminated in FY2016 and FY2017. These grants each focused on supporting clinicians, educators, and budding researchers across VISN 6 in developing and implementing new initiatives focused on post-deployment mental health. Each grant required an evaluation and dissemination component and was focused on supporting our translational mission. Additionally, the research pilot grants were especially focused on supporting junior researchers' expansion of their work.

To further support our Communication and Dissemination priority, we will be holding two Demonstration ("Demo") Days. In Early Fall 2017, the educational and clinical grant recipients will be showcasing the outcome of their work and in early Winter 2018, the research pilot grant recipients will be showcasing their work. Presentations will be delivered in the fun fast-paced style of the VA's Shark Tank competition (quick two-minute presentations, followed by a one-minute Q&A period). Local, regional, and national stakeholders and partners will be invited to join us on these Demo Days to learn more about these initiatives!

***John A. Fairbank, Ph.D.***

Director, Mid-Atlantic (VISN 6) MIRECC

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## Clinical Project Update

### *ATTEND Clinic: Allied Transitional Telehealth Encounter(s) post-inpatient Discharge*

This project began in 2016 with the award of a Clinical Core Pilot grant to two Salisbury site MIRECC Fellows. **Drs Timothy Brearly** (Psychologist) and **Courtney Slough** (Clinical Pharmacist [now Courtney Goodman]) proposed developing an innovative tablet-based approach to delivering care after hospital discharge. The ATTEND clinic provides medication management and support by tablet enabled videoconference. The purpose is to ease Veterans' transition from inpatient to outpatient mental health care. The ATTEND team now also includes Katherine McDermott (Acute Inpatient Nurse) and Calandra Haynes (Psychology Technician). Team members facilitate Veterans' training on how to use loaner tablets to participate in clinical videoconference appointments. Veterans also learn how to use MyHealthEVet to do secure messaging with ATTEND providers. After Veterans are discharged from the hospital they receive individualized services remotely. This continues until they have fully transitioned to care with their outpatient mental health team.

Following successful development and initial implementation of the ATTEND clinic, a second year of funding was awarded. By May of 2017, 20 Veterans (ages 23 to 57, mostly OEF/OIF/OND) had participated in ATTEND. Their average time from inpatient discharge until the first ATTEND appointment with a provider able to manage medications was 4.9 days. The average decrease compared to their in-person appointment scheduled at discharge was 18.6 days. The hospital re-admission rate for ATTEND Veterans (5%) was also much lower than overall unit rates during the same period (19%). Veterans identified several obstacles to receiving care that were addressed by ATTEND participation. Common barriers included lack of transportation (25.53%), distance from clinic (29.41%), wait time (23.53%), and work conflicts (5.88%). Veterans who participated in exit interviews were all enthusiastic regarding the convenience of engaging in care remotely. ATTEND services are ongoing, and materials describing the processes and benefits of ATTEND will be coming soon. Stay tuned!

Blueprint for Excellence Strategies 1, 2, 7, 8

## Education Project Update

### Free Webinars for Providers by MIRECC Faculty Wednesday July 19 *Secondary Traumatic Stress: Attending to an Occupational Hazard*

Presented by Dr. Noga Zerubavel

Working with individuals who have experienced trauma can impact providers in a variety of ways. Experiencing secondary traumatic stress is an occupational hazard of working closely with individuals who have experienced victimization and violence. The field of trauma studies has increasingly promoted the importance of a workplace culture that normalizes rather than stigmatizes experiencing reactions to and being affected by working with trauma. This training will help providers to recognize signs and symptoms of secondary traumatic stress, allowing them to be better able to mitigate, intervene, and address such reactions. In addition, participants will learn about how individuals and agencies can implement strategies that facilitate and support resiliency in providers.

Contact: Althea Bell, SR-AHEC  
email: Althea.Bell@sr-ahec.org  
telephone: 910-678-0112



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

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## Honors & Awards

**Dr. John Fairbank** (MIRECC Director) was recently honored with the 2017 Peter J. N. Linnerooth National Service Award by Division 18 (Psychologists in Public Service) of the American Psychological Association (APA).

**Dr. Nathan Kimbrel's** (MIRECC Co-Assistant Director, Clinical) article "*Self-Compassion as a Prospective Predictor of PTSD Symptom Severity Among Trauma-Exposed U.S. Iraq and Afghanistan War Veterans*" was honored by being nominated for the Excellence in Research on Military and Veteran Families Award bestowed annually by the Military Family Research Institute at Purdue University.

## Invited Lectures

**Dr. Scott McDonald** (MIRECC Faculty & Fellowship Co-Director, Richmond site) presented *Olfaction and TBI* as part of the Salisbury VAMC Neuropsychology Seminar series on June 21, 2017.

Blueprint for Excellence Strategies 2, 7, 8

**Dr. Robert Shura** (MIRECC Fellowship Co-Director, Salisbury site) presented *Chronic Traumatic Encephalopathy (CTE): Science, Media, and Zebras* as part of the Salisbury VAMC Mental Health Grand Rounds on June 22, 2017.

Blueprint for Excellence Strategies 2, 7, 8

## Transitions

**Dr. Tom Burroughs** (MIRECC Fellow, Richmond site) completed his second year in May and has transitioned to a position as a staff psychologist at the Portland VA!

# Conferences

***Suicidology at 50***  
Honoring the Past  
Innovating for the Future



American Association of  
Suicidology

50th Annual Conference  
April 26-29, 2017  
Phoenix, AZ

Bahraini NH, Matarazzo BE, Gerard G, Brancu M. *The HOME Program: Effectiveness and Implementation.*

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# Publications

## Management Briefs

Gierisch JM, Hughes JM, Edelman D, Bosworth HB, Oddone EZ, Taylor SS, Kosinski AS, McDuffie JR, **Swinkels C**, Razouki Z, Masilamani V. *The Effectiveness of Health Coaching*. VA ESP Project #09-010; HSR&D Management Brief no. 128, June 2017.

[https://www.hsr.research.va.gov/publications/management\\_briefs/default.cfm?ManagementBriefsMenu=eBrief-no128](https://www.hsr.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no128)

**Summary of Findings:** Results suggest that when compared with inactive controls (e.g., waitlist, usual care) self-identified health coaching interventions have the potential to produce small, positive, statistically significant effects on: Decreases in HbA1c, Reductions in body mass index (BMI), Increases in physical activity, Reductions in dietary fat, and Improvements in self-efficacy. It is important to note that many pooled estimates exhibited moderate to high statistical heterogeneity. Further, results did not hold for the above outcomes when compared with active comparators. In qualitative syntheses, results were mixed or inconclusive for effects of health coaching on functional status, smoking cessation, and medication adherence. However, limited qualitative evidence in two trials suggests that coaching has a positive effect on total calorie reduction. This systematic literature review also explored potential sources of variability in treatment effects, including population characteristics, intervention dose and delivery mode, type of individual conducting health coaching, and concordance with key elements of health coaching. Findings show that none of these factors were robust predictors of variability in treatment effects.

**Strauss J, Brancu M**, Myers E, Anderson S, Van Houtven C, Goldstein K, Shepherd-Banigan M, Moorman P, Coeytaux R, von Isenburg M, Van Noord M, Conklin J, Lallinger K, Schmidt R, McBroom Brooks A, Sanders-Schmidler G. *Topic Development Brief: Women's Mental Health*. Prepared for the Office on Women's Health (OWH), January 2017

**Description:** To conduct topic development briefs for 5 women's health topics: obesity, caregivers, maternal health, mental health, and nutrition. The goal of these briefs is to help inform OWH concerning its FY17 and FY18 priorities by effectively identifying opportunities for policy and/or programmatic expansion.

## Journal Articles

**Brearily TW, Shura RD, Martindale SL, Lazowski RA, Luxton DD, Shenal BV, Rowland JA.** *Neuropsychological Test Administration by Videoconference: A Systematic Review and Meta-Analysis*. *Neuropsychology Review*. 2017 Jun;27(2):174-186.

**Cunningham KC, Farmer C, LoSavio ST, Dennis PA, Clancy CP, Hertzberg MA, Collie CF, Calhoun PS, Beckham JC.** *A model comparison approach to trauma-related guilt as a mediator of the relationship between PTSD symptoms and suicidal ideation among veterans*. *Journal of Affective Disorders*. 2017;221:227-231.

**Dennis PA, Kimbrel NA, Sherwood A, Calhoun PS, Watkins LL, Dennis MF, Beckham JC.** *Trauma and Autonomic Dysregulation: Episodic - Versus Systemic - Negative Affect Underlying Cardiovascular Risk in Posttraumatic Stress Disorder*. *Psychosomatic Medicine*. 2017 Jun;79(5):496-505.

**Rowland JA, Miskey HM, Brearily TW, Martindale SL, Shura RD.** *Word Memory Test Performance Across Cognitive Domains, Psychiatric Presentations, and Mild Traumatic Brain Injury*. *Archives of Clinical Neuropsychology*. 2017; 32 (3): 306-315.

**Rowland JA, Stapleton-Kotloski JR, Alberto GE, Davenport AT, Kotloski RJ, Friedman DP, Godwin DW, Daunais JB.** *Changes in nonhuman primate brain function following chronic alcohol consumption in previously naive animals*. *Drug and Alcohol Dependence*. 2017;177:244-248.

### Highlights

- First application of Magnetoencephalography (MEG) to vervet monkeys.
- Utilized a well validated model of chronic heavy alcohol use.
- Examined changes in brain activity of naive subjects to chronic alcohol use.
- Localized previously observed changes to specific brain regions.
- Increases and decreases in brain activity were observed dependent on the region.

[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/>

### *Anger Management*

This online course is based on training that was developed specifically for Veterans and has been successfully used by Veterans and Service Members around the world. 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*

This online course teaches skills to help you overcome stressful problems and meet your goals. Moving Forward is designed for Veterans and Service Members who are facing challenges including:

- Managing Stress
- Balancing school & family
- Relationship problems
- Coping with physical injuries
- Financial difficulties

### *Veteran Parenting*

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

- Helps parents deal with both everyday problems and family issues that are unique to the military lifestyle.
- Features stories from actual Veteran/military families, interactive activities, and practical parenting tips.

**NC4VETS**  
844.NC4.VETS



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

The **NC4VETS 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. The **2017 edition** is now available.

# Provider Education



## CBOC Mental Health Rounds

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

### *Staying Safe: Managing Disruptive Behaviors Part 2*

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

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

August 9 & 10 *SUDs & Harm Reduction*

Sept 13 & 14 *REACH VA Caregiver Support Program*

Oct 11 & 12 *Ethics*

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 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*



CENTER FOR DEPLOYMENT PSYCHOLOGY

*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

## 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-Assistant Director - Clinical

Jennifer Naylor, PhD    Nathan Kimbrel, PhD  
jennifer.naylor2@va.gov    nathan.kimbrel@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  
Nathan Kimbrel, PhD  
nathan.kimbrel@va.gov

### Interventions & Metabolomics

Christine Marx, MD  
marx0001@mc.duke.edu  
Jennifer Naylor, PhD  
jennifer.naylor2@va.gov

### 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

## 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  
Holly Miskey, PhD  
holly.miskey@va.gov  
Robert Shura, PsyD  
robert.shura2@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

## VISN Leadership

Interim VISN 6 Director  
Dr. Mark Shelhorse