



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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Director's Update

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

Mental Health Innovations

Updates from VA's Specialized Mental Health Centers

December 2018

IN THIS ISSUE: Supporting Mental Health Recovery

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.



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.

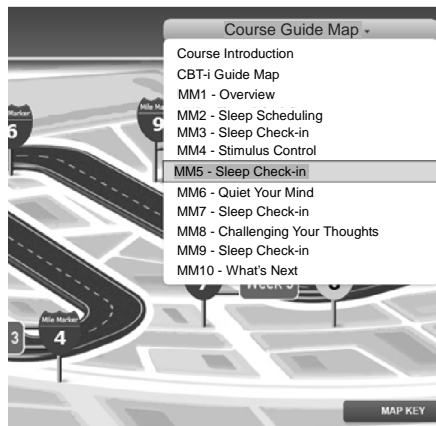
Dr. Holly Miskey (MIRECC Fellowship Co-Director, Salisbury site) recently completed board certification in clinical neuropsychology (ABPP-CN).

Update on Deliverables

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 CBT-I 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 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.



VA Service Awards

25 Years

Misty Brooks
Scott Moore

15 Years

Kirsten Funk
Lakia McKnight

10 Years

Wendy Batdorf
Mira Brancu
Jason Nieuwsma

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

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:

<https://www.research.va.gov/currents/1118-Veterans-with-multiple-brain-injuries-twice-as-likely-to-consider-suicide.cfm>

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.

Conferences

AMSUS - The Society of Federal Health Professionals

2018 AMSUS Annual Meeting

The Future of Healthcare is Now

26-30 November 2018 | National Harbor, MD

Brearly TW, Furst N, Shura RD, Tupler LA, Taber KH, Newman P, Rowland JA. *Teleneuropsychological Administration of Visual Tasks: Exploring the Limits of Cognitive Testing by Videoconference*. (poster)

Publications

Journal Articles

Brown RC, Overstreet C, Sheerin C, Berenz E, Hawn S, Pickett T, McDonald S, Danielson CK, Amstadter AB. *The nomological network of a behavioral distress tolerance task in trauma-exposed combat veterans.* Journal of Traumatic Stress. 2018 Dec;31(6):876-885.

Donoho CJ, LeardMann C, O'Malley C, Walter KH, Riviere LA, Curry JF, Adler AB. *Depression among military spouses: Demographic, military, and service member psychological health risk factors.* Depression and Anxiety. 2018 Dec;35(12):1137-1144.

Fairbank JA, Briggs EC, Lee RC, Corry NH, Pflieger JC, Gerrity ET, Amaya-Jackson LM, Stander VA, Murphy RA. *Mental Health of Children of Deployed and Nondeployed US Military Service Members: The Millennium Cohort Family Study.* Journal of Developmental and Behavioral Pediatrics. 2018 Dec;39(9):683-692.

Goldstein KM, Zullig LL, Dedert EA, Alishahi Tabriz A, Brearly TW, Raitz G, Sata SS, Whited JD, Bosworth HB, Gordon AM, Nagi A, Williams JW Jr, Gierisch JM. *Telehealth Interventions Designed for Women: An Evidence Map.* Journal of General Internal Medicine. 2018 Dec;33(12):2191-2200.

Martindale SL, Epstein E, Taber KH, VA Mid-Atlantic MIRECC Workgroup, Rowland JA. *Behavioral and Health Outcomes Associated with Deployment and Non-Deployment Acquisition of Traumatic Brain Injury in Iraq and Afghanistan Veterans.* Archives of Physical Medicine and Rehabilitation. 2018 Dec;99(12):2485-2495.

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.

Phillips RD, Wilson SM, Sun D; VA Mid-Atlantic MIRECC Workgroup, Morey R. *Posttraumatic Stress Disorder Symptom Network Analysis in U.S. Military Veterans: Examining the Impact of Combat Exposure.* Frontiers in Psychiatry. 2018 Nov 20;9:608. doi: 10.3389/fpsy.2018.00608. eCollection 2018

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.

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 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*

May 8 & 9 *TBD*

Mar 13 & 14 *Depression Treatment for Pregnant & Nursing Women*

Apr 10 & 11 *Consultation for Veterans with Persistent Psychosis*



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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