



Director's Update

In the October and December 2017 newsletters, I talked about some of our cutting edge research. This included studies on brain structure and changes related to PTSD and TBI, and on Substance Use. For this next issue, I'd like to continue sharing some of our most recent

research. This time the focus is on in suicide and violence risk assessment, prevention, and treatments

Dr. Nathan Kimbrel is working on increasing our understanding of nonsuicidal self-injury (NSSI). He is also collaborating with researchers at the VISN 17 Center of Excellence for Returning War Veterans. Together they are investigating the impact of cannabis use on suicide attempts and NSSI. In addition, **Dr. Kimbrel and Dr. Jean Beckham** are conducting a series of whole-genome sequencing studies. Their goal is to identify potential biomarkers that can predict suicidal behavior.

Dr. Eric Elbogen is developing new tools to help clinicians. He created the Violence Screening and Assessment of Needs (VIO-SCAN) after identifying risk factors for co-occurring suicide and violence. Across the VA, clinicians and Destructive Behavior Committee chairs are currently using VIO-SCAN to support mental health care. His research findings were recently included in an upcoming TMS training on violence risk assessment

Dr. Mira Brancu and her team has been collaborating with the VISN 19 MIRECC since 2014. Together they are evaluating the feasibility of adapting the Home-Based Mental Health Evaluation (HOME) program to rural Veterans at risk for suicide. The HOME program helps Veterans who have been released from the hospital get engaged in outpatient mental health treatment. Treatment engagement after hospitalization is a critical factor in reducing suicide. The team is now planning to evaluate a telehealth option for HOME to improve access. They are also collaborating with the Office of Rural Health (ORH), to develop a community-engagement partnership to address rural Veteran suicide prevention priorities.

Dr. James Bjork is evaluating decision-making and cognitive performance in Veterans who are at risk for suicide. The goal is to identify patterns that may help future development of medications to prevent suicide.

Dr. Jason Newsma, Dr. Keith Meador, and Chaplain Bill Cantrell are evaluating how to engage Chaplains in promoting and supporting suicide prevention efforts.

Dr. Katherine Cunningham is evaluating how guilt related to a trauma might affect suicidal thinking.

John A. Fairbank, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

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Research Update

2018 Research Core Pilot Grant Program

Dr. Kristen Dillon (MIRECC Fellow, Durham site) *Testing a computerized anger intervention for Veterans with PTSD*

Dr. Erica Epstein (MIRECC Fellow, Salisbury site) *How Learning Strategies Affect Academic and Occupational Success in Veterans with ADHD*

Dr. Delin Sun (Senior Research Associate, MIRECC Neuroimaging lab, Durham site) *Neural Correlates of Moral Transgression in Veterans with Posttraumatic Stress Disorder With and Without Moral Injury Experiences*

In the News

How the VA is fighting back against overdose deaths

The Herald Sun recently reported on how the Durham VA Health Care System improved the quality of care we provide Veterans by decreasing the use of opioids to help manage chronic pain. Durham VA achieved a 39 percent decrease in opioid prescriptions within the last five years.

<http://www.heraldsun.com/news/local/counties/durham-county/article196240349.html>

The Durham VA's Integrated Pain Clinic (DIPC) is part of an overall shift in how chronic pain is managed. This innovative approach is interdisciplinary. It targets the most complicated pain conditions and the complex nature of causative factors. Their alternative management approach implements a true biopsychosocial model for treatment, which is a best practice model.

Dr. Jennifer Naylor (MIRECC Faculty & Co-Assistant Director, Clinical) is part of the DIPC team. She is developing and will be implementing new training for providers and patients. This training will help them understand how to apply an interdisciplinary biopsychosocial model to managing chronic pain. The DIPC team supports primary care providers by providing guidance and reassurance regarding opioid prescribing and reduction. They also ensure that all applicable non-medication approaches to pain management are presented to the provider. Intervention and education is individualized. Target goals are effective pain management, functional improvement, harm/risk reduction, and increased understanding. Strict opioid dose reduction may not necessarily improve the other goals that affect a Veteran's quality of life. Dr. Naylor also conducts research on alternative interventions for chronic pain. She is presently studying both neurosteroid supplementation and biofeedback. She recently published a study of gender-based analyses of pain. The study did not find any differences in psychiatric and functional symptoms when pain rating were similar.

Self-Reported Pain in Male and Female Iraq/Afghanistan-Era Veterans: Associations with Psychiatric Symptoms and Functioning. Pain Medicine. 2017; 18(9):1658-1667.

Honors & Awards

Dr. Jennifer Naylor (MIRECC Co-Assistant Director, Clinical Core & Interventions and Metabolomics Lab Assistant Director) was promoted to Associate Professor in the Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine

Dr. Sarah Wilson (MIRECC Faculty, Durham site) will be 2018-2020 Fellow in the Brown University Clinical and Community-Based HIV/AIDS Research Training Program. This non-residential research training program is designed to provide training in clinical, behavioral, and community-based research related to HIV/AIDS, Hepatitis C, and other infectious diseases.

New Grants

PI: **Dr. Sarah Wilson** (MIRECC Faculty, Durham site), *A Personalized mHealth Approach to Smoking Cessation for Veterans Living with HIV.* Funded by: VA HSR&D Career Development Award-2

Transitions

Dr. Katherine Cunningham has joined the Home-Based Mental Health Evaluation (HOME) program at the Durham, NC site. Katherine was a MIRECC fellow at Durham researching and treating self-injury and suicidal behavior. With the HOME program, she is serving as a clinician and researcher in suicide prevention.

Dr. Sarah Wilson has transitioned from being a MIRECC Fellow to Durham HSR&D faculty as an investigator (75% time). She will also be providing 10 hours of clinical care in the Durham VA Mental Health Clinic focused on evidence-based LGBTQ-affirming mental health treatment.

National Service

Dr. Christi Ulmer (MIRECC Faculty, Durham site) has accepted a request to serve as Co-Chair (champion) for the VA/DoD Clinical Practice Guideline (CPG) for Insomnia and Obstructive Sleep Apnea Workgroup.

New Personnel

Bethann Cleary, MSW, LCSWA joined the MIRECC on November 13, 2017 as a clinical social worker for the Home-Based Mental Health Evaluation (HOME) Program. She is working with Dr. Mira Brancu at the Durham, NC site. Bethann will be providing treatment via telephone and home visits for Veterans enrolled in HOME. She completed the recovery-oriented Psychosocial Rehabilitation Fellowship with the PRRC, MHICM, and SUD clinics in August 2017.

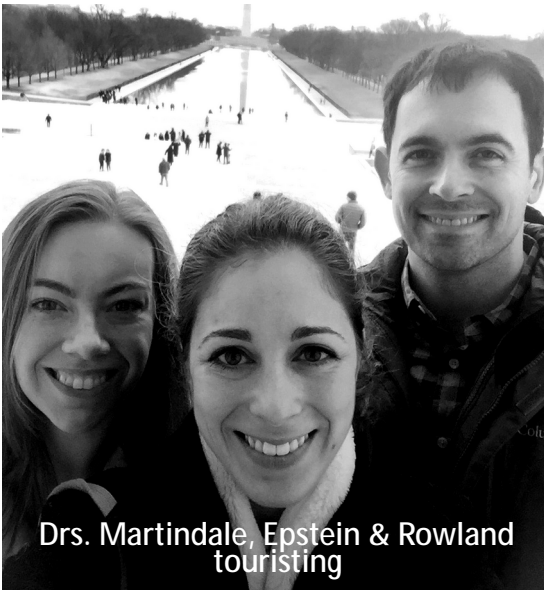
Adam Mann joined the Traumatic Stress and Health Research Lab (TSHRL) housed at the MIRECC in Pod #3 on January 10, 2018. He is an intern from the Clinical Rehabilitation and Mental Health Counseling master's program at UNC Chapel Hill. Adam's master's project is on self-injurious behavior in the sexual minority male community. Working with Dr. Nate Kimbrel, his primary duties will be assisting the TSHRL study coordinators with all research project duties, as well as assisting the lab PIs with research writing.

Dr. Jennifer McDuffie will be working with VA Mental Health and Chaplaincy as part of a faith community, clergy, and mental health engagement project. She has years of experience working in VA, most recently with the Evidence-Based Synthesis Program based at the Durham VA HSR&D

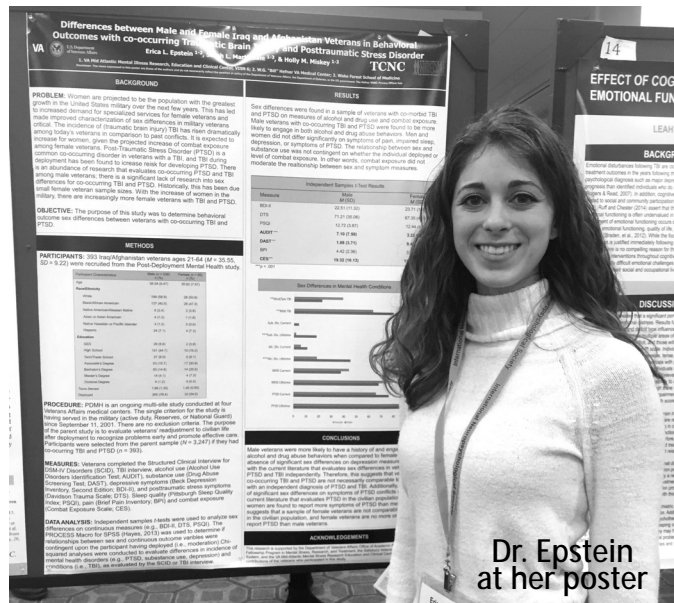
International Neuropsychological Society

46th Annual Meeting

February 14-17, 2018



Drs. Martindale, Epstein & Rowland
touristing



Dr. Epstein
at her poster

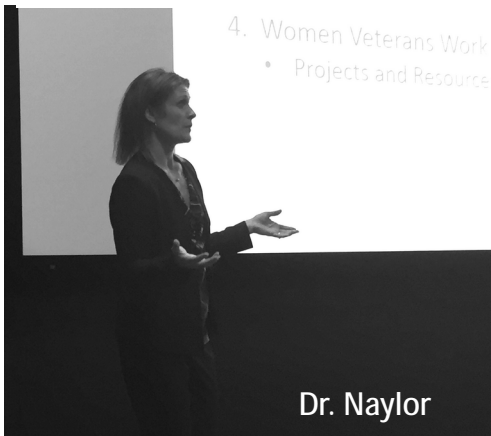
Epstein E, Martindale SL, Miskey HM. *Differences between male and female Iraq and Afghanistan veterans in behavioral outcomes with co-occurring traumatic brain injury and posttraumatic stress disorder.* Poster

Martindale SL, Shura RD, Brearly TW, Rowland JA, Miskey HM. *Symptom burden and cognitive outcomes in Iraq and Afghanistan veterans: The role of validity.* Poster

Rowland JA, Shura RD, Stapleton-Kotloski J, Dobbins D, Rogers E, Godwin D, Taber KH. *Changes in Resting-State Network Topology Associated with the Development of Posttraumatic Stress Disorder Following Deployment Acquired Traumatic Brain Injury.* Poster

UNC CHARLOTTE
College of Health and Human Services
February 27, 2018

JOINING FORCES FOR WOMEN VETERANS' HEALTH AND REINTEGRATION



Dr. Naylor

Clinical VA MIRECC and Women Veterans Health Care Panel Practice Jennifer Naylor, PhD & Jennifer Strauss, PhD

Strauss J. *Women Veterans' Mental Health: Overview of National Trends, Priority Areas, and Researcher/Policy-Maker Collaborations*

Dr. Strauss provided an overview of women Veterans' mental health. She discussed the rationale for examining gender differences among Veterans. She shared findings from recent studies that have explored gender differences in Veterans. Included were both studies that did and did not identify meaningful differences. Finally, she described two national priority areas related to women Veterans' mental health. One is addressing the treatment needs of "clinically complex" women Veterans. The other is mitigating suicide risk among high-risk subgroups.

Naylor J. *VISN 6 Mid-Atlantic MIRECC: A Translational Research Center Assessing Healthcare Needs of Women Veterans.*

Dr. Naylor discussed the translational function of MIRECCs. She highlighted the focus of the Mid-Atlantic MIRECC on post-deployment mental health. The audience was introduced to the Mid-Atlantic MIRECC's Post Deployment Mental Health Database. Findings from several recent studies using these data to examine topics of clinical relevance to women Veterans' physical and mental health were discussed. Dr. Naylor also described resources available to clinicians and researchers. These include opportunities to consult with the Mid-Atlantic MIRECC's Women Veterans Work Group.

Publications

Management Brief

Goldstein KM, Gierisch JM, Zullig LL, Alishahi A, Brearly T, Dedert EA, Raitz G, Sata SS, Whited JD, Bosworth HB, McDuffie J, Williams JW Jr. *Telehealth Services Designed for Women: An Evidence Map*. VA ESP Project #09-010; 2017.

<http://vawww.hsrd.research.va.gov/publications/esp/womens-telehealth.cfm>

https://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no140

Key Question Addressed: What are the quantity, distribution, and characteristics of evidence assessing the effectiveness of telehealth services designed specifically for women?

Journal Articles

Beckham JC, Adkisson KA, Hertzberg J, Kimbrel NA, Budney AJ, Stephens RS, Moore SD, Calhoun PS. *Mobile contingency management as an adjunctive treatment for co-morbid cannabis use disorder and cigarette smoking*. Addictive Behaviors. 2018 Apr;79:86-92

Highlights

- Little is known about treating cessation for cannabis and tobacco use simultaneously.
- Participants completed Abstinence Reinforcement Therapy (ART) for both substances.
- ART for both cannabis and tobacco and home monitoring with saliva strips is feasible.
- Future research should examine the efficacy and cost-effectiveness of this approach

Duncan LE, Ratanatharathorn A, Aiello AE, Almlil LM, Amstadter AB, Ashley-Koch AE, Baker DG, Beckham JC, Bierut LJ, Bisson J, Bradley B, Chen CY, Dalvie S, Farrer LA, Galea S, Garrett ME, Gelernter JE, Guffanti G, Hauser MA, Johnson EO, Kessler RC, Kimbrel NA, King A, Koen N, Kranzler HR, Logue MW, Maihofer AX, Martin AR, Miller MW, Morey RA, Nugent NR, Rice JP, Ripke S, Roberts AL, Saccone NL, Smoller JW, Stein DJ, Stein MB, Sumner JA, Uddin M, Ursano RJ, Wildman DE, Yehuda R, Zhao H, Daly MJ, Liberzon I, Ressler KJ, Nievergelt CM, Koenen KC. *Largest GWAS of PTSD (N=20,070) yields genetic overlap with schizophrenia and sex differences in heritability*. Molecular Psychiatry. 2018 Mar;23(3):666-673.

Epstein EL, Hurley RA, Taber KH. *The Habenula's Role in Adaptive Behaviors: Contributions from Neuroimaging*. Journal of Neuropsychiatry and Clinical Neuroscience. 2018 Winter; 30 (1): A4 – 4

Hicks TA, Wilson SM, Thomas SP, Dennis PA, Neal JM, Calhoun PS. *Low Income as a Multiplicative Risk Factor for Oral Pain and Dental Problems Among U.S. Veteran Smokers*. International Journal of Behavioral Medicine. 2018 Feb;25(1):67-73.

Hughes JM, Ulmer CS, Gierisch JM, Hastings SN, Howard MO. *Insomnia in United States Military Veterans: An Integrated Theoretical Model*. Clinical Psychology Review. 2018 Feb;59:118-125.

Van Voorhees EE, Dennis PA, Elbogen EB, Fuemmeler B, Neal LC, Calhoun PS, Beckham JC. *Characterizing anger-related affect in individuals with posttraumatic stress disorder using ecological momentary assessment*. Psychiatry Research. 2018 Mar;261:274-280.

This study employed secondary analyses of existing ecological momentary assessment (EMA) data to characterize hostile and irritable affect in the day-to-day experience of 52 smokers with, and 65 smokers without, posttraumatic stress disorder (PTSD). EMA monitoring occurred over a mean of 8.2 days, and participants responded to an average of 2.8 random prompts/day. Analyses included Wilcoxon rank sum tests of group differences, and path analyses of cross-lagged multilevel models. Participants with PTSD endorsed a significantly higher proportion of total EMA entries indicating hostile affect and irritable affect than did individuals without PTSD. Cross-lagged analyses indicated that over a period of hours, PTSD symptoms significantly predicted subsequent hostile and irritable affect, but hostile and irritable affect did not predict subsequent PTSD symptoms. Findings suggest that day-to-day exposure to PTSD-related trauma cues may contribute to chronically elevated levels of anger-related affect. Such heightened affective arousal may, in turn, underlie an increased risk for verbal or physical aggression, as well as other health and quality-of-life related impairments associated with PTSD. Clinical implications include conceptualizing anger treatment in the broader context of trauma history and symptoms, and specifically targeting physiological arousal and maladaptive hostile cognitions triggered by trauma reminders in patients with PTSD.

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/>

Anger Management



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

Moving Forward



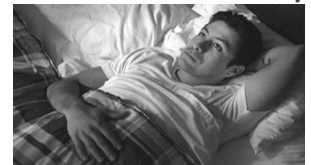
Moving Forward teaches Problem Solving skills to help you to better handle life's challenges.

Veteran Parenting



The biggest gap between you and your child may not be the physical distance. You can be right next door to your child and feel a thousand miles away.

Path to Better Sleep



If you are experiencing sleep problems you do not have to let it control your life. This course is designed to help you develop habits that promote a healthy pattern of sleep.

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:

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

Bullying & Harassment in VA Workplace

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

<https://www.mirecc.va.gov/visn16/cboc-mental-health-rounds.asp>

April 11 & 12 *Ethics of Responding to Evaluation Requests*
May 9 & 10 *Suboxone Treatment for Veterans using Alcohol*
June 13 & 14 *Expansion of Telemental Health Services in VA*

If you require assistance contact:

EES Program Manager - Tim.Walsh2@va.gov or
Education Tech - 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

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