



Director's Update

Last year I described our strategic planning process. This included initiatives focused on enhancing our clinical and educational programming through small pilot grants we awarded to clinicians and educators across the VISN. On April 16, we held a virtual

VISN 6 MIRECC Pilot Innovations Day, coordinated and moderated by Dr. Nate Kimbrel, Clinical Core Assistant Director of Program Evaluation and Implementation Science. Below is the list of topics that were covered, focused on optimizing assessment and treatment, improving access and engagement, and what the future of healthcare may hold through our research efforts. We learned about the findings to date of our many exciting new pilot programs and promising clinical studies!

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VISN 6 MID-ATLANTIC MIRECC PRESENTS

PILOT INNOVATIONS DAY

MON, APRIL 16TH • 12 - 2 PM
1-800-767-1750 • #72876
<https://meet.rtc.va.gov/nathan.kimbrel/LK21TF8J>

SAVE THE DATE!

Innovative new ideas in training and practice designed to improve the quality of mental health care for Veterans

TOPICS COVERED:

- Optimizing Assessment and Treatment
- Future of Healthcare
- Improving Access and Engagement

MIRECC

TITLE	PRESENTER
Introductory Remarks	John Fairbank
Overview of Presentations	Nate Kimbrel
IMPROVING ACCESS AND ENGAGEMENT	
Self-Management Cognitive-Behavioral Therapy for Insomnia (Clinical)	Christi Ulmer
A Pilot Telehealth Clinic to Improve Outcomes for Veterans Transitioning from Inpatient to Outpatient Mental Health Care	Courtney Goodman
OPTIMIZING ASSESSMENT AND TREATMENT	
Effects of Competing Cognitive Demands on Performance Validity (Research)	Robert Shura
Improving Pain Education and Treatment for Veterans (Clinical)	Jennifer Naylor
Combined Treatment for Alcohol Use Disorder and Posttraumatic Stress Disorder (Research)	Eric Dedert
Cognitive Behavioral Therapy for Suicidal Ideation and Self Injury (Research)	Katherine Cunningham
Effects of the Four-Session Mind Freedom Plan on Substance Use, Depression, and Treatment Retention (Research)	Kathryn Polak
Increasing Knowledge and Utilization of Safety Planning During Inpatient Psychiatric Care (Education)	Summer Anderson
Advancing Dyadic Sleep Intervention (Education)	Nicole Dutta
FUTURE OF HEALTHCARE	
Spontaneous Brain Activity in the Angular Gyrus Dissociates Moral Injury from PTSD (Research)	Delin Sun
Increased Small-World Network Topology Associated with PTSD in Veterans with TBI (Research)	Jared Rowland
APOE Genotype Effects on Mild Traumatic Brain Injury in Female Mice (Research)	Becky Klein

If you were not able to attend and are interested in any of these topics, please send us a message and we would be happy to send you the slides from the presentations.

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



Development of this training was a collaborative effort between the Office of Mental Health and Suicide Prevention; the MIRECCs from **VISN 6**, 16, and 19; the VISN 2 Center of Excellence for Suicide Prevention; and the VA Program Evaluation Research Center

Suicide Safety Planning Training

May 2 1-2pm ET May 8 12-1pm ET May 17 3-4pm ET
register in TMS by May 1

This web-based presentation will educate VHA Mental Health providers on the Suicide Safety Planning Intervention. Participants will learn about the purpose of Safety Planning with Veterans at risk for suicide, and will learn strategies for collaborating with Veterans in developing safety plans. The training outlines the steps of the Safety Planning Intervention, and provides guidelines and tips for completing each step. The training also demonstrates how to use the national **Safety Planning CPRS Note Template** as a tool in safety planning

If you have questions or require assistance contact:

EES Program Manager - lauran.hardy@va.gov or
EES Education Tech - donna.sowders@va.gov

Veterans Speak

Home-Based Mental Health Evaluation (HOME) Program

A Veteran who completed the HOME program agreed to share his experience:

"This [program and support] is something I've not had before and it's been really helpful for someone to ask how you're doing. My other inpatient stays, they drop you off and just wait for the next appointment. It feels like there's someone else in my corner. It has sometimes felt like an endless battle with the VA, but it's really good to have a team calling to check in and see how things are going. It's a program I'd hate to see something happen to. I've had a lot of experience with hospital stays and dealing with this for 6 years, but this time it really does feel different."

And at his appointment, his psychiatrist wrote:

We talked about [the] MIRECC home program with ongoing work with his safety plan – [the] patient liked this [stating], "it's like a life coach".

The HOME program (developed by Dr. Bridget Matarazzo, VISN 19 MIRECC) bridges the gap between inpatient psychiatric hospitalization and outpatient care. Outreach during this high-risk time period includes weekly suicide risk assessment, safety planning, and trouble-shooting around barriers to treatment engagement. The goal is to improve treatment engagement, as this reduces risk for suicide.

Dr. Mira Brancu (MIRECC Deputy Director) initially piloted the HOME program with rural Veterans at the Durham VA. She found it easy to incorporate into the current system of care, and that it reduced ER/emergency care and inpatient visits. Veterans also liked it. The HOME program has been expanded to rural Veterans within a 2 hour driving radius for home visits and a telehealth version is being tested for Veterans who live farther away.

Other MIRECC Suicide Prevention Initiatives

Community Rural Suicide Prevention

This is a 6-level prevention and intervention program (developed by the VISN 19 MIRECC). It targets Veterans who live in pockets of North Carolina that have been identified as having higher rates of Veteran suicide than the rest of the state. The first 5 levels focus on community engagement and training in awareness via things like public health campaigns. The 6th level involved translation the above HOME program into something that can be used in areas where there is no inpatient psychiatric unit.

VA Safety Planning Manual Update

We are working with 4 other Mental Health Centers of Excellence (and OMHSP) to update the current VA Safety Planning Manual to describe how to apply safety planning to specific higher risk subgroups, such as women, rural Veterans, trauma-exposed, LGBT, and Native American Veterans.

Safety Planning Training Initiative

We have provided safety planning training to the Durham VA inpatient psychiatry unit staff. We hope to soon receive funding to partner with the VISN to expand this training to more clinics at Durham, Morehead, and Greenville, and pilot an implementation program to improve the quantity and quality of safety plans in our VISN.

Partnering with Other Agencies

Our Mental Health and Chaplaincy national program has developed several training programs to train chaplains in identifying and managing suicidality in coordination with mental health services. They have also developed this training to partner with faith-based community partners to address the need to help Veterans in our communities that may not be using VA services.

In the News

Work lead by **Dr. Nathan Kimbrel** (MIRECC Co-Assistant Director, Clinical Core & Genetics Lab Assistant Director) was recently featured by VA Research!

<https://twitter.com/VAResearch/status/974299404587929600>



VA researchers looking at an important but under-recognized form of self-injury, punching walls, have found that while it likely results in emotional relief, it is related to current suicidal thinking. ow.ly/hHKB30iWQda



APA VA Section Monthly Psychology Program April Spotlight! VA Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) Training Program

This training program is supported by the VA Central Office/Office of Mental Health Services and based at the MIRECC's Durham site.

The VA CBT-SUD Training Program offers VA providers training in evidence-based psychotherapy for substance use disorders. The program focuses on both the theory and application of CBT and is based on the protocol developed for this initiative. The program has been adapted specifically for Veterans and is designed to provide state of the art, evidence-based treatment for problematic substance use. CBT-SUD strongly emphasizes the therapeutic relationship and therapeutic strategies in CBT, and differs from approaches to CBT that are primarily psycho-educational or solely skills-based. CBT-SUD also places primary importance on case conceptualization, which guides the direction of the individualized therapy as it takes place within the context of a collaborative and supportive therapeutic relationship.

The training program has two primary components. The initial training consists of a 2.5-day, face-to-face, experientially-based workshop, led by trainers who have developed expertise in CBT-SUD. Prior to the workshop, participants complete a 6-hour, self-paced reading of the therapist manual entitled Cognitive Behavioral Therapy for Substance Use Disorders Among Veterans (DeMarce, Gnys, Raffa, & Karlin, 2014). Workshops include didactic presentations, role-play demonstrations, video demonstrations, hands-on skills practice with real-time feedback, and break-out discussion groups. Following the workshop, clinicians actively participate in 4 months of 90-minute, weekly, telephone-based group consultation with a training consultant and three other providers who are participating in the training program

Other MIRECC Suicide Prevention Initiatives

Coaching Into Care

The national Coaching into Care program has a site here at Durham, managed under the MIRECC. The goal is to help friends and family members of Veterans in identifying resources and learning how to speak with their loved one about getting into care. They partners closely with many community agencies (local and national), including the Veterans Crisis Line, to address crisis situations.

Identifying Biomarkers

Our Genetics Lab and our Metabolomics Lab are evaluating biomarkers that may aid in identification and treatment of suicidality. This includes working with top VA research experts to analyze genomic data in the Million Veteran Program (MVP).

Fiduciary/Firearms Policy Analysis

One of our investigators does policy analysis work on firearm laws and how they may intersect with VA policies around fiduciary decisions and associated violence and suicide risk

Other Than Honorable Discharge

A group of our investigators recently finished analyzing data on suicide risk in those with Other Than Honorable Discharges and implications for VA service utilization. This paper has been accepted and became available as Epub ahead of print on March 14. [doi: 10.1093/milmed/usx128](https://doi.org/10.1093/milmed/usx128).

Big Data

We are involved in a new VA Central Office partnership initiative with the Department of Energy to analyze data from every record in the VA's medical chart (22 Million Veterans) applying big data and machine learning techniques to identify important suicide risk factors.

Welcome to the Neuroscience Lab Assistant Director

Dr. Rebecca C. Klein was recently appointed as Assistant Director of the MIRECC's Neuroscience Lab. Dr. Klein is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center. She is also a Research Physiologist at the Durham VA Medical Center. Her research is pre-clinical. She is using animal models to better understand how things like age, sex, genetics and hormones might affect cognition and mental health. One present major area of focus is investigating the interaction between testosterone and APOE genotype. APOE genotype is a risk factor for Alzheimer's disease and for poor outcome following brain injury. Dr. Klein is studying both the acute and long-term consequences of mild traumatic brain injury. There is a high prevalence of endocrine deficiencies that emerge during both phases of brain injury, so her work has strong clinical relevance. Her research will expand our knowledge regarding effects of testosterone replacement on cognitive dysfunction in genetically vulnerable individuals. If this therapeutic approach is effective in pre-clinical studies, it may help us determine who would most benefit from hormonal treatment for chronic effects of mild traumatic brain injury to maximize benefit while minimizing risk to human patients.



Honors & Awards

Dr. Chris Marx (MIRECC Co-Associate Director, Research Core & Interventions and Metabolomics Lab Director) was selected as the 2018 School of Medicine Excellence in Professionalism Awardee by Duke University School of Medicine

Invited Lectures

Dr. Pat Calhoun (Health Services Lab Director & Fellowship Director for Durham site) -presented *Tobacco Use Among Post-9/11 Veterans* as an EES sponsored webinar on March 26, 2018.

Dr. Chris Marx (MIRECC Co-Associate Director, Research Core & Interventions and Metabolomics Lab Director) was an invited participant in the Sharing the Science Symposium held in Washington DC on March 16, 2018.

Transitions

Jaimie Marinkovich left the MIRECC on March 2, 2018. Jamie has retired after 35 years of service with the Department of Veterans Affairs!

Education Project Update



Work from our MIRECC was featured in the April edition!

CLINICAL

New Brief Treatment is Effective for Veterans with Chronic Pain



Improving treatment for chronic pain is a high priority as almost half of all Veterans seeking care at the VA report chronic pain. emPower Ourselves With Every Resource (POWER) is a new treatment developed by VA clinicians for Veterans with chronic pain. POWER implements an interdisciplinary multimodal approach to pain management that addresses cognitive, affective, and behavioral aspects of chronic pain. It incorporates specific skills and techniques to

increase daily activity, improve pain coping skills, and enhance overall quality of life. All POWER participants were Veterans receiving outpatient treatment. Most common complaints were musculoskeletal pain in the knee, back, or neck, and neuropathic pain. Less common were headaches or arthritis. A few Veterans reported phantom limb pain. Eras of military service ranged from the Korean War to to the most recent conflicts.

Over the two years of development, researchers from the Mid-Atlantic MIRECC, VA, and Defense and Veterans Brain Injury Center utilized Veteran feedback to improve the program. This allowed the content to be refined and the number of sessions decreased. Veterans showed improvements in negative pain-related thinking, disability, and distress across groups.

Clinical data were used to evaluate the success of three treatment durations (6, 10, and 12 weeks) of POWER. Decreased pain-related disability and distress for the 6-week group was equivalent or better than the 10- and 12-week groups. This indicates that brief 6-week behavioral interventions are effective in managing chronic pain. These findings have practical implications for clinical planning and program development while offering unique treatment options informed by real-world clinical needs and patient feedback.

For more information, contact Dr. Jennifer Cameron at jennifer.cameron2@va.gov.

Conferences



64th SEPA Annual Meeting
March 6 - 9, 2018, Charleston, SC

Richard K, Taber KH, Canu W, Martindale SL, Brearly TW, Shura RD. *ADHD in veterans: Functional outcomes and comorbidities.* (Poster)



Dr. Richard
at his poster

Publications

Curry JF, Kiser LJ, Fernandez PE, Elliott AV, Dowling LM. *Development and initial piloting of a measure of post-deployment parenting reintegration experiences*. Professional Psychology: Research and Practice. 2018; 49(2): 159-166.

Public Significance Statement: These pilot studies suggest that a checklist of post-deployment parenting experiences may be useful to providers working with returning veterans, if further testing supports its validity. Veterans reported both positive and challenging parenting experiences during the family reintegration period and the latter were associated with several post-deployment personal problems reported by the veterans.

Dillon KH, Cunningham KC, Neal JM, Wilson SM, Dedert EA, Elbogen EB, Calhoun PS, Beckham JC; VA Mid-Atlantic MIRECC Workgroup, Kimbrel NA. *Examination of the indirect effects of combat exposure on suicidal behavior in veterans*. Journal of Affective Disorders. 2018; 235:407-413

Elbogen EB, Wagner HR, Kimbrel NA, Brancu M, Naylor J, Graziano R, Crawford E, VA Mid-Atlantic MIRECC Workgroup. *Risk factors for concurrent suicidal ideation and violent impulses in military veterans*. Psychological Assessment. 2018;30(4):425-435.

Public Significance Statement: Past trauma, drug misuse, physical pain, and resilience would each be potentially valuable to examine when assessing risk of suicide and violence in military veterans. This study also indicates there are distinct subgroups of military veterans who may be at risk of suicidality, violence to others, or both.

Hall KS, Morey MC, Beckham JC, Bosworth HB, Pebole MM, Pieper CF, Sloane R. *The Warrior Wellness Study: A Randomized Controlled Exercise Trial for Older Veterans with PTSD*. Translational Journal of the American College of Sports Medicine. 2018 Mar 15;3(6):43-51.

Hughes JM, Ulmer CS, Gierisch JM, Mid-Atlantic MIRECC Workgroup, Howard MO. *Single-Item Measures for Detection of Sleep Problems in United States Military Veterans*. Journal of General Internal Medicine. 2018 May;33(5):698-704.

BACKGROUND: As many as two-thirds of post-9/11 military veterans complain of sleep problems, including insomnia-like symptoms. Left untreated, chronic sleep problems increase the risk for a range of negative outcomes, including incident mental health disorders. However, sleep problems remain overlooked in primary care settings. To date, no brief sleep screeners have been developed or validated. Items assessing insomnia and poor sleep are often embedded into commonly used psychological assessments, and may serve as a viable first step in screening

CONCLUSIONS: Our initial findings suggest that existing items in the Symptom Checklist-90-Revised (SCL) may serve as a first step in screening for sleep problems. Early detection and treatment of sleep problems might prevent or ameliorate several negative outcomes, including incident mental health disorders.

Sherwood A, Ulmer CS, Beckham JC. *Commentary: Waking up to the importance of sleeping well for cardiovascular health*. Journal of Clinical Hypertension. 2018;20(3):606-608.

Shura RD, Hurley RA, Taber KH. *Essential Tremor: More Than a Motor Disorder?* Journal of Neuropsychiatry and Clinical Neuroscience. 2018; 30 (2): A4 – 90

Sun D, Davis SL, Haswell CC, Swanson CA; Mid-Atlantic MIRECC Workgroup, LaBar KS, Fairbank JA, Morey RA. *Brain Structural Covariance Network Topology in Remitted Posttraumatic Stress Disorder*. Frontiers of Psychiatry. 2018; 9:90.

Van Voorhees EE, Moore DA, Kimbrel NA, Dedert EA, Dillon KH, Elbogen EB, Calhoun PS. *Association of posttraumatic stress disorder and traumatic brain injury with aggressive driving in Iraq and Afghanistan combat veterans*. Rehabilitation Psychology. 2018 Feb;63(1):160-166.

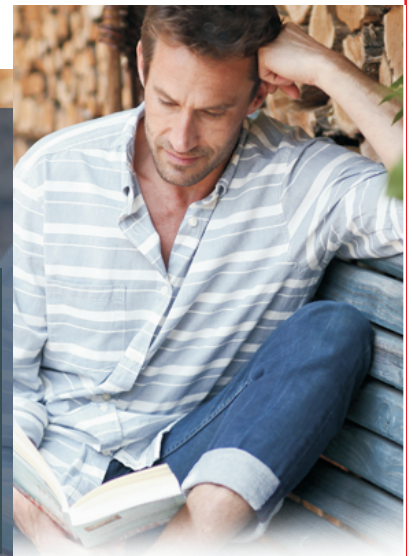
Purpose: Aggressive driving contributes to the high rates of postdeployment motor vehicle-related injury and death observed among veterans, and veterans cite problems with anger, aggressive driving, and road rage as being among their most pressing driving-related concerns. Both posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) have been associated with driving-related deficits in treatment-seeking samples of veterans, but the relative contribution of each of these conditions to problems with aggressive driving in the broader population of combat veterans is unclear.

Conclusions: Our findings suggest that PTSD, with or without comorbid TBI, may be associated with an increased risk of aggressive driving in veterans. Clinical implications for treating problems with road rage are discussed, including use of interventions targeting hostile interpretation bias and training in emotional and physiological arousal regulation skills.

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 May 9 from 9-10 am ET & Thursday May 10 from 12-1 pm ET
Opioid Use Disorder - Case: Veterans with Alcohol Use Disorder

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

<https://www.mirecc.va.gov/vsn16/cboc-mental-health-rounds.asp>

June 13 & 14 *Expansion of Telemental Health Services in VA*
July 11 & 12 *Dementia & Delirium*
August 8 & 9 *Transdiagnostic Treatments to Improve Access & Reduce Therapist Burden*

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*



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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