



Director's Update

For this month's newsletter, I wanted to provide an update on a few of our newest clinical projects that we are excited about.

Family Services Directory: In 2017 we surveyed providers to ask about what family-related mental health or chaplaincy services were offered at VA medical centers (VAMC), community-based outpatient clinics (CBOC) and Vet centers in VISN 6. There is now a Family Services Directory on the VISN 6 Sharepoint site (link below). It's available to all VA providers. It has information about where and what family therapy, couples therapy, parenting interventions, family-related psychoeducation or support programs, and family or couples-related chaplaincy services are available. I'd like to thank **Dr. John Curry, Piere Cruz, and Mike Hill** for creating this product.

<https://vawww.visn6.portal2.va.gov/apps/office/mirecc/SitePages/Family%20Services%20Offered%20in%20VISN%206.aspx>

Mayoral Challenge to Prevent Suicide in Veterans, Service Members, and Their Families. **Dr. Cindy Swinkels** has been invited to be a member of the Mecklenburg County Mayoral Challenge to Prevent Suicide in Veterans, Service Members, and Their Families, sponsored by SAMHSA's Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center. This Mayoral Challenge is one of the VA's Office of Mental Health and Suicide Prevention priority goals.

https://www.performance.gov/veterans_affairs/APG_va_4.html

Evaluating Outcomes of VA's National Evidence-Based Psychotherapy Training Program. The VA's National Evidence-Based Psychotherapy (EBP) Training Program works with the program evaluation team through the VISN 6 MIRECC to evaluate outcomes of their training program. Most recently, they looked at outcomes from their psychotherapies for depression. They learned that all three depression treatments significantly reduce suicidal ideation for both male and female Veterans. The team includes **Drs. Kristine Day, Kristin Powell, Eric Elbogen, Ryan Wagner, Mandy Kumpula, and Nate Kimbrel** with oversight by **Dr. Chris Crowe**.

Pain Management School Expands. **Dr. Jennifer Naylor** has been working with the Durham VA Pain Clinic to expand their pain management classes. Classes now include Behavioral Pain Management, Managing Medications, and Psychologically-informed Rehabilitation. These classes are led by a mix of providers from health psychology, pharmacy, nursing, physical therapy, occupational therapy, and rehabilitation therapy backgrounds.

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

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Focus on the VISN

Clinical Project Update

Supporting Community Mental Health Summits

Community Mental Health Summits are hosted annually at each VA Medical Center. There have been roughly 610 events over the past 6 years. Over 64,000 people have attended at least one event.

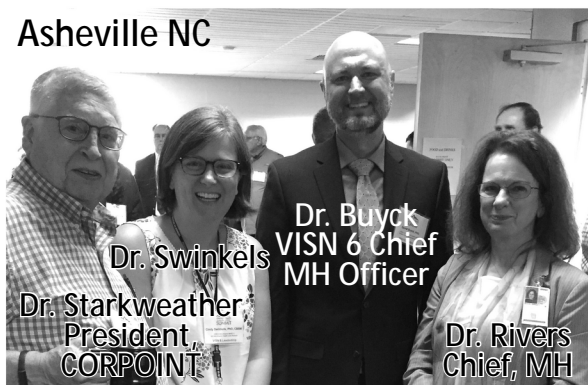
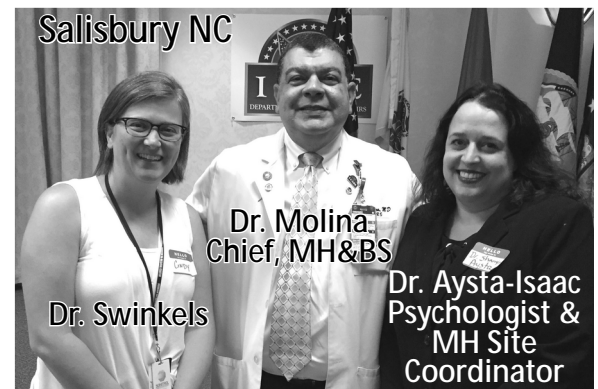
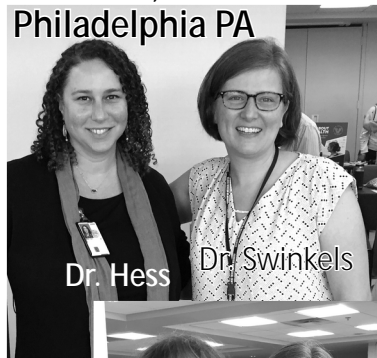
The Summits bring together the community and VA Medical Center staff. This day is dedicated to mental health issues and to finding solutions to issues that Veterans and families experience. In addition, the goals of these events are to increase awareness of resources and to increase the partnership between Veterans, families, community, and VA.

Our MIRECC has played a key role in supporting these Summits on a national level. With the help of VA Central Office, **Drs. Harold Kudler and Eric Crawford** developed a toolkit for these events. The toolkit outlined suggestions on who to invite, how the event could be structured, and provided topic content. In particular, there was an emphasis placed on sharing Military Culture to those in the community. For the past several years, **Dr. Cindy Swinkels** has taken over the efforts and recently added **Ms. Julia Neal** to help provide support to each VA Medical Center Coordinator.

Mental Health Summits initially were more structured. The past two years have been more flexible and each site gets to choose their own topics. To assist in the added burden, we added monthly calls. These calls provide information about VA and community programs that might be of interest to their audience. Site coordinators are also given time to ask questions of Support Team as well as other Coordinators. These calls are very interactive. If sites have more complex questions, individual support is offered on a one-on-one technical support call.

We also started sending out a year-end report to each individual site. There are between 145-150 reports distributed yearly. Next year, Dr. Swinkels will work with Employee Education System to offer CE credits. These will be offered for the monthly Site Coordinator calls. She will also work to create more support locally so CEs can be offered to Community Partners.

These events take months of preparation and hard work. A big thanks to all Site Coordinators for their time and efforts in coordinating their events. This year, Dr. Swinkels and Ms. Neal traveled to several Summits to observe and learn from local Summit Coordinators from across the system. A special thanks to the following sites: Asheville, Salisbury, Buffalo, Philadelphia, and Durham (no photos from this event).



New Grants

PI: **Dr. Kirsten Dillon** (MIRECC Faculty, Durham site),
Developing a Mobile Intervention for Veterans with Posttraumatic Stress Disorder and Problematic Anger
Funded by: VA, Office of Research and Development Merit Award

Welcome to our new MIRECC Fellow

Joseph Tan, PhD is the new Psychology Fellow at our Richmond site. He received his doctoral degree in clinical psychology from the University of Virginia and completed his predoctoral internship at the Salem VA Medical Center. His clinical focus is on health psychology and primary care psychology. As a Fellow, he is pursuing further research training in health psychology, and is particularly interested in working towards an integrated physical and psychological understanding of health and overcoming barriers to psychosocial factors being incorporated into health care, in order to better understand and improve behavioral health care for military Veterans.



Upcoming Webinar

Wednesday November 28, 12-1 pm (ET)

Diagnosis and Treatment of Nightmare Disorders in Adults

Presented by Dr. Melanie Leggett

Objectives:

- * Review diagnostic criteria for Nightmare Disorder
- * Describe the primary behavioral, psychological, and pharmacologic treatments for Nightmare Disorder in adults
- * Describe the current practice guidelines for treating nightmares
- * Review needed skills for identifying and assessing nightmares in adults

use this link to register & to attend:

<https://dukemed.webex.com/dukemed/onstage/g.php?MTID=ef94115f618f-b061481b570c69572d0ec>

First register for the event and then log-in. The password will be 1234. The webinar will be broadcast so use your speakers to listen. If you experience problems dial: 1-650-479-3207.

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Part of the NC
AHEC Program

In the News!

Monitor on Psychology October 2018, Vol 49, No. 9
Life-changing research at the VA

By Stephanie Pappas

<https://www.apa.org/monitor/2018/10/careers-va-research.aspx>

Check it out: Our MIRECC, along with 4 other VA Mental Health Centers of Excellence (MH CoE's) were highlighted in the most recent issue of the APA Monitor (the magazine of the American Psychological Association)!

Honors & Awards

Tasia Brackett (MIRECC Program Support, Durham site) was nominated for the Durham VAHCS 2018 Employee Choice Award.

Dr. Sarah Martindale (MIRECC faculty, Salisbury site, previously MIRECC Fellow, Salisbury site) has been selected as a Scholar in the 2018 Translational Research Academy (TRA) at Wake Forest School of Medicine's Clinical and Translational Science Institute.

Dr. Cindy Swinkels (MIRECC Faculty, Durham site) has accepted an invitation to serve on the Mecklenburg County Suicide Prevention Workgroup.

Invited Lectures

Dr. Bethann Cleary (HOME Program Clinician and MIRECC, Durham site) and **Summer Anderson** (HOME Program Project Coordinator and MIRECC, Durham site) co-presented "Obtaining Expert Opinion on Clinical and Implementation Questions", "Safety Planning and Lethal Means" and "What You Need to Know about Suicide Prevention" at the Academic Detailing Advance Skills Development & Suicide Prevention Summit held in Baltimore, MD in September. Katherine Cunningham, Gerard Gerard, Bridget Matarazzo, and Mira Brancu collaborated on content development.

Transitions

Dr. Sarah Martindale completed her 3rd year as a MIRECC Fellow (Salisbury site) and has transitioned MIRECC faculty (Research Health Scientist, Salisbury site) and Co-Assistant Director for MIRECC Education.

VA Acceptance & Commitment Therapy for Depression (ACT-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 Acceptance and Commitment Therapy for Depression (ACT-D) Training Program offers VA providers training in evidence-based psychotherapy for depression. The competency-based program focuses on the theory and application of ACT. ACT uses a treatment protocol that has been adapted for Veterans (see Walsler, Sears, Chartier, & Karlin, 2012). ACT uses mindfulness and acceptance-based strategies, as well as behavior change processes, to increase psychological flexibility. Primary importance is placed on case conceptualization, which guides the direction of the therapy. ACT functions within the context of a supportive therapeutic relationship.

The ACT clinician uses 6 core processes to assist the client in moving from rigid and inflexible ways of responding to emotions, thoughts, and sensations to a more flexible relationship with the same. Clients learn to be accepting of themselves and others in an open, aware, and active stance.

The clinician works with the client to:

- 1 - Foster acceptance and willingness to experience internal events while letting go of undue control of the same. Avoidance is decreased in the service of healthy living. (**Acceptance**; *opening up to internal experience*).
- 2 - Undermine the language-based processes that promote fusion (thoughts taken to be literally true). Individuals are taught to observe their thoughts without attaching problematic meaning or value to them (**Defusion**; *noticing the ongoing process of thinking; "seeing" that you have a mind, not that you are your mind*).
- 3 - Foster mindfulness to help the client to live more fully in the present moment (**Present Moment**; *being here now*).
- 4 - Assist clients in distinguishing between self as the experiencer and the things they are experiencing (thoughts, feelings, and sensations) to provide a position from which acceptance of events is less threatening (**Self-as-Context**; *observing experience*).
- 5 - Assist clients in identifying and clarifying personal values (**Values**; *defining what matters or is personally meaningful*).
- 6 - Assist clients in building larger patterns of committed action that are consistent with values (**Committed Action**; *doing what it takes to create a vital life*).

The two components of the VA ACT-D Training Program are training workshop and consultation:

1. Training Workshop. The first component of the training consists of a 3-day, face-to-face, experientially-based workshop, led by an ACT-D Regional Trainer. The workshop includes didactic presentations, experiential exercise, role-play and video demonstrations, hands-on skills practice with real-time feedback, and break-out discussion groups.

2. Consultation. Following the workshop, clinicians actively participate in six months of 90-minute, weekly group consultation calls with a training consultant and three other clinicians. Participants audio record therapy sessions for review by their ACT-D training consultant. The consultant provides specific feedback to assist clinicians in developing skill mastery, promote competent delivery of ACT-D, and support continued local implementation

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

New Fellowship Program

VA Quality Scholars Program

Fellowship Program Directors:
Drs. Karen Goldstein, Eleanor McConnell, Adam Goode & **Patrick Calhoun** (MIRECC Faculty, Durham site)

Funded by: VA, Office of Academic Affairs Advanced Fellowship Award

For over 15 years, VA Quality Scholars (VAQS) Program has served as an international bellwether for training healthcare professionals in quality improvement scholarship. As a new VAQS site, Durham will offer several innovative and significant contributions to the program. The Durham site will provide a focus on dissemination and implementation (D&I) science. Durham is also adding a new professional discipline, physical therapy, to the multi-professional training experience. This will create new opportunities to advance practice improvement and inter-disciplinary care to promote non-pharmacological pain management, mobility and functional independence among Veterans.

The training program is designed to promote VAQS core competencies and shaped by four content areas essential for future success as high quality health care leaders:

- 1) Implementation Science
- 2) Quality Improvement Practice
- 3) Informatics
- 4) Statistical Methodology

Each VAQS Fellow will work with the program leadership and mentors to devise a set of individualized learning experiences to complement their pre-existing skill set.

Conferences

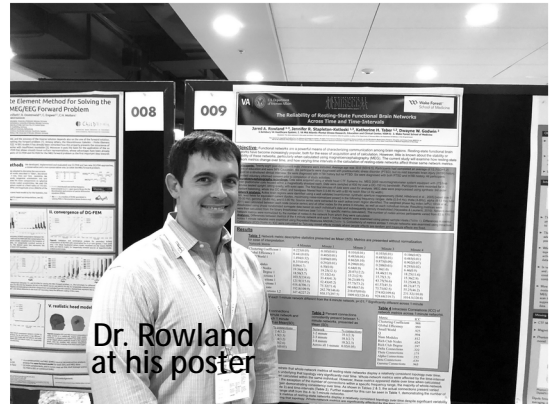
The 21st International Conference on Biomagnetism

BIOMAG 2018
★★★ Philadelphia

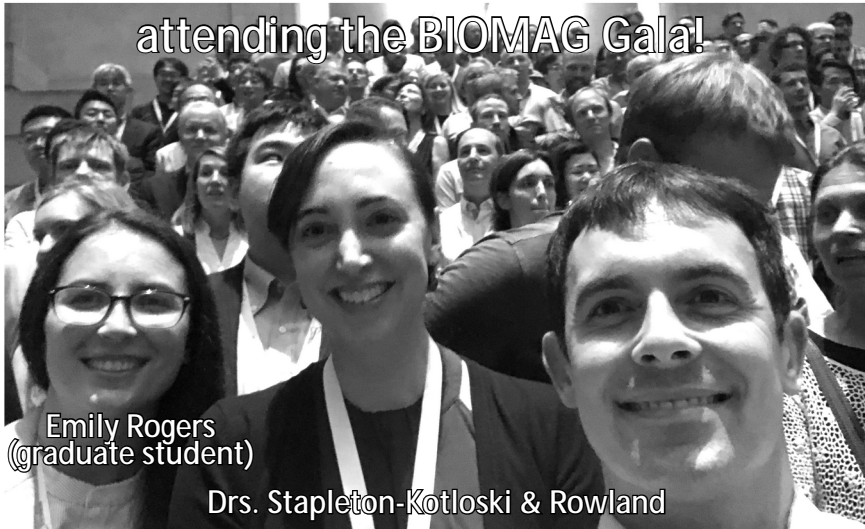
August 26 - 30, 2018
(Sunday - Thursday)

Philadelphia Marriot Downtown • Philadelphia, Pennsylvania

Rowland JA, Stapleton-Kotloski JR, Godwin DW, Taber KH. *The Reliability of Resting-State Functional Brain Networks Across Time and Time-Intervals.* (poster)



Dr. Rowland
at his poster



attending the BIOMAG Gala!

Emily Rogers
(graduate student)

Drs. Stapleton-Kotloski & Rowland

Publications

Chen LW, Sun D, Davis SL, Haswell CC, Dennis EL, Swanson CA, Whelan CD, Gutman B, Jahanshad N, Iglesias JE, Thompson P; Mid-Atlantic MIRECC Workgroup, Wagner HR, Saemann P, LaBar KS, Morey RA. *Smaller hippocampal CA1 subfield volume in posttraumatic stress disorder*. *Depression and Anxiety*. 2018;35(11):1018-1029.

Cunningham KC, LoSavio ST, Dennis PA, Farmer C, Clancy CP, Hertzberg MA, Kimbrel NA, Calhoun PS, Beckham JC. *Shame as a mediator between posttraumatic stress disorder symptoms and suicidal ideation among veterans*. *Journal of Affective Disorders*. 2019;243:216-219.

Background: Suicidal ideation is a problem that disproportionately affects veterans. Moreover, veterans with posttraumatic stress disorder (PTSD) appear to be at particularly high risk for suicide. **Objective:** The purpose of the present research was to examine whether shame mediates the association between PTSD and suicidal ideation. **Methods:** Secondary analyses were conducted in a sample of 201 veterans with PTSD seeking care through an outpatient Veterans Affairs specialty PTSD clinic. **Results:** Path analysis revealed that shame fully accounted for the effects of PTSD on suicidal ideation, suggesting that shame may represent a key link between PTSD and suicidal ideation among veterans. **Limitations:** Although the reverse mediation effect was also examined, the present sample was cross-sectional and predominantly male. **Conclusions:** The present findings suggest that shame may be an effective point of treatment intervention to reduce suicidal ideation among veterans with PTSD; however, additional prospective research is still needed to delineate the precise nature of these associations over time.

Della Sala S, McIntosh RD, Cubelli R, Kacmarski JA, Miskey HM, Shura RD. [Discussion forum] *Cognitive symptoms in US government personnel in Cuba: The mending is worse than the hole*. *Cortex*. 2018 Nov;108:287-288.

Hirsch S, Belanger HG, Levin H, Eggleston B, Wilde EA, McDonald SD, Brearly T, Tate DF. *Exploring the factor structure of a battery of neuropsychological assessments among the CENC cohort*. *Brain Injury*. 2018; 32(10): 1226-1235.

Kimbrel NA, Thomas SP, Hicks TA, Hertzberg MA, Clancy CP, Elbogen EB, Meyer EC, DeBeer BB, Gross GM, Silvia PJ, Morissette SB, Gratz KL, Calhoun PS, Beckham JC. *Wall/object punching: An important but under-recognized form of nonsuicidal self-injury*. *Suicide and Life-Threatening Behavior*. 2018 Oct;48(5):501-511.

The present research investigated wall/object punching as a form of nonsuicidal self-injury (NSSI) among 1,143 veterans seeking treatment for posttraumatic stress disorder (PTSD). Wall/object punching was remarkably common in this sample (43%), and its inclusion in the definition of NSSI increased estimated prevalence of recent NSSI by 14%. As expected, wall/object punching was strongly associated with other traditional forms of NSSI, post-NSSI relief, and suicide ideation. Male veterans and veterans with PTSD were significantly more likely to engage in wall/object punching than female veterans and veterans without PTSD. More research on this important but under-recognized form of NSSI is needed.

Lisle BN, Hurley RA, Taber KH. *Post Stroke Depression: Contributions from Network Science*. *Journal of Neuropsychiatry and Clinical Neuroscience*. 2018 Fall; 30 (4): A4 -261.

Martindale SL, Rowland JA, Shura RD, Taber KH. *Longitudinal Changes in Neuroimaging and Neuropsychiatric Status of Postdeployment Veterans: A CENC Pilot Study*. *Brain Injury*. 2018; 32(10): 1208-1216.

McDonald SD, Mickens MN, Goldberg-Looney LD, Mutchler BJ, Ellwood MS, Castillo TA. *Mental disorder prevalence among U.S. Department of Veterans Affairs outpatients with spinal cord injuries*. *Journal of Spinal Cord Medicine*. 2018 Nov;41(6):691-702.

Steenkamp MM, Corry NH, Qian M, Li M, McMaster HS, Fairbank JA, Stander VA, Hollahan L, Marmar CR. *Prevalence of psychiatric morbidity in United States military spouses: The Millennium Cohort Family Study*. *Depression and Anxiety*. 2018 Sep;35(9):815-829.

Wilson SM, Newins AR, Medenblik AM, Kimbrel NA, Dedert EA, Hicks TA, Neal LC, Beckham JC, Calhoun PS. *Contingency Management Versus Psychotherapy for Prenatal Smoking Cessation: A Meta-Analysis of Randomized, Controlled Trials*. *Womens Health Issues*. 2018;28(6):514-523.

Results: The search yielded 22 studies, and meta-analytic results indicated that interventions (compared with control groups) generally increased the odds of abstinence. Moderator analyses indicated that intervention type (contingency management vs. psychotherapy) accounted for variability in effect sizes. When comparing treatment type, effects of contingency management interventions were significantly greater than those of psychotherapeutic interventions. Although psychotherapy did not affect smoking abstinence, contingency management interventions had significant treatment effects at all three time points. **Conclusions:** Contingency management seems to be a safe and efficacious prenatal smoking cessation treatment. Although psychotherapy alone did not show an effect on prenatal smoking abstinence, future research may seek to combine this approach with contingency management to promote prenatal smoking cessation

Resources for Veterans & Families

http://www.mentalhealth.va.gov/self_help.asp

Resources to Empower Veterans Mental Health

Self-help materials can provide valuable education and support for Veterans who may be facing mental health challenges, their friends, and family members. There are a wide variety of self-help materials available and it can sometimes be difficult to select the most useful. VA has assembled a list of reviewer-recommended materials that may be helpful in finding the right option for you. For help in finding these materials, please click the "How to Use" tab.



Online Life Skills Training for Veterans

There are several **free and anonymous** on-line education and life coaching programs that use interactive exercises and video demonstrations to teach skills for overcoming life challenges. <http://www.veterantraining.va.gov/>

Anger Management



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

Moving Forward



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

Veteran Parenting



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

Path to Better Sleep



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

NC4VETS
844.NC4.VETS



<http://www.nc4vets.com/blog/resource-guide>

The **NC4VETS Resource Guide** is produced and published by the North Carolina Department of Military and Veterans Affairs to assist and educate veterans in learning about state and federal veteran benefits. The **2017 edition** is now available.

Provider Education



CBOC Mental Health Rounds

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

Wednesday Nov 14 from 9-10 am ET & Thursday Nov 15 from 12-1 pm ET
Military Sexual Trauma in Women and Men: Considerations for Mental Health Providers in Rural Settings and VA CBOCs

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

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

Dec 12 & 13 *Obsessive Compulsive Disorder*
Jan 9 & 10 *CBT for Insomnia*
Feb 13 & 14 *THRIVE Program*

Mar 13 & 14 *Depression Treatment for Pregnant & nursing Women*
Apr 10 & 11 *Service Animals and Ethics Revisited*
May 8 & 9 *TBD*



PACERS is an education program for health care staff in rural communities who care for Veterans with cognitive disorders and their caregivers. While this program targets rural health care staff, providers working in any setting can benefit from this information.

The PACERS online training curriculum includes six e-learning courses; each course is accredited for 1 hour of continuing education. There are also 5 videos that cover important topics related to cognitive impairment, including driving, self-neglect, challenging behaviors, Alzheimer's disease, and end-of-life.

<https://www.mirecc.va.gov/visn16/PACERS.asp>

VA Providers: Take courses using TMS links **Non- VA Providers:** Take courses using TRAIN links.

- Course 1: Dementia and Delirium**
- Course 2: Identifying and Assessing for Dementia**
- Course 3: Treating Dementia - Case Studies**
- Course 4: Normal Cognitive Aging and Dementia Caregiving**
- Course 5: Addressing Decision Making and Safety in Dementia**
- Course 6: Dementia and Driving**



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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