



Director's Update

Over the past few years, we have offered different pilot grant opportunities to help our early career researchers get started. In the research world, it is very hard to get the bigger research grants without having some initial data that shows good promise for success with larger grants. And on

the clinical side of things, it is hard for a new program to get support from clinicians or leaders without the same early promise for good future success. Pilot funding allows clinicians and researchers to test out and adjust their ideas on a smaller scale before asking for more resources. This helps leaders who are in the position of making decisions about those larger resources to be more confident in supporting bigger research and clinical projects.

We have started to gather some data to track the progress and outcomes of supporting these pilot grants. We wanted to know whether the pilot grants really did help our early career researchers and our education and clinical program developers with getting more support for their ideas. Here is the progress report for 20 pilot grants we awarded in 2016 and 2017.

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Clinical and Education Progress Report

Pilot data used to establish/extend clinics	1
Grant used to implement new trainings	2
Grant helped make a case for expanding the use of a VA app and get more information about gaps in app use by Veterans and providers	2
Grant used to develop new patient and provider treatment manuals	2
Grant used to raise awareness of specific mental health issues	6

Research Progress Report

Data helped submit for larger highly competitive large grants (R01, VA Merit Awards, others)	6
Data used in an application for a career development award (CDA; a very competitive early career large research grant)	3

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Director's Update

Research Progress Report

Pilot data helped get a highly competitive large grant funded (VA Merit Award)	2
Publications based on the pilot grant data	
Published	2
Under review	1
In preparation	4
Presentations based on the pilot grant data	
Scientific conferences	3
Local (informal)	many

Other Impact on Veterans' Lives

"Veterans reported that participating in this study helped them reconnect with themselves and meaningful parts of their lives. One Veteran shared that he 'realized I deserve to live' and began to see himself as a valuable person. Another Veteran shared that the treatment helped him be able to reconnect with his lost faith."

"I called a Veteran to remind her of her upcoming telehealth appointment. She said 'I will not be able to make my appointment because my car is not working.' I reminded the Veteran that she would be using her tablet and she did not have to leave her home. She was relieved that she would be able to make her appointment."

John A. Fairbank, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

Focus on the VISN

VA Problem Solving Training (PST) Program

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

The VA Problem Solving Training (PST) Program is an evidence-based psychoeducational intervention. The goal is to improve how Veterans cope with life stressors. PST addresses three main barriers to effective problem solving. These are Brain Overload, Emotion Dysregulation, and Poor Problem-Solving Strategies. In PST, Veterans learn skills from problem-solving toolkits that address each of these barriers. This skills-based protocol has been shown to be effective, across multiple settings throughout the VA health care system. For example, program evaluation data shows benefits for Veterans completing the intervention in a group format. There were significant decreases in depressive and general psychological distress symptoms. Interpersonal functioning, resilience, and social problem solving all improved as well.

PST is a set of coping strategies that can be used trans-diagnostically, which means that it can be used with a wide range of mental health conditions. PST psychoeducational groups can be delivered by a wide variety of disciplines. Examples include psychiatrists, psychologists, social workers, advanced practice mental health nurses, licensed professional mental health counselors, marriage and family therapists, peer support specialists, registered nurses, and addiction therapists. PST has also been adapted for use on an individual basis. This format is useful for both Primary Care-Mental Health Integration (PC-MHI) and Home Based Primary Care (HBPC) settings.

The VA PST Training Program consists of three phases. First, participants complete 10 hours of independent study, including completion of the Moving Forward Web Course. Second, participants engage in a three-day virtual workshop including didactics and experiential role-plays. Third, participants commit to 6 months of weekly consultation with a PST expert and receive feedback and guidance on their individual or group treatment.

For more information about training opportunities and the PST program, please contact **Dr. Jessica A. Walker**: 704-603-7083 or jessica.walker2@va.gov

Moving Forward Web Course for Veterans: <https://www.veterantraining.va.gov/movingforward/index.asp>

Program Update



MHICS: Mental Health Integration for Chaplain Services

This training program is supported by VA Mental Health and Chaplaincy and based at the MIRECC's Durham site.

VA Mental Health and Chaplaincy is fostering a more collaborative system of care. This will benefit Veterans, Service members, and their families. We accomplish this through a range of educational, research, community outreach, and training activities. One of these is the Mental Health Integration for Chaplain Services (MHICS) program. MHICS (pronounced "mix") began with a gap analysis of chaplain and mental health practices as part of the VA/DoD Integrated Mental Health Strategy (IMHS). IMHS provided extensive input from VA/DoD chaplains, mental health professionals, and leadership.

MHICS is a one-year training program. It aims to better equip chaplains in the provision of care to Veterans and Service members with mental health problems. One focus is learning how to collaborate with multidisciplinary colleagues. Another focus is thoughtful use of evidence-based principles from Acceptance and Commitment Therapy (ACT), Motivational Interviewing, and Problem-Solving Therapy. Chaplains learn to use these principles within chaplaincy practice. Most of the MHICS format is distance learning and uses Blackboard and Adobe Connect. Each of the three courses also includes a 2.5-day face-to-face training. MHICS currently requires 200-300 hours of professional effort spread over one academic year.

VA and military chaplains report several positive outcomes upon completing MHICS. One is being better prepared to care for Veterans and Service members with mental health concerns, including making appropriate referrals to mental health providers. Another is functioning more effectively as part of an integrated care team. Integrating trained chaplains into a more collaborative system of care may improve veteran engagement in care and their access to care. Chaplains facilitate access for those reluctant to seek mental health care due to stigma; make bi-directional referrals; and provide holistic care for interconnected emotional, social, and spiritual needs. Approximately 115 chaplains from 95 locations spread across the U.S. and world have now completed this intensive training. The fourth cohort will begin in September.

For more information about Mental Health and Chaplaincy's programs, please contact us at: mh-c@va.gov or visit our website:

<https://www.mirecc.va.gov/mentalhealthandchaplaincy/index.asp>



Invited Lectures

Dr. Robin A. Hurley (MIRECC Associate Director, Education) presented *Windows to the Brain: Neuropsychiatry of War-Related Brain Injury and Its Co-Morbidities* as part of the 25th Annual Appalachian Spring Conference on War-Related Injuries to the Hearing and Balance System held at East Tennessee State University in Johnson City TN on June 28-29, 2018. This conference was presented by the Mountain Home Hearing and Balance Research Program and the Audiology Service at the James H. Quillen VA Medical Center in Mountain Home, TN.

Honors & Awards

Dr. Steven Szabo (MIRECC faculty, Durham site) was nominated for the Duke School of Medicine Department of Psychiatry and Behavioral Sciences 2018 Honored Professor Award.

New Grants

PI:Christi Ulmer (HSR&D Center of Innovation and MIRECC Faculty, Durham site) *Provider Supported Self-Help Cognitive Behavioral Therapy for Insomnia (Tele-Self-CBTI)*

Funded by: Department of Veterans Affairs, Office of Research and Development Merit Award

Transitions

Christine Sortino, MSW (MIRECC research support, Salisbury site) left the MIRECC on June 12, 2018 to accept a position in the private sector.

Focus on the VISN

Welcome to new MIRECC Faculty & Career Development Awardee

Dr. Steven Szabo's recently awarded VA CDA-2 grant "*Neurosteroids in PTSD - Biomarkers to Therapeutics*" is a logical extension of his past scientific achievements. As both a trained neuroscientist and board certified psychiatrist working in the Psychiatry Emergency Room at the Durham VA, Dr. Szabo takes a bench to bedside approach. His research focus is on neurosteroids as potential treatments and as markers of illness to guide neurobiological interventions in Veterans.



Dr. Szabo received his undergraduate degree from the University of New Hampshire at Plymouth and earned his PhD in Neurosciences at McGill University. His research focused on delineating the mechanism of action of psychotropics using *in vivo* electrophysiology. Dr. Szabo then completed postdoctoral training in Psychopharmacology at the University of Florida Brain Institute and in Mood and Anxiety Disorders at NIMH. He earned his medical degree from the Medical University of the Americas where he was also an Assistant Professor. He completed his psychiatry residency training at Duke University in 2013. Dr. Szabo went on to become an Assistant Professor at Duke, and then joined the Mental Health Service Line at the Durham VA.

During this time Dr. Szabo's research focus has progressed from focusing on developing better neurobiologic based pharmacological treatments, to investigating neurobiological relationships between anxiety and withdrawal states to drugs of abuse, to the study of novel molecular and cellular targets in intracellular signaling and NMDA receptors. Dr. Szabo's recent work delineating serum amino acid biomarker mechanisms of suicidality in OEF/OIF Veterans lead to his current research trajectory.

His CDA-2 project is based on extensive successful preliminary data collected with Dr. Chris Marx (MIRECC Co-Associate Director, Research & Interventions and Metabolomics Lab Director) and her research group. Dr. Marx provides an excellent environment with long histories of successful research in neurosteroids, biomarkers, PTSD, and clinical trials. Dr. Szabo is a MIRECC Workgroup member alongside that of his mentors (Drs. Marx, Fairbank, and Morey). Dr. Szabo's recent work on modulating fear-anxiety circuits using direct electrical current to the brain and investigator initiated studies evaluating biomarkers of arousal in PTSD lends to his passion in developing personalized treatments to reduce PTSD symptoms. His CDA-2 leverages this research on target engagement of fear-anxiety circuits by use of DHEA treatments in Veterans with PTSD. Dr. Szabo has published more than 40 scientific papers in peer-review journals. He is also passionate about psychiatry resident education and is the course master for Biological Psychiatry at Duke University.

Program Update



National Coaching Into Care Team Meeting

Our MIRECC hosted the National CIC program for a 2 day meeting!

This meeting brought together the Site Leads from the three locations in Philadelphia, Durham, and Los Angeles. CIC assist family members and friends of Veterans, who may be struggling with mental health concerns. Family and friends seek to play a positive role in helping veterans find the help that they need. CIC works with these individuals by providing resources and support.



From left to right: Cindy Swinkels, Steve Sayers, Shirley Glynn, Marleen Urbaitis, Julia Neal, Piere Cruz, Tanya Hess, Crystal Barnes, Pala Fernandez, John Curry, Mike Hill

The focus of the 2-day meeting was to discuss ways to improve services and to build stronger team cohesion across sites. We would like to thank Drs. Steve Sayers, Shirley Glynn, Tanya Hess, and Marleen Urbaitis for traveling to our site and locally to Drs. Mira Brancu and John Curry for joining our conversations as valuable consultants.

Conferences

American Academy of Clinical Neuropsychology (AACN)

16TH ANNUAL AACN CONFERENCE
JUNE 20-23, 2018 Wednesday – Saturday
in SAN DIEGO, CALIFORNIA



Shura RD, Brearly TW, Rowland JA, Martindale SL, Miskey HM, Duff K. *A systematic review and meta-analysis of RBANS embedded validity indices.* Poster

Shura RD, Rowland JA, Martindale SL, Spengler KM, Taber KH. *Preliminary results from a novel method for evaluating blast exposure.* Poster

Shura RD, Taber KH, Armistead-Jehle P, Denning JH, Rowland JA. *Performance validity: Effects of pain, competing attention, and distress.* Poster

Publications

Blakey SM, Wagner HR, Naylor J, Brancu M, Lane I, Sallee M, Kimbrel NA; VA Mid-Atlantic MIRECC Workgroup, Elbogen EB. *Chronic pain, TBI, and PTSD in military veterans: a link to suicidal ideation and violent impulses?* The Journal of Pain. 2018; 19(7): 797-806.

PERSPECTIVE: This article presents results from a study examining predictors of suicide and violence risk among a sample of post-9/11 U.S. Veterans with chronic pain. Health care professionals should assess for pain interference, TBI, PTSD, depression, and alcohol/drug abuse when conducting risk assessments with this population

Bravo AJ, Kelley ML, Swinkels CM, Ulmer CS. *Work stressors, depressive symptoms, and sleep quality among U.S. Navy members: A parallel process latent growth modeling approach across deployment.* Journal of Sleep Research. 2018 Jun;27(3):e12624.

Cunningham KC, Davis JL, Wilson SM, Resick PA. *A relative weights comparison of trauma-related shame and guilt as predictors of DSM-5 posttraumatic stress disorder symptom severity among US veterans and military members.* British Journal of Clinical Psychology. 2018 Jun;57(2):163-176.

PRACTITIONER POINTS: Trauma-related shame and guilt explained almost half of the observed variance in PTSD symptom severity among this sample of US military veterans and service members. Trauma-related shame and guilt each made a unique contribution to PTSD severity after accounting for the similarity between these two emotions; however, shame was particularly associated with increased PTSD severity. These results highlight the importance of assessing and addressing trauma-related shame and guilt in PTSD treatment among military populations. We suggest that emotion- and compassion-focused techniques may be particularly relevant for addressing trauma-related shame and guilt. Limitations of the study Cross-sectional data does not allow for determination of causal relationships. Although sufficiently powered, the sample size is small. The present sample self-selected to participate in a study about stress and emotions.

Koffel E., Bramoweth AD, Ulmer CS. *Increasing Access to and Utilization of Cognitive Behavioral Therapy for Insomnia (CBT-I): A Narrative Review.* Journal of General Internal Medicine. 2018 Jun;33(6):955-962.

Rowland JA, Stapleton-Kotloski JR, Dobbins DL, Rogers E, Godwin DW, Taber KH. *Increased Small-World Network Topology Following Deployment-Acquired Traumatic Brain Injury Associated with the Development of Post-Traumatic Stress Disorder.* Brain Connectivity. 2018; 8(4): 205 -211..

Shepherd-Banigan ME, Shapiro A, McDuffie JR, Brancu M, Sperber NR, Van Houtven CH, Kosinski AS, Mehta NN, Nagi A, Williams JW Jr. *Interventions that support or involve caregivers or families of patients with traumatic injury: A systematic review.* Journal of General Internal Medicine. 2018; 33(7): 1177-1186.

This systematic review was with collaborators from the VISN 6 MIRECC, Durham VA HSR&D, and Durham VA Evidence-based Synthesis Program (ESP) Center. The paper summarizes evidence about the benefits of interventions to support or involve family members/caregivers of patients with trauma-related injury (TBI, PTSD, and polytrauma) on caregiver, patient, and household outcomes. The evidence was inconclusive and likely because there are few high quality studies available in this area. We hope that this paper highlights the need for more research in understanding caregiver and patient outcomes for Veterans with TBI, PTSD, and polytrauma.

Swanson J, Easter M, Brancu M; VA Mid-Atlantic MIRECC Workgroup, Fairbank JA. *Informing Federal Policy on Firearm Restrictions for Veterans with Fiduciaries: Risk Indicators in the Post-Deployment Mental Health Study.* Administration and Policy in Mental Health and Mental Health Services Research. 2018; 45(4): 673-683.

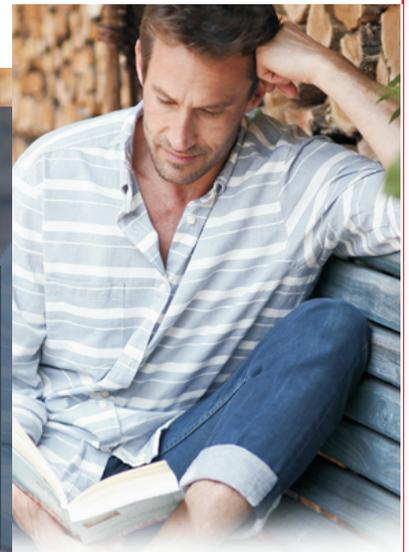
Abstract: This article examines the public safety rationale for a federal policy of prohibiting gun sales to veterans with psychiatric disabilities who are assigned a fiduciary to manage their benefits from the Department of Veterans Affairs. The policy was evaluated using data on 3200 post-deployment veterans from the Iraq and Afghanistan war era. Three proxy measures of fiduciary need—based on intellectual disability, drug abuse, or acute psychopathology—were associated in bivariate analysis with interpersonal violence and suicidality. In multivariate analysis, statistical significance remained only for the measure based on acute psychopathology. Implications for reforms to the fiduciary firearm restriction policy are discussed.

Van Voorhees EE, Wagner HR, Beckham JC, Bradford DW, Neal LC, Penk WE, Elbogen EB. *Effects of social support and resilient coping on violent behavior in military veterans.* Psychological Services. 2018 May;15(2):181-190.

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.

CBOC Mental Health Rounds

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

Wednesday July 11 from 9-10 am ET & Thursday July 12 from 12-1 pm ET
Dementia & Delirium

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

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

- August 8 & 9 *Transdiagnostic Treatments to Improve Access & Reduce Therapist Burden*
- Sept 12 & 13 *Gun Culture*
- Oct 12 & 13 *Treating PTSD in Rural Settings*

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.



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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