



Director's Update

The VA recently rolled out their new **MISSION Act** and **Whole Health** initiatives. We'd like to share some of our efforts that support these programs.

Our work aligns well with the **MISSION Act**. One focus is on improving access to quality care (Section 104). Another is on training and creating standards for VA and non-VA healthcare providers to deliver best practices (Sections 123 and 133). A third is focusing on developing safe opioid prescribing practices (Section 131) and non-medication treatments. Here are some of the ways in which we support these sections of the **MISSION Act**:

- Providing Continuing Education training for non-VA community providers through a partnership with Duke University and the Area Health Education Centers (AHECs).
- Developing professional standards of practice for community providers working with military service members, Veterans and their families.
- Implementing two new specialty programs (the HOME program at Durham; and the ATTEND Program at Salisbury) that use telehealth to support quick outpatient mental health access for at-risk patients being discharged from inpatient psychiatric hospitalizations. (These programs also support the VA's suicide prevention goals).
- Developing a Pain Management School at the Durham VA, in collaboration with the Durham VA Pain Clinic. The Clinic is led by a mix of providers from health psychology, pharmacy, nursing, physical therapy, occupational therapy, and rehabilitation therapy backgrounds. www.medscape.com
- Testing and developing non-habit forming pharmacological pain interventions.
- Creating more avenues to quality mental health care access. Two of these programs include training chaplains through the National MH & Chaplaincy program and providing a helpline for family members and friends through the Coaching into Care program.
- Supporting community engagement, training, and access to care through the Mental Health Summit program.

Whole Health is part of VA's modernization effort. This approach is designed to provide a more comprehensive continuum of care. The Whole Health System encompasses personal and guided self-care through brief treatment and more intensive professional treatment, as needed. The following are some of the ways in which we support Whole Health:

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Director's Update

- **Self-Care:** Developing and contributing to free self-guided interventions. We provided pilot funding that supported the development of a self-help work book for insomnia – Improve Your Sleep www.mirecc.va.gov/visn6 & provided content that was used in creation of the web-based course – Path to Better Sleep. We also contributed to the development of the web-based courses on Problem Solving and Parenting. <https://www.veterantraining.va.gov>
- **Guided Self-Care and Brief Treatments:** Developing telehealth and mobile technologies combined with health coaching to help Veterans quit smoking, alcohol, and cannabis use. Many of these are brief treatments. This also supports the MISSION Act's section to increase access to quality care.
- **Professional Specialty Treatment for specific conditions:** Developing and testing interventions for anger management, self-injury, substance use, traumatic brain injury, and many more.

Cutting across the MISSION Act and Whole Health is the concept of **improving access across the continuum** -- from urgent/crisis care interventions to early treatment engagement to sustained (longer-term) treatments. Our work contributes to each of these.

John A. Fairbank, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

Focus on the VISN

Transitions

After 12 years of service, **Caitlyn Campbell** (MIRECC Post-Deployment Mental Health Repository and Regulatory Coordinator) will be leaving to take on a new regulatory coordinator role with the Duke Cancer Institute, a very exciting new opportunity. Caitlyn initially started with the MIRECC as a lab assistant and transitioned into becoming the lab manager and phlebotomist at the Durham VA before this most recent position. She has been instrumental in developing most of the blood sample, regulatory, and repository database management systems so is leaving us in good shape. She will be greatly missed!

Dr. Keith Shaw (MIRECC Clinical Core Director) is retiring at the end of June from his position as the Durham VA Psychology Chief and Training Director as well as the VISN 6 MIRECC Clinical Core Director. We will miss him greatly. In the 5 years he has been with the MIRECC and Durham VA, he has been instrumental in developing the policy infrastructure to support work transitions for clinician-researcher psychologists, calling for a systems change to advocate for improved access to clinical privileges and post-CDA pathway. He has also successfully brought in more psychologist trainee positions and expanded opportunities for training. He has also made a national impact through his leadership positions in training development for psychologists. He is looking forward to many travel adventures in his retirement.

Pictured here are Keith Shaw and his wife (also a formidable well-known researcher, Patti Resick) on their vacation at a rainforest near Kuranda Australia – many more adventures to come in his retirement.



Honors & Awards

Path to Better Sleep, the self-directed, online version of CBT-i that **Dr. Christi Ulmer** (HSR&D Center of Innovation and MIRECC Faculty, Durham site) helped develop, received a **Digital Health Award**, Silver level, in the Consumer Directed Digital Health Programs category.

www.veterantraining.va.gov

New Grants

Co-PIs: **Drs. Patrick Calhoun & Eric Dedert** (MIRECC Faculty, Durham site), **Cost Effectiveness of Combined Contingency Management and Cognitive Behavioral Therapy for Alcohol Use Disorder**.

Funded by: National Institute on Alcohol Abuse and Alcoholism

Co-PIs: **Dr. Sarah Wilson** (MIRECC Faculty, Durham site) & Carolyn Crowder MSW (Director of Behavioral Health, Lincoln Community Health Center), **Stakeholder-Engaged Implementation of Smoking Cessation Health Services**.

Funded by: Duke Clinical and Translational Institute

In the News!



RESEARCH CURRENTS

Research News from the U.S. Department of Veterans Affairs



Studies: Shame worsens outcomes for Vets with PTSD

June 10, 2019 By Mike Richman, VA Research Communications

In the Veteran community, PTSD is often associated with combat trauma. Witnessing a horrific event like a deadly roadside bombing or the killing of a child can take an emotional toll on someone, causing that person to relive the event and feel angry, depressed, or distant.

Does shame—in which a person feels responsible for what happened and views himself or herself as a bad person—play a role in worsening the emotional and day-to-day struggles of someone with PTSD? Shame is a common symptom for those with PTSD.

A study led by **Dr. Katherine Cunningham**, a research psychologist at the Durham VA Health Care System in North Carolina, found that shame “fully accounted for the effects of PTSD on suicidal ideation.” The finding suggests that “shame may represent a key link between PTSD and suicidal ideation among Veterans,” the researchers write.

The study appeared in the *Journal of Affective Disorders* in January 2019. It included 201 mostly male Veterans who had been treated for PTSD.

Cunningham and her colleagues expected that shame would partly, but not completely, explain why PTSD increases suicidal ideation. They were surprised to learn that shame appeared to be the main reason why PTSD was elevating thoughts of dying by suicide.

link to full article:

<https://www.research.va.gov/currents/0619-Shame-worsens-outcomes-for-Vets-with-PTSD.cfm>

Honors & Awards

Dr. Scott McDonald (MIRECC Fellowship Director, Richmond site) announced that the Richmond Fellowship was awarded full accreditation by the APA!

The MIRECC Fellowship at the McGuire VAMC was initially funded in 2009, through the hard work of Drs. Treven Pickett and Mike Ellwood along with strong support from the VISN-6 MIRECC, the Mental Health Service, McGuire VAMC, and VISN leadership. The program applied for APA accreditation in 2013. It had its first site visit in 2014, and received contingent accreditation in December 2014. Given the program’s brief history, in order to be considered for full accreditation, the program was required to submit an update regarding Fellow outcomes (e.g., first-year employment and satisfaction with the program) in 2018. The update was submitted in December 2018 and notification of being awarded full accreditation was received in May 2019.

VA Interpersonal Psychotherapy for Depression (IPT-D) 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 IPT-D Training Program offers VA providers competency-based training in IPT-D. IPT-D is a time-limited, evidence-based treatment for depression. It focuses on improving mood by supporting positive relationships. IPT-D helps Veterans address relationship problems caused by life changes, relationship conflict, grief, or other issues. Veterans meet weekly with a mental health provider for 12-16 sessions. The focus of IPT-D is on current issues related to the Veteran's depression. Depressive symptoms are monitored weekly. The Veteran is educated about the connection between events and changes in those symptoms.

The two components of the VA IPT-D Training Program are training workshop and consultation.

1. Training Workshop: The first component of the training consists of a 5-day, experientially-based workshop. The workshop includes didactic presentations, role-play, video demonstrations, experiential exercises, and hands-on skills practice with real-time feedback.

2. Ongoing Consultation: Following the workshop, clinicians actively participate in six months of weekly group consultation calls with a training consultant and three other clinicians. Participants audio record therapy sessions for review by their IPT-D training consultant. The consultant provides feedback to assist clinicians in developing skills, promotes competent delivery of IPT-D, and supports continued local implementation

The VA IPT-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 information about training, please contact **Dr. Hani Shabana, VA IPT-D Training Program Coordinator** at hani.shabana2@va.gov

In the News!



Public Health

June 25, 2019

<https://publichealth.gwu.edu/project/WHI-veterans-sex-gender>

Women's Health Issues Addresses Sex and Gender Differences in Veterans' Health

A new supplement to the peer-reviewed journal *Women's Health Issues*, sponsored by the Cooperative Studies Program of the Veterans Health Administration (VA) Office of Research and Development, examines sex and gender differences in U.S. veterans' health conditions and responses to treatments. [https://www.whijournal.com/issue/S1049-3867\(19\)X0004-3](https://www.whijournal.com/issue/S1049-3867(19)X0004-3)

Jennifer C. Naylor, of Durham VA Medical Center and Duke University Medical Center, and colleagues examined the experience of pain among Iraq/Afghanistan-era veterans. More than 80 percent of the sample reported chronic pain (lasting for three or more months), and women with chronic pain reported a greater degree of interference from pain on several aspects of life: activity, enjoyment, mood, relations with other people, sleep, walking, and work. This greater degree of pain interference, the authors found, was associated with women's reports of greater pain intensity. After they controlled statistically for pain intensity, gender differences in pain interference disappeared, suggesting that the relationship between pain intensity and interference with life is similar for women and men.

Honors & Awards

Dr. Mark Stern (MIRECC Fellow, Salisbury site) received the **F. Joseph McGuigan Research Award** from the California School of Professional Psychology at Alliant International University for best dissertation completed in the 2018-2019 academic year for *Neuropsychological Performance Associated with Parasympathetic Activity*.

Invited Lectures

Dr. Robin A. Hurley (MIRECC Associate Director, Education) was an invited speaker on the *Lead Strong & Inspire Panel* at the Million Veteran Program Spring Conference, May 2-3, Atlanta GA.

Dr. Hurley also presented *Windows to the Brain: The Neuropsychiatry of TBI and Its Co-Morbidities* on June 26 as part of the Psychiatry Web Conference series sponsored by Duke University Medical Center and North Carolina AHEC.

Dr. Robert Shura (MIRECC Fellowship Co-Director, Salisbury site) presented *Evaluation of ADHD in Adults: Research with Veterans* on May 1 as part of the Psychiatry Web Conference series sponsored by Duke University Medical Center and North Carolina AHEC.

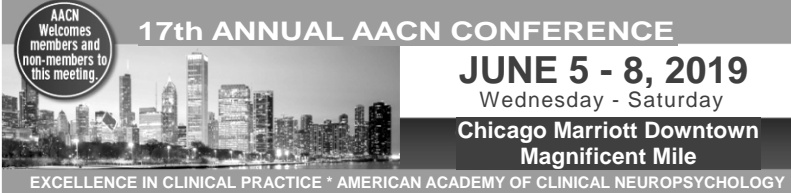
Conferences

SOCIETY OF BIOLOGICAL PSYCHIATRY



Oral Presentation:

Clausen AN, Phillips RD, Haswell C, Mid-Atlantic MIRECC Workgroup, Morey RA. *Combat and sleep differentially impact resting-state connectivity in OEF/OIF/OND Veterans.*



Poster Presentation:

Epstein EL, Shura RD. *How Learning Strategies Affect Academic and Occupational Success in Veterans with Attention-Deficit Hyperactivity Disorder: A Pilot Study.*

Shura RD, Martindale SL, Taber KH, Higgins AM, Rowland, JA. *WAIS-IV Digit Span Embedded Validity Indices with Post-Deployment Veterans.*

Publications

Journal Articles

- Brearily TW, Rowland JA, Martindale SL, Shura RD, Curry D, Taber KH.** *Comparability of iPad and web-based NIH Toolbox Cognitive Battery administration in veterans.* Archives of Clinical Neuropsychology. 2019; 34(4): 525-530.
- Dedert EA, Dennis PA, Calhoun PS, Dennis MF, Beckham JC.** *A Randomized Clinical Trial of Nicotine Preloading for Smoking Cessation in People with Posttraumatic Stress Disorder.* Journal of Dual Diagnosis. 2018; 14(3): 148 - 157.
- Elbogen EB, Wagner HR, Brancu M, Kimbrel NA, Naylor JC, Swinkels CM; VA Mid-Atlantic MIRECC Workgroup, Fairbank JA.** *Psychosocial risk factors and other than honorable military discharge: providing healthcare to previously ineligible veterans.* Military Medicine. 2018; 183 (9-10): e532-e538.
- Gross GM, Cunningham KC, Moore DA, Naylor JC, Brancu M, Wagner HR, Elbogen EB, Calhoun PS; VA Mid-Atlantic MIRECC Workgroup, Kimbrel NA.** *Does deployment-related military sexual assault interact with combat exposure to predict posttraumatic stress disorder in female veterans?* Traumatology (Tallahass Fla). 2019; 25(1): 66-71.
- Polak K, Burroughs T, Reisweber J, Bjork J.** *Four-Session Transcending Self Therapy for Substance use, Depression, and Treatment Retention among Veterans with Substance use Disorders: A Pilot Study.* Journal of Addiction Research & Therapy. 2019; 10(2): 380.
- Shura RD, Nazem S, Miskey HM, Hostetter TA, Rowland JA, Brenner LA, VA Mid-Atlantic MIRECC Workgroup, Taber KH.** *Relationship Between Traumatic Brain Injury History and Recent Suicidal Ideation in Iraq/Afghanistan-Era Veterans.* Psychological Services. 2019; 16(2): 312-320.

This study evaluated whether a history of traumatic brain injury (TBI) was associated with increased risk for recent suicidal ideation (SI) after accounting for demographics, depression, posttraumatic stress disorder (PTSD), and sleep quality. In terms of increased risk, we hypothesized that a history of lifetime TBI would be associated with increased recent SI when compared with no history of TBI; multiple injuries were also evaluated. The sample included Iraq and Afghanistan war-era veterans (n = 838) who served in the United States military since 9/2001 and completed a structured TBI interview. Approximately 50% reported a lifetime history of at least 1 TBI, and 17.9% met criteria for current major depressive disorder (MDD). SI over the past week per the Beck Scale for Suicide Ideation was the primary outcome. Demographics, current MDD and PTSD per Structured Clinical Interview of DSM-IV Axis I Disorders, sleep quality per Pittsburgh Sleep Quality Index, and TBI history per structured interview were included in all statistical models. Current depression and poor sleep quality were consistently associated with recent SI. A history of any TBI history across the life span was not associated with increased recent SI (OR = 1.35, 95% CI [0.83, 2.19]). However, a history of multiple TBIs compared with no history of TBI was associated with increased recent SI (OR = 1.76, 95% CI [1.01, 3.06]). Results support the assertion that an accumulation of injuries amplifies risk. Severity of injury and deployment injuries were not significant factors. Among those with a history of 1 TBI, sleep, and depression, which may also be injury sequelae, may be salient treatment targets.

- Wilks CR, Morland LA, Dillon KH, Mackintosh MA, Blakey SM, Wagner HR; VA Mid-Atlantic MIRECC Workgroup, Elbogen EB.** *Anger, social support, and suicide risk in U.S. military veterans.* Journal of Psychiatric Research. 2019;109:139-144.

There have been considerable efforts to understand, predict, and reduce suicide among U.S. military veterans. Studies have shown that posttraumatic stress disorder (PTSD), major depression (MDD), and traumatic brain injury (TBI) increase risk of suicidal behavior in veterans. Limited research has examined anger and social support as factors linked to suicidal ideation, which if demonstrated could lead to new, effective strategies for suicide risk assessment and prevention. Iraq/Afghanistan era veterans (N=2467) were evaluated in the ongoing Veterans Affairs Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC) multi-site Study of Post-Deployment Mental Health on demographic and psychological variables. Analyses revealed that suicidal ideation in veterans was positively associated with anger and negatively associated with social support. These results remained significant in multivariate logistic regression models controlling for relevant variables including PTSD, MDD, and TBI. Examining interrelationships among these variables, the analyses revealed that the association between PTSD and suicidal ideation was no longer statistically significant once anger was entered in the regression models. Further, it was found that TBI was associated with suicidal ideation in veterans with MDD but not in veterans without MDD. These findings provide preliminary evidence that suicide risk assessment in military veterans should include clinical consideration of the roles of anger and social support in addition to PTSD, MDD, and TBI. Further, the results suggest that suicide prevention may benefit from anger management interventions as well as interventions aimed at bolstering social and family support as treatment adjuncts to lower suicide risk in veterans.

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.



Resource Topics: General Mental Health, Depression & Anxiety, PTSD, Substance Abuse

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 July 10 from 9-10 am ET & Thursday July 11 from 12-1 pm ET

Problem-Solving Training (PST): Overcoming Life's Challenges

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

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

Aug 14 & 15 PTSD & TBI

Sept 11 & 12 Substance Abuse/Use Disorders and CBT

Oct 9 & 10 Ethics & Working with Patients Who Use Hate Speech During Treatment

Nov 13 & 14 Nightmares & Nightmare Treatment

Dec 11 & 12 Impact of Guns on Public Health Issues Related to Suicide Risk



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)*
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

MIRECC Leadership

Director

John Fairbank, PhD
john.fairbank2@va.gov

Deputy Director

Mira Brancu, PhD
mira.brancu@va.gov

Education - Associate Director

Robin A. Hurley, MD
robin.hurley@va.gov

Clinical - Associate Director

Co-Assistant Directors

Nathan Kimbrel, PhD
nathan.kimbrel@va.gov

Co-Assistant Directors
Sarah Martindale, PhD
sarah.martindale-supak@va.gov

Katherine H. Taber, PhD
katherine.taber@va.gov

Jennifer Naylor, PhD
jennifer.naylor2@va.gov

Research - Co-Associate Directors

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

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 **Anna Ord, PsyD**
james.bateman2@va.gov anna.ord@va.gov

Erica Epstein, PsyD **Jared Rowland, PhD**
erica.epstein@va.gov jared.rowland@va.gov

Courtney Goodman, PharmD **Robert Shura, PsyD**
courtney.goodman@va.gov robert.shura2@va.gov

Robin Hurley, MD **Mark Stern, PsyD**
robin.hurley@va.gov mark.stern2@va.gov

Sarah Martindale, PhD **Katherine Taber, PhD**
sarah.martindale-supak@va.gov katherine.taber@va.gov

Holly Miskey, PhD
holly.miskey@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