Director’s Update

For this month’s newsletter, I wanted to provide an end-of-year update of our key accomplishments, best practices, and deliverables from the past year.

Key Projects:
1. Developed a chronic pain education and treatment program (IMPETUS-V) for providers and patients.
2. Developed a self-help sleep intervention and manual for providers and patients.
3. Added two more Diffusion of Excellence awards focused on suicide prevention (using faith-based community partnerships) and moral injury (via Chaplain services) in addition to our 2016 award for the HOME program.
4. Completed the Post-Deployment Mental Health (PDMH) Study (12 years, 3,876 enrolled OEF/OIF Veterans) and started the PDMH Longitudinal Follow-up study of this cohort.
5. Developing complementary/alternative interventions to enhance pharmacological treatment for PTSD, TBI, suicide, alcohol, and pain.
6. Completing testing and development of 2 non-habit-forming non-opiate safe pain interventions.
7. Developing several mobile technologies to improve smoking cessation outcomes that can be used “any time, anywhere” to reduce burden on Veterans for clinical appointments while increasing adherence.
8. Developed several apps to reduce violence risk among Veterans with PTSD and TBI.
9. Research on the mental health needs of those with Other Than Honorable (OTH) military discharges.
10. Developing Comprehensive Rural Veterans Suicide Prevention program (Calveret County, NC).

Best Practices and Deliverables:
1. 6-8 presentations per year to Southern Regional AHEC serving Fayetteville and surrounding rural area community providers.
2. 5 trainings to improve group psychotherapy interventions
3. Serve as expert consultants to VISN for TBI assessment and intervention (ongoing)
4. Expanded and developing best practices in telehealth for the HOME (Home-Based Mental Health Evaluation) and ATTEND (Allied Transitional Telehealth Encounters post-iNpatient Discharge) programs for veterans transitioning from inpatient to outpatient mental health care.
5. We have developed a web-based data portal to support program evaluation efforts by the Evidence-Based Psychotherapy Training roll-outs.

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Briefings is published bi-monthly by the Mid-Atlantic (VISN 6) MIRECC’s Education Core
Best Practices and Deliverables:
6. Completing the development of 7 supplement booklets focused on applying safety planning to vulnerable subpopulations.
7. Served as consultants to develop safety planning template webinar in TMS rolled out nationally.
8. Serving as consultants and presenters for VACO Academic Detailing office for their national Suicide Prevention Campaign.

In 2019, we look forward to the following new projects:
1. Developing several mobile technologies to improve alcohol use and cannabis use outcomes.
2. Moving into the second year of the 10-year follow-up of the PDMH Study.
3. Beginning several new suicide prevention research projects focused on: understanding nonsuicidal self-injury in Veterans (which can lead to suicide), and collaborating with Department of Energy and the Million Veteran Program to conduct genetic, epigenetic, and whole genome sequencing using machine learning, to include study of suicide attempts and prediction.
4. Conducting several surveys of the healthcare needs of Veterans who have also served in the first Persian Gulf War.
5. Improving our understanding of risk factors for violence based on medical chart data and outcomes.
6. Disseminating the safety planning supplement booklets.
7. Supporting the VISN Office’s Suicide Prevention initiative to streamline education, training, marketing, and policy implementation of these efforts.
8. Working with our MIRECC facility site partners, as well as new partners in the VISN to continue expanding and implementing new research, educational, and clinical programs that meet the needs of providers and patients.

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

Focus on the VISN

Education Project Update

This issue features work led by Dr. Eric Elbogen (MIRECC faculty, Durham site)!
https://content.govdelivery.com/accounts/USVHA/bulletins/21f4329

RESEARCH
Veteran Centered Care Research Group VISN 6 MIRECC

EDUCATION
A Continuing Education Webinar for VA Peer Specialists VISN 5 MIRECC

CLINICAL
Rebuilding Bridges for Homeless Veterans VISN 1 MIRECC

This is the final issue, as we have transitioned to using the VA’s internal and external blogs for national dissemination.

National Service
Dr. Mira Brancu (MIRECC Deputy Director) has agreed to serve on the Editorial Board for the American Psychological Association’s Consulting Psychology Journal: Practice and Research
Dr. Katherine H. Taber (MIRECC Co-Assistant Director, Education) served as a member of NIH Special Emphasis Peer Review Panel Brain Disorders and Clinical Neuroscience, November 5, 2018.

New Grants
PI: Dr. Jennifer Naylor (MIRECC Co-Assistant Director, Clinical), Neurosteroid Intervention for PTSD in Iraq/Afghanistan-Era Veterans Funded by: VA, Office of Research and Development Merit Award
Welcome to our new MIRECC Fellow

Mark J. Stern, Ph.D., BCB, BCN is a MIRECC Advanced Psychology Fellow at our Salisbury site. He earned his doctorate in Clinical Psychology in the Health Psychology Track at the California School of Professional Psychology. He completed his pre-doctoral internship at the Veterans Healthcare System of the Ozarks. Dr. Stern's clinical training focused on developing dual emphases in neuropsychology and health psychology. He gained additional specialization in applied psychophysiology, becoming board certified in bio- and neurofeedback. His prior research experience includes assessing autonomic influences on neuropsychological performance, neuroimaging meta-analyses in substance use, treatment outcomes in functional medical disorders, and methodology in psychophysiological assessment. During fellowship, Dr. Stern plans to expand his research to include neurobiological and cognitive outcomes associated with acquired brain injuries. He is also pursuing specialist training in clinical neuropsychology. In his free time, he enjoys cooking, science-fiction, and video-calls with his nieces and nephew.

Path to Better Sleep: Online Cognitive-Behavioral Therapy for Insomnia (CBT-I) for Veterans

Path to Better Sleep is a self-management approach designed to address a range of treatment barriers. This free online course was developed by the VA's Mental Health Web Services in collaboration with VA subject matter experts and Veteran mentors. It is a Veteran-centric course which translates evidence-based CBT-I into a mobile or web format. The course is completely self-guided, free and anonymous, and accessible for those with disabilities including traumatic brain injury. Support is provided throughout the course by videos of Veterans who have completed CBTI treatment and experts who serve as a source of information. Games and interactive exercises are used to increase curiosity and engagement. The user-friendly sleep diary generates important sleep variables, including total sleep time and sleep efficiency. After 5 days of diaries, the user obtains their initial sleep prescription. Adjustments are recommended based on sleep diary data collected thereafter.

Users can proceed through the course at their own pace and can revisit content as needed. The entire Path to Better Sleep course can be completed in about 6 weeks. It begins with a Sleep Check-Up module, designed to identify those who for whom CBT-I is not appropriate. The course can be used as a standalone treatment, a telephone-supported intervention, an adjunct to face-to-face treatment, or any combination thereof.

https://www.veterantraining.va.gov/insomnia/index.asp

Honors & Awards

Dr. Mira Brancu (MIRECC Deputy Director) has been certified as a Transformational Coach at the Resident Level (Level Three). Transformational Coaching is focused on supporting change, creating sustained improvement, and improving quality and access to care to support VHA strategic goals of delivering personalized, proactive, and patient driven care. Dr. Brancu has also completed Lean Management Green Belt training and is working on completing certification.

Bethann Cleary, MSW (HOME Program clinician and MIRECC, Durham site) recently completed required clinical hours (supervised by Coaching into Care clinician Mike Hill) and obtained LCSW status.

Dr. Nathan Kimbrel (MIRECC Co-Assistant Director, Clinical) has been promoted to Associate Professor in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine.

Dr. Holly Miskey (MIRECC Fellowship Co-Director, Salisbury site) recently completed board certification in clinical neuropsychology (ABPP-CN).

VA Service Awards

25 Years
Misty Brooks
Scott Moore

15 Years
Kirsten Funk
Lakia McKnight

10 Years
Wendy Batdorf
Mira Brancu
Jason Nieuwsma
In the News!

Study: Veterans with multiple brain injuries twice as likely to consider suicide, compared with those with one or none

November 20, 2018  By Mike Richman, VA Research Communications

A new study finds that post-9-11 Veterans with a history of repeated traumatic brain injuries—versus none—are at much greater risk for considering suicide.

The study, funded by VA’s Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC), appeared online in the journal Psychological Services in November 2018.

The researchers found that Iraq and Afghanistan Veterans who have suffered multiple traumatic brain injuries (TBIs) were about twice as likely to report recent suicidal ideation—suicidal thoughts over the past week—compared with Vets with one TBI or none at all.

Dr. Robert Shura, a neuropsychologist at the W.G. (Bill) Hefner VA Medical Center in North Carolina, led the study.

link to full article:

Invited Lectures

Dr. James Bateman (MIRECC Fellow, Salisbury site) presented The Mental Status Examination: More than a MoCA to Wake Forest School of Medicine neurology residents in August and co-led a problem based learning session on memory disorders for them in October. In December he presented Posterior Cortical Atrophy as part of a multidisciplinary case conference in Wake Forest’s Aging Conference Series. Monthly, Dr. Bateman presents The Neurological Exam and Traumatic Brain Injury 101 as part of the psychiatry rotation for medical students and physician assistant students at the Salisbury VA Health Care System in Salisbury, NC.

Dr. Erica Epstein (MIRECC Fellow, Salisbury site) presented Mindfulness as part of VA Medical Center LPN Symposium at the Salisbury VA Health Care System in Salisbury, NC in November.

Dr. Shura, with Dr. Erica Epstein, presenting at Salisbury VA Medical Center.

Mindfulness as part of VAMedical Center LPNSymposium at the Salisbury VA Health Care System in Salisbury, NC in November.


Objective: To characterize behavioral and health outcomes in veterans with traumatic brain injury (TBI) acquired in nondeployment and deployment settings. Results: There was a main effect of deployment TBI on depressive symptoms, posttraumatic stress symptoms, poor sleep quality, substance use, and pain. Veterans with deployment TBI were also more likely to have a diagnosis of bipolar, major depressive, alcohol use, and posttraumatic stress disorders than those who did not have a deployment TBI. Conclusions: TBIs acquired during deployment are associated with different behavioral and health outcomes than TBI acquired in nondeployment environments. The presence of TBI during deployment is associated with poorer behavioral outcomes, as well as a greater lifetime prevalence of behavioral and health problems in contrast to veterans without deployment TBI. These results indicate that problems may persist chronically after a deployment TBI and should be considered when providing care for veterans. Veterans with deployment TBI may require treatment alterations to improve engagement and outcomes.


Ulmer CS, Hall MH, Dennis PA, Beckham JC, Germain A. Posttraumatic Stress Disorder Diagnosis is Associated with Reduced Parasympathetic Activity during Sleep in United States Veterans and Military Service Members of the Iraq and Afghanistan Wars. Sleep. 2018 Dec 1;41(12).

Study Objectives: To determine whether high frequency heart rate variability (HF-HRV) during sleep differs between those with and without PTSD as a function of sleep type (NREM versus REM), and to explore this relationship across successive sleep cycles. Participants with PTSD were hypothesized to have lower HF-HRV across both REM and NREM sleep. Results: Participants with PTSD (N=29) had lower HF-HRV in overall NREM sleep relative to those without PTSD (N=33) [F(1, 54) = 4.24, p = .04]. Groups did not differ on overall HF-HRV during REM sleep. HF-HRV increased over the night for the sample as a whole during both NREM and REM sleep. PTSD status did not moderate the association between HF-HRV and sleep cycles. However, the PTSD group had lower HF-HRV in the first t(155) = 2.67, p = .008, and fourth NREM cycles, t(155) = 2.11, p = .036, relative to participants without PTSD. Conclusions: Findings suggest blunted parasympathetic modulation during NREM sleep in a young cohort of military veterans and service-members with PTSD. Findings are concerning considering the increased risk of incident cardiovascular events associated with impaired parasympathetic nervous system function. Reduced parasympathetic modulation may be one mechanism underlying the increased prevalence of CVD among Veterans with PTSD.
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.

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 Jan 9 from 9-10 am ET & Thursday Jan 10 from 12-1 pm ET
Cognitive Behavioral Treatment of Insomnia
Remember to register in TMS in advance to attend and receive credit.
https://www.mirecc.va.gov/visn16/cboc-mental-health-rounds.asp

Feb 13 & 14  THRIVE Program
Mar 13 & 14  Depression Treatment for Pregnant & Nursing Women
Apr 10 & 11  Consultation for Veterans with Persistent Psychosis
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 2: Military Organization & Roles
Module 3: Stressors & Resources
Module 4: Treatment, Resources & Tools
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