



## Director's Update

Researchers usually share their research findings by publishing them in research journals. This helps other researchers keep up to date as they try to improve health care in a specific topic area, like suicide intervention or pain management.

But it's also important to share these research findings with the public. This helps those suffering from the conditions learn how their health care might change or be improved in the future. This also gives people hope for new and better solutions and brings more attention to important healthcare research needs and gaps.

Our VISN 6 MIRECC is working to bring information about new innovations on post-deployment mental health to the public in many ways. One example is the recent exciting work being done by our Metabolomics and Interventions Lab at the Durham VA Medical Center. **Drs. Christine Marx** (Lab Director) and **Jennifer Naylor** (Co-Assistant Director) recently conducted a clinical trial of pregnenolone in Iraq/Afghanistan era Veterans with chronic low back pain. They found lower pain intensity after four weeks of this treatment compared to patients who got a placebo. Pregnenolone was also safe and well-tolerated by the patients who received it. These findings could some day help them develop a non-habit forming supplement for chronic low back pain treatment. Since this outcome is so important to share with the public, Medscape, a major website that provides medical news, recently published this story before the article was published in a research journal. This is a great way to share exciting early news with the public. [www.medscape.com](http://www.medscape.com)

Another example is a recent published research article by **Dr. Robert Shura**, neuropsychologist at the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina. Using data from the VISN 6 MIRECC Post-Deployment Mental Health Study, Dr. Shura found that Veterans with multiple brain injuries twice as likely to consider suicide, compared with those with one or none. The study was a collaboration with Rocky Mountain (VISN 19) MIRECC researchers who have expertise in TBI and suicide. Since the findings are so important to understanding who might be at higher suicide risk and need more support, the information was shared widely with all VA researchers by the VA's Office of Research and Development. Most recently, it was also turned into an interview and podcast developed by this office.

[www.research.va.gov/currents/1118-Veterans-with-multiple-brain-injuries-twice-as-likely-to-consider-suicide.cfm](http://www.research.va.gov/currents/1118-Veterans-with-multiple-brain-injuries-twice-as-likely-to-consider-suicide.cfm)

[www.research.va.gov/podcasts/listen.cfm?RecordID=124147&Title=Study:-Veterans-with-multiple-brain-injuries-twice-as-likely-to-consider-suicide,-compared-with-those-with-one-or-none](http://www.research.va.gov/podcasts/listen.cfm?RecordID=124147&Title=Study:-Veterans-with-multiple-brain-injuries-twice-as-likely-to-consider-suicide,-compared-with-those-with-one-or-none)

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# Director's Update

Our work is also sometimes published on Twitter, LinkedIn, and other social media platforms., Sometimes this is done by individual investigators. More often work is published by other VA research groups that have group accounts, such as @VAResearch. Disseminating research findings before they are officially published is sometimes a hard decision. We want to share exciting news as soon as possible. However, but sometimes it is just as important to get feedback from research journal reviewers or keep testing something out to make sure it isn't just a fluke. We are committed to both: making sure the research is strong and solid before it is shared widely, while also making sure we communicate important findings when they could lead to important improvements in health care.

**John A. Fairbank, Ph.D.**

Director, Mid-Atlantic (VISN 6) MIRECC



Residence in "extremely rural areas" was found to be associated with higher rates of #smoking and greater #nicotine dependence. @vadurham @VeteransHealth



Tweet your reply

## Focus on the VISN

### Honors & Awards

**Dr. Robin A. Hurley** (MIRECC Associate Director, Education) began 2 years of service as President of the American Neuropsychiatric Association (ANPA) during their annual meeting in March. Dr. Hurley presented *Windows to the Brain: Did ANPA Change Your Amygdala?* as her Presidential Address



**Dr. Ashley Clausen** (MIRECC Fellow, Durham site) received the Emerging Leader Award from the Anxiety and Depression Association of America (ADAA) during their March conference. This award honors early career professional members for outstanding service and commitment to advancing ADAA's professional and/or public mission.

[adaa.org/2019-member-recognition#Emerging](https://adaa.org/2019-member-recognition#Emerging)

### National Service

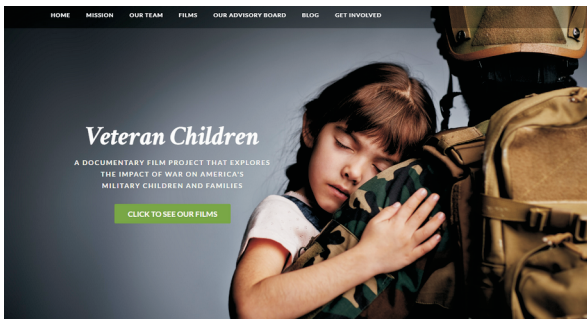
**Dr. Katherine H. Taber** (MIRECC Co-Assistant Director, Education) served as a member of VA RR&D Peer Review Panel *Research Career Scientist*, March 1, 2019.

### Invited Lectures

**Drs. Mira Brancu** (MIRECC Deputy Director) and **John Curry** (MIRECC faculty, Durham site) presented "*Overview of Guidelines for Psychological Practice with Military Service Veterans, and Their Families*" as a webinar for the VA Section of APA Division 18 in April.

**Dr. Christi Ulmer** (MIRECC, faculty Durham site) was one of the presenters of "*Improving Sleep Quality for Veterans with VA Technologies*" as a webinar for the Office of Connected Care's VA Mobile Discussion Series in April.

## In the News!



This new documentary film explores the impact of war on America's children and families, particularly the children of veterans. Through stories told by children and their parents, with commentary by experts, the film illuminates the remarkable strengths, challenges, and perspectives of America's military

children. Among the expert is **Dr. Harold Kudler**, interviewed when he was Director our MIRECC's Clinical Core. His remarks throughout the film help frame the concept that military children serve alongside their military parents but without the uniforms needed to make their service visible in schools, pediatrician's offices and other community settings.

The film had its premiere on public television in Indianapolis (WFYI) on April 18. The 29 minute film may be viewed in its entirety at:

[www.wfyi.org/programs/veteran-children/television/veteran-children](http://www.wfyi.org/programs/veteran-children/television/veteran-children)

The film and trailer may be viewed at the Veteran Children website. They recommend using showings as a springboard for discussion.

[www.veteranchildren.com](http://www.veteranchildren.com)

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## Making Team Building Connections through Storytelling: VA Voices and My Role as a Learning Circle Leader

By Rita M. Davison (MIRECC Health Science Specialist, Durham site)

VA Voices is a national program focused on improving connections between VA employees, local leaders, and the Veterans we serve. The goal is to strengthen empathy, trust, and team-building. This is done by sharing personal stories that show how we are all connected and other exercises that help us understand each other better.

VA Voices was first created in 2013 by the VA Office of Patient Centered Care and Cultural Transformation. It was expanded nationally in 2017 and is now offered to VA employees at more than 100 VA facilities. Some sites offer continuing education credit, so check with your specific location.

The VA Mid-Atlantic (VISN 6) MIRECC sponsored me to support this program as a Learning Circle Leader (LCL) in 2016 and I have continued to serve in this role since then. My first experience with the program was positive and powerful. I was impressed by the commitment, enthusiasm, and personal and moving stories shared by our local medical center leaders. It was clear they valued this training. Many participants said they felt more positively connected to the leaders because they were willing to share their stories. The training aligns with the VA's goal of Veteran-centered care. It also aligns with our MIRECC's mission to improve care for recent-era Veterans through training initiatives.

As a LCL I strive to model the acceptance, respect and communication skills that are being taught by the training team. We talk about how participants can develop and tell their own stories, although sharing a personal story is not mandatory.

Being a LCL has been fun and empowering. It has provided me with solid communication tools that continue to be refined with each training I attend. One day I was in the Hospital canteen when a past circle member walked over, and with a big smile started a conversation as if speaking with a good friend. I experienced a genuine connection forged in VA Voices that would not have previously been possible with that former stranger from another division. It felt "magical".

## Update on Deliverables

MIRCC-supported projects featured in the VISN 6 2018 Annual Report!

**HOME** - Home Based Mental Health Evaluation

**ATTEND** - Allied Transitional Telehealth Encounters Post-Inpatient Discharge

**Mind Freedom Plan** - 4 session innovative substance abuse protocol

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## Upcoming Webinar

*PTSD and Traumatic Brain Injury: Differences Between Male and Female Veterans*

Presented by Dr. Erica Epstein

Tuesday June 18th

2-3pm (ET)

for more information:

[www.hsrdr.research.va.gov/cyberseminars](http://www.hsrdr.research.va.gov/cyberseminars)

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## VA Motivational Interviewing and Motivational Enhancement (MI/MET) Training Program

VA Office of Mental Health and Suicide Prevention (OMHSP), Veterans Integrated Service Network (VISN) 6, Mental Illness Research, Education and Clinical Center (MIRECC)

The MI/MET program trains providers to treat Veterans considering behavior changes to improve their health. Motivational Interviewing (MI) is a collaborative way of strengthening motivation and commitment towards specific goals the Veteran identifies. MI is rooted in the principle that the Veteran is the expert in their own life. In an MI conversation, the provider emphasizes the Veteran's values, concerns, and strengths regarding change. MI is used throughout VA, including primary care, mental health, and substance use clinics.

MI is a flexible approach. Providers in a primary care clinic can effectively use MI in five to fifteen minute conversations. Mental health providers may use MI or MET over several therapy sessions. Regardless of setting, MI is used:

- When a Veteran is unsure about getting help with mental health or substance use.
- When a Veteran feels "stuck" and is unsure of how to move forward.
- When a Veteran is considering a new, recommended treatment.
- When a Veteran is making a transition in care.

Motivational Enhancement Therapy (MET) is a form of MI. It includes personal assessment and feedback about substance use within the overall clinical style of MI. The Veteran and provider use the assessment to consider what changes the Veteran may want to make. The four sessions of MET are:

- First the client completes an objective measurement tool regarding their substance use.
- Second, the provider presents the findings in a neutral manner and explores the Veteran's concerns.
- Subsequent sessions identify and explore any areas of change the veteran would like to explore based on their new understanding.

VA trains providers in MI and MET through a 6 month program with 3 components:

### 1. Web-based courses in MI and/or MET:

New training participants first complete web courses to prepare for an interactive workshop. These courses, revised in 2018, provide the most recent information on Motivational Interviewing.

### 2. Intensive Workshop Training:

Once the required online courses are complete, participants engage in 18 hours of live, experientially-based instruction, led by expert MI and MET trainers. The live workshop includes presentation, role play demonstrations, hands-on skills practice and feedback, and break-out discussion groups.

### 3. Ongoing Consultation:

After the workshop, a consultant provides weekly follow-up training by phone for six months. Consultants review digital audio recordings, and provide group and individual feedback to participants. To successfully complete the consultation, participants must meet competency benchmarks.

Training providers in these two effective therapy styles improves patient care for Veterans. So far, over 1300 VA providers have completed all the training requirements for MI or MET.

To see more MI and MET resources please visit the MI/MET SharePoint site at:

<https://vaww.portal2.va.gov/sites/mentalhealth/MI/SitePages/Home.aspx>

For information about training opportunities in MI or MET, please contact Dr. Jennifer Runnals at [MIMETStaff@va.gov](mailto:MIMETStaff@va.gov)

## Addressing Suicide Prevention

### Streamlining Education and Communication Efforts Across the VISN

This year, VISN 6 has launched several Integrated Project Teams (IPT). They each have a specific charge and promote collaboration and creative solutions. Group members represent various disciplines, roles, and medical centers—and the VISN office. The MIRECC is currently serving on the Suicide Prevention IPT. The team is working to improve and streamline suicide prevention efforts. The group's efforts are encompassed by four inter-related workgroups. One group of tasks includes working to understand and document current resources, requirements, and needs. Related tasks include developing education and training plans and messaging to increase public awareness. The MIRECC is leading the planning efforts for the education and training group. Our group decided to focus our efforts within the context of two existing initiatives. One is Academic Detailing's Suicide Prevention Campaign. The other is the National Suicide Risk Identification (SRI) Strategy. Within the VISN, we will be working to understand the current state of SRI implementation. In addition, we will identify barriers and facilitators to effective implementation. The findings can then be used to help foster locally-tailored outreach and education efforts. This can be done by leveraging the local expertise of the Academic Detailing Service, Suicide Prevention Coordinators, and SRI facility champions. In addition, our workgroup will examine this information for VISN-level themes to share with the larger IPT and VISN leadership. If appropriate, the information could also be shared with VISN and facility systems redesign teams.

# Conferences



## AMERICAN NEUROPSYCHIATRIC ASSOCIATION

### 30th Annual Meeting

March 20-23, 2019  
Chicago, IL



Drs. Bateman & Shura  
relaxing after both completed  
their presentations

#### Committee on Research Symposium:

Shura RD. *Psychostimulants for the treatment of neuropsychiatric symptoms in the elderly.*

#### Clinical Platform Presentation:

Bateman JR, Filley CM, Ross ED, Bettcher BM, Hubbard I, Babiak M, Pressman PS. *Aprosodia and diminished facial expression with right frontal brain neurodegeneration.*

#### Poster Presentations:

Bateman JR, Hurley RA, Taber KH. *Neurodegenerative dementias: Improving brain health to decrease risk.*

Hurley RA, Bateman JR, Taber KH. *Teaching materials to assist in the neuropsychiatric investigation and understanding of poison exposure Part IV: Complex metal ions.*



March 28 - 31, 2019, Chicago, IL

#### Poster Presentation:

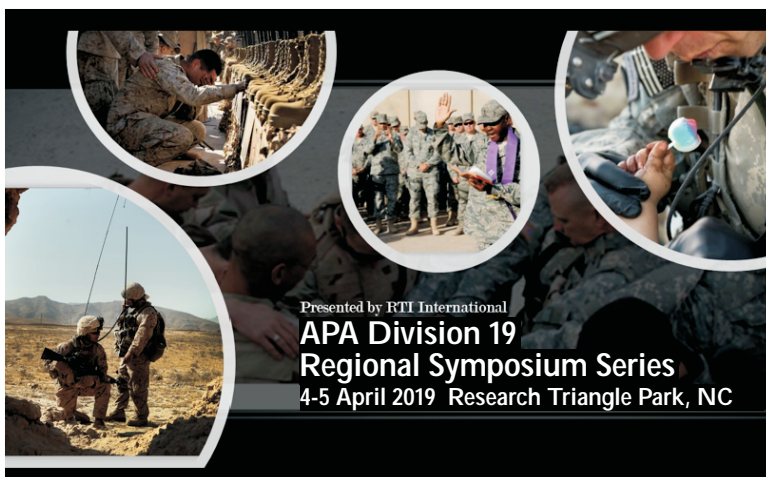
Clausen AN, Phillips RD, Haswell C, Clarke E, Mid-Atlantic MIRECC Workgroup, Morey RA. *Combat exposure and PTSD differentially relate to lower cortical thickness in OEF/OIF/OND Veterans.*

#### American Pain Society

APS Scientific Meeting | April 3-6, 2019 | Milwaukee, WI  
Combating the Opioid Epidemic through Innovations in the Treatment of Pain

#### Poster Presentation:

Naylor J, Kilts J, Szabo S, Wagner H, Shampine L, Parke G, Smith K, Allen T, Dunn C, Telford-Marx E, Cuffe B, O'Loughlin S, Marx C. *Novel Neurosteroid Intervention for Chronic Low Back Pain in Iraq/Afghanistan-era Veterans.*



#### Invited CE Workshop:

Curry JF & Brancu M. *APA Guidelines for Practice with Military Service Members, Veterans and Their Families*

#### Invited CE Talk:

Nieuwsma J. *Getting Upstream with Suicide Prevention*

#### Data Blitz Podium Presentation:

Battles AR, Schwartz J, Kelley M. *Modeling Moral Injury: Examination of Litz and Colleagues Working Model.*

# Publications

## Journal Articles

**Barnes HA, Hurley RA, Taber KH.** *Moral Injury and PTSD: Often Co-occurring Yet Mechanistically Different.* Journal of Neuropsychiatry and Clinical Neuroscience. 2019; 31 (2): A4-103.

**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.

- Shame fully accounted for the effects PTSD symptom severity on suicidal ideation among U.S. military veterans, such that the effect of PTSD became nonsignificant when shame was included in the model.
- PTSD symptom severity did not explain the effects of shame on suicidal ideation.
- Shame appears to play a central role in suicidal ideation in the context of PTSD.
- Addressing shame in treatment may help mitigate suicide risk among Veterans with PTSD.

**Coughlin LN, Wilson SM, Erwin MC, Beckham JC; VA Mid-Atlantic MIRECC Workgroup, Calhoun PS.** *Cigarette smoking rates among veterans: Association with rurality and psychiatric disorders.* Addictive Behaviors. 2019; 90:119-123.

**Aims** Compared to the general U.S. population, military veterans and those living in rural areas disproportionately smoke cigarettes at higher rates, leading to increased health consequences. In the current study, prevalence and severity of cigarette smoking in Iraq and Afghanistan era veterans was assessed across rural and urban areas and comorbid mental health disorders.

**Method** Iraq/Afghanistan era veterans who participated in the Post-Deployment Mental Health study from 2005 to 2017 (N=3229) were cross-sectionally assessed for the probability of being a current cigarette smoker based on locality status and psychiatric comorbidity. Multivariate logistic and linear regressions, adjusted for demographic characteristics, were used to model the odds of being a current smoker and the severity of nicotine dependence, respectively.

**Results** Veterans residing in rural regions, veterans with psychiatric comorbidities, and the interaction of locality and psychiatric disorders were significantly associated with smoking rates. Those veterans living in extremely rural areas and, independently, those living with psychiatric comorbidities were also more severely dependent on nicotine compared to urban veterans and veterans without psychiatric conditions.

**Conclusions** Rural veterans and veterans with psychiatric comorbidities are at increased risk of smoking and are more severely dependent on nicotine than urban veterans. These findings underscore the need to reduce barriers for treatment both for smoking cessation and mental healthcare for veterans residing in the most rural areas.

**Denning JH, Shura RD.** *Cost of malingering mild traumatic brain injury-related cognitive deficits during compensation and pension evaluations in the veterans benefits administration.* Applied Neuropsychology: Adult. 2019; 26(1):1-16.

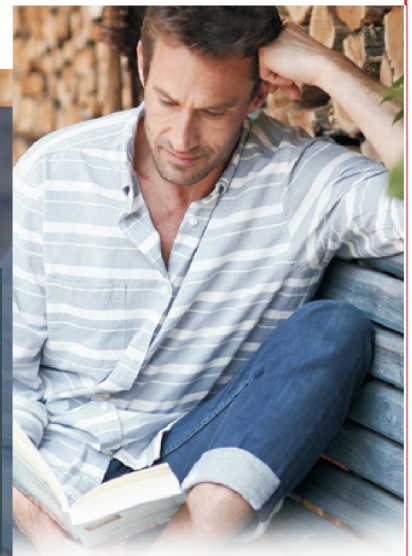
Given the high rates of exaggeration in those claiming long-term cognitive deficits as a result of mild traumatic brain injury (mTBI), the aim of this study was to evaluate the rates of malingering in those seeking disability through the Veterans Benefits Administration and estimate the financial burden of disability payments for those receiving compensation despite exaggerated mTBI-related cognitive deficits. Retrospective review included 74 veterans seen for Compensation and Pension evaluations for mTBI. Rates of malingering were based on failure of the Medical Symptom Validity Test (MSVT) and/or the Test of Memory Malingering (TOMM) trial  $1 \leq 40$ . Total estimated compensation was based on the level of disability awarded and the number of individuals found to be malingering cognitive deficits. Overall, 33–52% of the sample was found to be malingering mTBI-related cognitive deficits. The malingering groups were receiving approximately \$71,000–\$121,000/year (\$6,390–\$7,063 per year, per veteran on average). Estimated nationwide disability payments for those possibly malingering mTBI-related cognitive deficits would be \$136–\$235 million/year (projected costs from 2015–2020=\$700 million–\$1.2 billion). It is critical that providers and administrative officials identify those exaggerating disability claims attributed to mTBI. The cost of malingering impacts society in general as well as veterans themselves, as it diverts needed funds/resources away from those legitimately impaired by their military service.

**Nash R, Weinberg M, Laughon S, McCall R, Bateman JR, Rosentin D.** *Acute Pharmacological Management of Behavioral and Emotional Dysregulation following a Traumatic Brain Injury: A Systematic Review of the Literature.* Psychosomatics. 2019 Mar - Apr;60(2):139-152.

[http://www.mentalhealth.va.gov/self\\_help.asp](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.



## DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

<http://www.milvets.nc.gov/resource-guide>

The **DMVA 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 **2018 edition** is now available.

# Provider Education

## CBOC Mental Health Rounds

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

Wednesday May 8 from 9-10 am ET & Thursday May 9 from 12-1 pm ET  
*Safety Aids and the Ethics*

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

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

June 12 & 13 *Rural PTSD Improvement in the Northeast Through Outreach*

July 10 & 11 *Problem Solving Training*

Aug 14 & 15 *PTSD & TBI*

Sept 11 & 12 *Substance Abuse/Use Disorders and CBT*

Oct 9 & 10 *To Be Determined*



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**



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)*
- 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*

**NEW:** *Military Culture and Spiritual Health*





[www.mirecc.va.gov/visn6](http://www.mirecc.va.gov/visn6)

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### Special Fellowship for Psychology & Allied Health

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