Briefings

Vol 15 ★ Issue 3 ★ June 2019

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.
- 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:

continued on next page
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.

**Focus on the VISN**

**Transitions**

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**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

**Honors & Awards**

PathtoBetterSleep, 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
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
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

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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.

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Honors & Awards

**Dr. Mark Stern** (MIRECC Fellow, Salisbury site) received the [F. Joseph McGuigan Research Award](https://www.whijournal.com/issue/S1049-3867(19)X0004-3) 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*.

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In the News!

**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.publichealth.gwu.edu/project/WHI-veterans-sex-gender)

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.
Oral Presentation:

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


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 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.
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.

Module 1: Self-Assessment & Introduction to Military Ethos
Module 2: Military Organization & Roles
NEW: Military Culture and Spiritual Health

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.

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)
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

VA Providers:

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

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

Briefings Vol 15 ★ Issue 3 ★ June 2019
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Vol 15 ★ Issue 3 ★ June 2019  page 9