Briefings

Vol 14 Issue 4 August 2018

Director’s Update

We would like to announce our third year of programming through the Duke University Area Health Education Center (AHEC) Partnership Program, headed by Dr. Marvin Swartz.

This programming provides access to clinical training and education for community-based providers, especially in rural communities around the Fayetteville/Ft. Bragg, NC area. However, anyone who is interested, whether they are Veterans in the community, patients, providers working at the VA, or others interested in the most up-to-date research and clinical practice are welcome to attend. Below are the presentations for the July 2018-2019 webinar series:

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

Briefings is published bi-monthly by the Mid-Atlantic (VISN 6) MIRECC’s Education Core
Invited Lectures

Dr. Mira Brancu (MIRECC Deputy Director) presented “How to Create a Well-Rounded Safety Plan for Veterans with Chronic Pain - Part I” as a webinar for the Richmond/Walter Reed Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) Conference in July. Ilene Robeck (SCAN-ECHO Coordinator) collaborated on content development. Drs. Brancu and Johnston co-presented “How to Create a Well-Rounded Safety Plan for Veterans with Chronic Pain - Part II” as a webinar for the Richmond/Walter Reed SCAN-ECHO Conference in August. Dr. Brancu also collaborated on content development for several other presentations:

Drs. Cleary and Cunningham (HOME Progam Clinician and MIRECC, Durham site) co-presented “Lethal Means Safety” and “What You Need to Know about Suicide Prevention” at the VISN5/6 Academic Detailing Advance Skills Development Suicide Prevention Summit held in St. Louis, MO in June. Katherine Cunningham, Gerard Gerard, Bridget Matarazzo, and Mira Brancu collaborated on content development.

Drs. Cleary and Cunningham (HOME Progam Clinician and MIRECC, Durham site) co-presented “Safety Planning and Lethal Means Safety” and “What You Need to Know about Suicide Prevention” at the VISN5/6 Academic Detailing Advance Skills Development Suicide Prevention Summit held in Durham, NC in May. Gerard Gerard, Bridget Matarazzo, Mira Brancu and Summar Anderson collaborated on content development.

New Evidence-Based Practice (EBP) Training Available in TMS

Foundations of Motivational Interviewing

VA TMS Item Number 35480

For more information contact the creator:
Dr. Jennifer Runnals (MI/MET Training Program Coordinator, based in the MIRECC Durham site)  MIMETStaff@va.gov

or visit the MI/MET SharePoint site:
https://vaww.portal2.va.gov/sites/mentalhealth/MI/SitePages/Home.aspx

Focus on the VISN
Focus on the VISN

VA Cognitive Behavioral Therapy for Depression (CBT-D) Training Program
VA Central Office (VACO)/Office of Mental Health Services and Suicide Prevention (OMHSP)
Veterans Integrated Service Network (VISN) 6, Mental Illness Research, Education and Clinical Center (MIRECC)

The VA CBT-D Training Program is for VA providers. CBT-D is an evidence-based psychotherapy for depression. This competency-based program focuses on teaching the theory and application of CBT. CBT-D has been adapted for Veterans based on the protocol in Cognitive Behavioral Therapy for Depression in Veterans and Military Servicemembers: Therapist Manual (Wenzel, Brown & Karlin, 2011). CBT highlights the value of the therapeutic relationship. It also places importance on cognitive and behavioral conceptualization. The selection of specific strategies is tailored to each Veteran’s needs and goals. All this takes place within a supportive therapeutic relationship.

There are three components of the VA CBT-D Training Program.

1. CBT Web-Based Training. The CBT-D web-based training provides instruction and demonstration role-plays to enhance learning CBT theory and promote CBT-D strategies. Participants also complete training in suicide risk management.

2. CBT Experiential Training with Independent Study. Participants attend a series of experiential training calls in groups of 4 therapists with an expert CBT-D Training Consultant. Each of these includes a brief review of core CBT skills, participatory role-plays, hands-on skills practice with real-time feedback, and knowledge checks from reading assignments from the CBT-D Therapist Manual.

3. CBT Case Consultation. Training participants attend weekly, 90-minute sessions with the same group over a 4-month period to foster a supportive learning environment. The specific aims of case consultation include:
   1. a focus on challenges in providing CBT-D,
   2. the provision of feedback based on the review of audio recorded sessions,
   3. an open discussion about implementing skills,
   4. an ongoing review of core CBT components and practicing skills using role plays,
   5. a review of the progress in learning CBT, and
   6. obtaining feedback on the helpful aspects of the training program.

The VA CBT-D Training Program makes competency-based training in evidence-based psychotherapy for depression available to VA providers. This ensures increased access to the highest quality mental health care for our Veterans.

For more information about training, please contact the VA CBT-D Training Program Coordinator Dr. Wendy Batdorf  wendy.batdorf@va.gov

or visit the VA CBT-D SharePoint site for program information and references. https://vaww.portal.va.gov/sites/OMHS/cbt_community/default.aspx

8th Edition - Transforming EBP Training newsletter - Summer 2018
The Impact of Evidence-Based Psycho-therapies for Depression on Suicidality
By Mandy Kumpula, Ph.D (Program Evaluator for the National EBP Program, based in the MIRECC Durham site)

Conclusions: Our analysis revealed that ACT-D, CBT-D, and IPT resulted in significant reductions in suicidal ideation that were evident by the midpoint of treatment; women Veterans reported greater reductions in suicidal ideation across all three EBP treatments; Veterans with more severe suicidal ideation reported faster decreases in suicidal ideation than those with less severe thoughts of suicide.

Veterans with depression are at increased risk of suicide, and our findings are in-line with recommendations that high-quality depression treatment be available to those reporting suicidal thoughts. These results further support including Veterans with suicidal ideation when clinicians are receiving consultation in VHA EBP training.

Invited Lectures
Dr. Erica Epstein (MIRECC Fellow, Salisbury site) presented
Differences Between Male and Female Veterans with PTSD and TBI: The Effect on Treatment as part of VA Medical Center Mental Health Grand Rounds at the Salisbury VA Health Care System in Salisbury, NC on August 16, 2018. This continuing education training is sponsored by Wake Forest School of Medicine.

Dr. Robin A. Hurley (MIRECC Associate Director, Education) presented Windows to the Brain: Neuropsychiatry of TBI and its Co-Morbidities for the Primary Care Practitioner and Windows to the Brain: Neuropsychiatry of PTSD and its Co-Morbidities for the Primary Care Practitioner as part of the 47th Annual Emery C. Miller Medical Symposium held at Myrtle Beach, SC on August 2, 2018. This conference was presented by the Wake Forest School of Medicine and Northwest AHEC.

Dr. Sarah Martindale (MIRECC Fellow, Salisbury site) presented Alcohol and Sleep as part of VA Medical Center Mental Health Grand Rounds at the Salisbury VA Health Care System in Salisbury, NC on July 19, 2018. This continuing education training is sponsored by Wake Forest School of Medicine.

New Grants
PI: Dr. Raj Morey (MIRECC Faculty, & Neuroimaging Lab Director), Investigating the Neural Basis of Shame and Guilt in Veterans with Posttraumatic Stress Disorder Funded by: Department of Veterans Affairs, Office of Research and Development Merit Award
Welcome to our new MIRECC Fellows

Ashley Clausen, PhD is the new Psychology Fellow at our Durham site. She will be joining the lab of Dr. Raj Morey (MIRECC Faculty & Neuroimaging Lab Director). Ashley received her bachelor’s degree in psychology from Cornell College, and her master’s and doctoral degree in clinical psychology at the University of Tulsa and Laureate Institute for Brain Research. She completed her clinical residency at the Durham VA Healthcare System with an emphasis is trauma treatment and neuropsychological assessment.

Her research has primarily focused on the neurobiology, brain function and treatment of PTSD in trauma exposed populations. Her thesis and dissertation examined the intersecting relationships with combat-PTSD, cardiovascular health and brain morphology, highlighting the impact that combat may have on endothelial function in relatively young OIF/OEF veterans. As a Fellow, her work continues to investigate the relationships between combat exposure, and mental, neurologic and physical health in order to better understand the impact of trauma exposure in veteran populations and to optimize psychological treatments to reduce the impact of trauma-exposure on physical health.

James (Trey) Bateman, MD, MPH is a new Physician Fellow at our Salisbury site. He completed medical school, public health training, and neurologic residency at The University of North Carolina in Chapel Hill. He completed a fellowship in Behavioral Neurology & Neuropsychiatry at the University of Colorado. His clinical focus is on behavioral and cognitive disorders due to traumatic brain injury and neurodegenerative dementias. He is pursuing additional research training in post-TBI cognitive disorders, and is particularly interested in how disordered sensory processing may lead to apparent cognitive failures in day-to-day life. He is interested in how disrupted brain networks lead to consistent phenotypic changes across diagnostic entities. In his free time he enjoys fantasy literature and spending time with his wife and son.

Invited Lectures

Dr. Jennifer Naylor (MIRECC Co-Assistant Director, Clinical) Sara Britnell, Mary A-Boateng, Maureen Noh and Jeannette Stein co-presented Improving Opioid Safety as part of Interprofessional Grand Rounds at Duke University Health System in Durham, NC on August 20, 2018. This continuing education training is sponsored by Duke University Health System Department of Clinical Education and Durham VA Simulation Program and Nursing Education.

Dr. Christi Ulmer (HSR&D Center for Innovation and MIRECC faculty, Durham site) presented “Behavioral Management of Insomnia Disorder in the Primary Care Setting” as a webinar on August 22 as part of the Duke Psychiatry Conference series sponsored by the Duke University Area Health Education Center (AHEC) Partnership Program

Transitions

Dr. Katherine Cunningham, who was a MIRCC Fellow and then HOME program clinician (both at the Durham site) has accepted a new hybrid research/clinical position at the Salem VA Medical Center. She will be integrated into the residential PTSD program and serve as the clinical psychologist for a VA-Virginia Tech Carilion Research Institute collaborative research grant examining outcomes between Prolonged Exposure Therapy and Trauma Management Therapy. She also plans to pursue her independent research career within VA.

8th Edition - Transforming EBT Training newsletter - Summer 2018

Evaluating the Transition from In-Person Training to Video Teleconference Training

Conclusions: Though the data were limited by the relatively few number of training cases for each clinician, analyses resulted in a coherent pattern in which differences between training modalities were small or absent. Comparisons indicated that the transition to the video teleconference training modality has resulted in comparable patient outcomes to date. The IPT training team primarily attributed the successful transition to 1) the retention of essential elements of the content of the training, even when the modality changed, and 2) the likely significance of the 6-month case consultation in the generalization of IPT treatment skills to the clinical setting. Future program evaluation efforts will be directed toward identifying essential elements of competency ratings from audio recordings and exploring the number of sessions needed to achieve clinically significant treatment response.
Conferences

International Neuropsychological Society (INS)

Symposium
H Miskey (Invited Chair)  Cognitive Rehabilitation: The Current State of the Science

Dr. Miskey and other INS attendees sampling Brevnov Monastery’s beer

Dr. Miskey relaxing during INS
Publications


Death by suicide and suicidal behavior are major concerns among U.S. military veterans; however, no genome-wide association studies (GWAS) studies of suicidal behavior have been conducted among U.S. military veterans to date, despite the elevated rate of suicidal behavior observed within this population. Accordingly, the primary objective of the present research was to conduct the first GWAS of suicide attempts and suicidal ideation in a large and well-characterized sample of U.S. military veterans. The gene most significantly associated (p=9.28×10−7) with suicide attempts was the Potassium Calcium-Activated Channel Subfamily M Regulatory Beta Subunit 2 (KCNMB2) gene, which plays a key role in neuronal excitability. In addition, replication analyses provided additional support for the potential role of the ABI Family Member 3 Binding Protein (ABI3BP) gene in the pathogenesis of suicidal behavior, as numerous nominal associations were found between this gene and both suicide attempts and suicidal ideation. Additional work aimed at replicating and extending these findings is needed.


**Background:** The term resilience is applied in numerous ways in the mental health field, leading to different perspectives of what constitutes a resilient response and disparate findings regarding its prevalence following trauma. **Objective:** illustrate the impact of various definitions on our understanding and prevalence of resilience, we compared various resilience definitions (absence of PTSD, absence of current mental health diagnosis, absence of generalized psychological distress, and an alternative trauma load–resilience discrepancy model of the difference between actual and predicted distress given lifetime trauma exposure) within a combat-exposed military personnel and veteran sample. **Method:** In this combat-trauma exposed sample (N = 849), of which approximately half were treatment seeking, rates of resilience were determined across all models, the kappa statistic was used to determine the concordance and strength of association across models, and t-tests examined the models in relation to a self-reported resilience measure. **Results:** Prevalence rates were 43.7%, 30.7%, 87.4%, and 50.1% in each of the four models. Concordance analyses identified 25.7% (n = 218) considered resilient by all four models (kappa = .40, p < .001). Correlations between models and self-reported resilience were strong, but did not fully overlap. **Conclusions:** The discussion highlights theoretical considerations regarding the impact of various definitions and methodologies on resilience classifications, links current findings to a systems based perspective, and ends with suggestions for future research approaches on resilience.


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.

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.

http://www.nc4vets.com/blog/resource-guide
**CBOC Mental Health Rounds**

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

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

**Gun Culture**

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

https://www.mirecc.va.gov/visn16/cbob-mental-health-rounds.asp

**If you require assistance contact:**

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

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**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.

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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.**

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**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 CivilianWorkforce
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

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**CENTER FOR DEPLOYMENT PSYCHOLOGY**

Preparing Professionals to Support Warriors and Families

**Military Culture: Core Competencies for Healthcare Professionals**

http://deploymentpsych.org/military-culture

Module 1: Self-Assessment & Introduction to Military Ethos
Module 2: Military Organization & Roles
Module 3: Stressors & Resources
Module 4: Treatment, Resources & Tools

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**Briefings**

Vol 14 ★ Issue 4 ★ August 2018
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MIRECC Fellowship

www.mirecc.va.gov/visn6

MIRECC Fellowship

Visn 6 Director, DeAnne Seekins