



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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Title	Presenter	Date
Safety Planning and Lethal Means Safety	Bethann Cleary, MSW Katherine Cunningham, PhD	7/25/18
Behavioral Management of Insomnia Disorder in the Primary Care Setting	Christi Ulmer, PhD	8/22/18
Problem-Solving Therapy	Jessica Walker, PsyD	9/26/18
Nightmares and Nightmare Treatment	Melanie Legget, PhD	11/28/18
Integrated Smoking Cessation and PTSD Treatment	Sarah Wilson, PhD	2/27/19
ADHD in Veterans and Service Members	Robert Shura, PsyD	4/29/19
Windows to the Brain: The Neuropsychiatry of TBI and Its Co-Morbidities	Robin Hurley, MD	6/26/19

John A. Fainak, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

Education Project Update *Self-Management Cognitive-Behavioral Therapy for Insomnia: Expanding Access to a Manualized Self-Guided Approach to Insomnia Treatment*

Statement of the Problem

- Half of Veterans enrolling in the VA have clinically significant levels of insomnia.
- Insomnia is predictive of anxiety, depression, PTSD and suicide in Veterans.
- Access to Cognitive-Behavioral Therapy for Insomnia (CBTI) is limited by:
 - Inconvenience of obtaining clinical services, particularly for rural Veterans
 - Insufficient number of trained providers devoted to insomnia treatment
- Self-Help CBTI is effective and can help bridge the gap between demand and resources.

Dr. Christi Ulmer (HSR&D Center of Innovation and MIRECC Faculty, Durham site) and colleagues have been engaged for some time in the creation of self-help options for Veterans with insomnia. In **2011**, they were awarded a MIRECC Clinical Education Grant. The purpose was to support translation of cognitive behavioral treatment for insomnia (CBTI) into a self-management workbook format. <https://www.mirecc.va.gov/visn6/>

In **2014**, Dr. Ulmer was recruited by the VA's National Director of Web Services Mental Health Informatics Section to serve as a subject matter expert. The content of the self-management workbook was used in development of a new web-based CBTI self-help course. <https://www.veterantraining.va.gov/insomnia/index.asp>

In **2016**, they were awarded a second MIRECC Clinical Education grant to incorporate Provider support into their self-help CBTI intervention. They adapted their materials to create Provider and Veteran treatment manuals for this intervention called Tele-Self CBTI. In Tele-Self CBTI a VA healthcare provider maintains weekly telephone contact with Veterans to support their self-help CBTI efforts. Dr. Ulmer used VA HSR&D research career development award funding to conduct a feasibility study of this novel approach. The outcomes of the pilot study were promising. The Tele-Self CBTI group realized improvement across almost all measures. In contrast, the control group that received health education either maintained or regressed.

In **2018**, Dr. Ulmer's proposal for a full clinical trial of Tele-Self CBTI was funded by the VA's Office of Research and Development. This HSR&D Merit Award is a much larger study (200 participants) that will address both treatment effectiveness and barriers to use.

The study objectives are:

- Does Tele-Self CBTI reduce insomnia severity?
- Does Tele-Self CBTI result in improved sleep, fatigue, depression, quality of life?
- Interviews to inform dissemination and future implementation in the Primary Care setting.

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>

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:

Dr. Bethann Cleary (HOME Program Clinician and MIRECC, Durham site) and **Summer Anderson** (HOME Program Project Coordinator and MIRECC, Durham site) co-presented "*Lethal Means Safety*" and "*What You Need to Know about Suicide Prevention*" at the Academic Detailing 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 Program 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 Summer Anderson collaborated on content development.

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 calls 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://vawww.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 in 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.



8th Edition - *Transforming EBT Training* newsletter - Summer 2018 *Evaluating the Transition from In-Person Training to Video Teleconference Training* By Eric Dedert, Ph.D (MIRCC Faculty, Durham site)

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.

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 MIRECC 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.

Conferences

International Neuropsychological Society (INS)



Symposium

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



Dr. Miskey
relaxing
during INS



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

Publications

Calhoun PS, Schry AR, Dennis PA, Wagner HR, Kimbrel NA, Bastian LA, Beckham JC, Kudler H, Straits-Tröster K. *The Association Between Military Sexual Trauma and Use of VA and Non-VA Health Care Services Among Female Veterans With Military Service in Iraq or Afghanistan*. *Journal of Interpersonal Violence*. 2018; 33(15): 2439 - 2464.

Kimbrel NA, Garrett ME, Dennis MF; VA Mid-Atlantic Mental Illness Research, Education, and Clinical Center Workgroup, Hauser MA, Ashley-Koch AE, Beckham JC. *A genome-wide association study of suicide attempts and suicidal ideation in U.S. military veterans*. *Psychiatry Research*. 2018;269:64-69.

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 ($p=9.28 \times 10^{-7}$) 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.

Sevon K, Hurley RA, Taber KH. *Interrelationships of Anger and PTSD: Contributions From Functional Neuroimaging*. *Journal of Neuropsychiatry and Clinical Neuroscience*. 2018 Summer;30(3):A4-172.

Sheerin CM, Stratton KJ, Amstadter AB, VA Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) Workgroup, McDonald SD. *Exploring resilience models in a sample of combat-exposed military service members and veterans: a comparison and commentary*. *European Journal of Psychotraumatology*. 2018; 9(1):1486121. eCollection 2018.

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.

Shura RD, Kacmarski JA, Miskey HM. [Letter to the editor]. *Neurological manifestations among US government personnel: Defining impaired*. *Journal of the American Medical Association*. 2018; 320(6): 603.

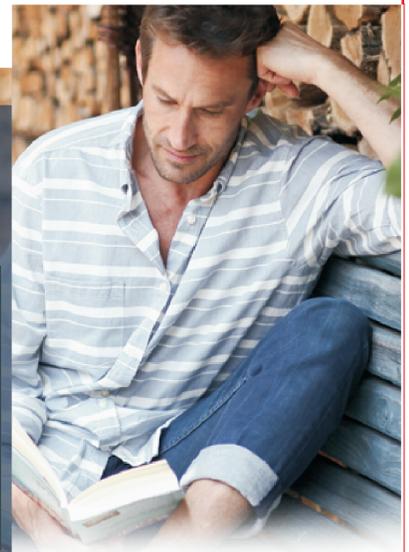
<https://www.theguardian.com/world/2018/aug/14/cuban-acoustic-attack-report-on-us-diplomats-flawed-say-neurologists>

Wilson SM, Burroughs TK, Newins AR, Dedert EA, Medenblik AM, McDonald SD, Beckham JC; VA Mid-Atlantic MIRECC Workgroup, Calhoun PS. *The Association Between Alcohol Consumption, Lifetime Alcohol Use Disorder, and Psychiatric Distress Among Male and Female Veterans*. *Journal of Studies on Alcohol and Drugs*. 2018;79(4):591-600.

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 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/cboc-mental-health-rounds.asp>

Oct 12 & 13 *Treating PTSD in Rural Settings*

Nov 14 & 15 *TBD*

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 - <i>Treating the Invisible Wounds of War (TTIWW)</i>
english & spanish editions | 5 - <i>TTIWW - Recognizing the Signs of mTBI during Routine Eye Examinations</i> |
| 2 - <i>TTIWW - A Primary Care Approach</i> | 6 - <i>TTIWW - Understanding Military Family Issues</i> |
| 3 - <i>TTIWW - Employee Assistance in the Civilian Workforce</i> | 7 - <i>TTIWW - Taking a Military History: Four Critical Questions</i> |
| 4 - <i>TTIWW - Issues of Women Returning from Combat</i> | |



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 Directors - 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

Durham site

Genetics

Jean C. Beckham, PhD
jean.beckham@va.gov
Nathan Kimbrel, PhD
nathan.kimbrel@va.gov

Health Services

Patrick Calhoun, PhD
patrick.calhoun2@va.gov

Interventions & Metabolomics

Christine Marx, MD
marx0001@mc.duke.edu
Jennifer Naylor, PhD
jennifer.naylor2@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
Rebecca C. Klein, PhD
rebecca.klein2@va.gov

Hampton site

Nicole Dutta, PhD
nicole.dutta2@va.gov
Celena Thompson, PhD
celena.thompson@va.gov

Richmond site

Scott McDonald, PhD
scott.mcdonald@va.gov

Salisbury site

Translational Clinical Neurosciences Collaborative (TCNC)

James (Trey) Bateman, MD Katherine Taber, PhD
james.bateman2@va.gov katherine.taber@va.gov
Erica Epstein, PsyD
erica.epstein@va.gov
Courtney Goodman, PharmD
courtney.goodman@va.gov
Robin Hurley, MD
robin.hurley@va.gov
Sarah Martindale, PhD
sarah.martindale-supak@va.gov
Holly Miskey, PhD
holly.miskey@va.gov
Jared Rowland, PhD
jared.rowland@va.gov
Robert Shura, PsyD
robert.shura2@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
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
mirecc.studies@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 12956

VISN Leadership

VISN 6 Director, DeAnne Seekins