



Director's Update

In this month's update, I wanted to end by sharing our accomplishments not only for the year, but for the decade that is coming to a close. As I reflect back, there are many important moments of growth and impact. Here are some highlights:

- ★ **Salisbury VA site has grown tremendously:** Their research focus on advanced methods of understanding the effects of traumatic brain injury has been disseminated widely and led to strategic national partnerships with two VA/DoD research groups - Chronic Effects of Neurotrauma Consortium (CENC) and PTSD Consortium.
- ★ **Management hub for 4 national VA training programs:** These all focus on training clinical providers and serving the community to reach more Veterans when and where they need it most.
- ★ **Repository provides one of the most comprehensive datasets of OEF/OIF/OND Veterans:** We are also now following up with the 3,876 Veterans who originally participated in the study 10 years ago to assess changes in their health over time.
- ★ **Developed 6 FDA Investigational New Drugs:** These are being evaluated for the treatment of pain, TBI, PTSD, Gulf War Illness, and schizophrenia.
- ★ **Developed several unique technology-based solutions that support the VA infrastructure:** Programs benefiting include local research, regional family service searches, and national program evaluations and fiscal operations.
- ★ **Added and developed several suicide prevention initiatives.** These projects range from genetics research to policy support, to creating new clinical interventions, risk assessments, and products.
- ★ **Developed clinical products including pain and insomnia treatment and training.** Expanded research in mobile and telehealth technologies. Targeted populations include those struggling with substance use and with suicidal thoughts.
- ★ **Cutting-edge research to understand genetics, brain structure and brain functioning for people with PTSD and TBI.**
- ★ **Expanded both internal and external collaborations:** Several internal workgroups have been developed that focus specifically on the needs of particular populations including families, women Veterans, and Veterans at risk for suicide and violence. Partnerships with local, regional, and national groups have expanded and strengthened to help us meet our missions together.

We are thrilled to have made so much progress in improving our understanding of the needs of Veterans and families post-deployment and look forward continued growth and impact in the next decade. Thank you all for your support of our work.

John A. Fairbank, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

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Clinical Core Update

Clinical Core Grant Program FY 2020 Furthering Clinical Core Mission & Goals

Purpose

The VA Mid-Atlantic MIRECC was awarded in 2004 to serve as a translational medicine center that develops and disseminates scientifically rigorous assessments and novel, effective interventions for post-deployment mental illnesses and related challenges impacting Veteran functional outcomes and quality of life. The center has a special emphasis on Iraq/Afghanistan-era Veterans. Key areas of research focus include **PTSD, TBI, substance use disorders, pain management, suicide prevention, and violence prevention**. Special subpopulations of interest include **women, families, and Gulf War Veterans**. This program announcement provides information, application procedures, and guidelines for expansion of MIRECC Clinical Core efforts for improving post-deployment mental health of Veterans.

Priority areas for funding for this announcement include the following:

1. Community-focused projects to improve Veteran access to high-quality mental health care.
2. Projects conducted with operational partners or stakeholders. Operational partners and stakeholders can be local, but preference is VISN and national program office level to ensure work is informed by and coordinated well with other complementary work.
3. Translation of mental health research on Iraq/Afghanistan-era Veterans, service members, or family needs into practice or training.

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Upcoming MIRECC-Duke AHEC Webinars

Wednesday January 22, 12-1 pm (ET)

*An Overview of Transcending Self Therapy:
Integrative CBT for Substance Abuse and Depression*

Presented by Dr. Jarrod Relsweber

Objectives:

- ★ Review the two main philosophical underpinnings of Transcending Self Therapy & the three current interventions that are based on this approach
- ★ Describe the results that Transcending Self Therapy has generated
- ★ Review how and why Transcending Self Therapy is effective

use this link to register & to attend:

<https://dukemed.webex.com/dukemed/onstage/g.php?MTID=e3a5d76835c7598f3f8234f184f58578b>

First **register** for the event and then **log-in**. The **password will be 1234**. The webinar will be broadcast so use your speakers to listen. If you experience problems dial: 1-650-479-3207.

March 25 *Evidence-Based Psychotherapy program, Part 1*
Presented by Dr. Jennifer Runnals

April 22 *Evidence-Based Psychotherapy program, Part 2*
Presented by Drs. Mandy Kumpula & Eric Dedert

Contact: Althea Bell, SR-AHEC
email: Althea.Bell@sr-ahec.org
telephone: 910-678-0112



In affiliation with
Duke University
Medical Center
Part of the NC
AHEC Program

New Materials for Providers VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea

<https://www.healthquality.va.gov/guidelines/CD/insomnia/index.asp>

Congratulations to **Dr. Christi Ulmer** (HSR&D Center for Innovation and MIRECC Faculty, Durham site), who served as Co-Chair!

Honors & Awards

Dr. Shannon Blakey (MIRECC Fellow, Durham site) has accepted an invitation to serve on the Editorial Board of the *Journal of Obsessive-Compulsive and Related Disorders*.

Dr. Jared Rowland (MIRECC Faculty, Salisbury site) has accepted an invitation to serve on the the Complex Traumatic Brain Injury Rehabilitation Research – Clinical Research (CTBIRR-CR) peer review panel of the Psychological Health/Traumatic Brain Injury Research Program (PH/TBI), part of the Congressionally Directed Medical Research Programs (CDMRP).

Invited Lectures

Dr. Seamus Bhatt-Mackin (Director of the Program for Clinical Group Work, MIRECC Clinical Core) presented *'Curbside' is for the Recycling: The Challenges and Deeper Promise of Ongoing Peer Consultation Groups* as part of the Duke AHEC-MIRECC webinar series on November 20.

New Personnel

Victoria Trimm, BA, is a research assistant with Mental Health and Chaplaincy. A graduate of Duke University, Tori majored in psychology and minored in global health.

Transitions

Dr. Robert Shura (MIRECC Fellowship Co-Director, Salisbury site) will be taking on a new role as Assistant Director of the Neurocognition Lab, joining Director Dr. Larry Tupler in overseeing this unique multi-site Lab.

Dr. Shura initially came to the VA Mid-Atlantic (VISN 6) MIRECC in 2013 as a Psychology Fellow at the Salisbury site, following internship at the Denver VAMC. After completing fellowship, he was hired as a staff psychologist in the Polytrauma and C&P Neuropsychology Clinic at the Salisbury VAMC, and soon after was recruited to also serve as Co-Director of Training for the Salisbury Psychology Fellowship with Dr. Miskey. He also earned board certification in clinical neuropsychology. He will maintain these leadership positions in his new role and will also serve as the data manager of the VISN 6 MIRECC Repository. Dr. Shura is also an OIF Veteran.



Program Update



MENTAL HEALTH AND CHAPLAINCY Invited Presentations

Nieuwsma JA. (June 2019). *Introduction to acceptance and commitment therapy (ACT): Empirical foundations and the bridge with spiritual care.* Invited workshop, Spirituality and Health Institute Annual Meeting, Coatesville, PA.

Nieuwsma JA. (August 2019) *Mental health and chaplaincy: Opportunities for integration and education.* Military Chaplain Association Annual Conference, Columbia, SC.

Nieuwsma JA, Smigelsky M, Sullivan S. (August 2019; September 2019). *Mental health and chaplaincy: Program overview and community engagement opportunities.* VA Mental Health Summit National Call Series and Durham VA Mental Health Summit, Durham, NC.

Nieuwsma JA. (September 2019) *Upstream suicide prevention: Part 1 of 2.* MHICS Community Call Webinar Series.

Nieuwsma JA. (October 2019) *Moral injury: A new paradigm for thinking about the consequences of war.* Hampden-Sydney College, Hampden Sydney, VA.

Nieuwsma JA and Parker R. (December, 2019) *Upstream Interventions & Spiritual Dimensions of Suicide Prevention & Postvention.* Durham VA Psychosocial Rehabilitation Fellowship Seminar Series, Durham, NC.

Parker R, Smigelsky M. (July 2019). *Upstream suicide prevention.* VISN 6 Suicide Prevention Conference, Durham, NC.

Smigelsky M. *Moral injury: What is it?* (September 2019) Durham VA Healthcare System and Community Mental Health Summit, Durham, NC.

Smigelsky M, Nieuwsma J, Meador K, Jackson G. (October 2019) *Mental health and chaplaincy dynamic diffusion network.* VHA Innovation Experience event, Washington, DC.

Sullivan S. (June 2019). *Abundant Life: Life promotion as Suicide Prevention.* Plenary, Western Mass VA Community Mental Health Summit. Holyoke, MA.

Sullivan S. (June 2019). *Life Promotion as Suicide Prevention: Engaging Faith Communities to promote Abundant life for Veterans and their families.* Invited workshop, #BeThere for Service Members, Veterans and Families: Strengthening Our Community Conference, VISN 1 Suicide Prevention Conference, Manchester, NH.

Wortmann JH, Dordal P. (September 2019) *Specialty Mental Health Training for Chaplains: Aims and Outcomes of the Mental Health Integration for Chaplain Services (MHICS) program.* VHA Richmond Pain SCAN-SCHO Webinar series.

In the News!

VA INSIDER

Improving Pain Education and Treatment for U.S. Veterans (IMPETUS-V)



Dr. Naylor's work on chronic pain management was recently featured in the VA's internal blog!

link to blog:

vawww.insider.va.gov/improving-pain-education-and-treatment-for-u-s-veterans-impetus-v/



Rocky Mountain Short Takes on Suicide Prevention:
The VA/Clergy Partnership for Rural Veterans with Chaplain Steve Sullivan

This podcast is an interview with **Chaplain Steve Sullivan** about how he helped create the VA/Clergy Partnership for Rural Veterans!

link to podcast:

www.mirecc.va.gov/visn19/education/media/podcasts/12_3_2019

Visit our web site for more resources
www.mirecc.va.gov/visn6

Focus on the VISN

Clinical Core Update *Clinical Core Grant Program FY 2020: Furthering Clinical Core Mission & Goals* continued from page 2

Eligibility

Any of the following individuals/groups may apply:

1. Any VISN 6 individual who is willing to work with the VISN 6 MIRECC. This includes postdoctoral fellows.
2. Clinicians, researchers, or educators at any of our academic affiliate institutions (Duke University, Wake Forest, Old Dominion, Virginia Commonwealth University). Affiliates must apply via a MIRECC employee sponsor who will partner with them on the project.

Funding

1. Funding priority will be given to projects that focus on the previously described MIRECC priority and emerging areas.
2. Total funding to be distributed amongst all funded projects is estimated to be approximately \$50,000. We anticipate funding up to 10 proposals, with budgets in the range of \$5,000 to \$10,000, dispersed one time in FY 2020.
3. Approval of awards depends on availability of funds at the time of the decision. Projects must be completed within one year of funding. Allowable budget items include commercial materials to be used in the project, materials reproduction, and non-IT equipment. Temporary personnel can be hired part-time not to exceed the limits of the funding period. Normal VA human resources policies apply to all hires. Budget items not allowed include food items, IT equipment, and any services that can normally be provided by your VAMC facility.

Outcomes

All projects must contain some element of enduring clinical programming (e.g. creation of webcasts, videos, hard copy materials) that can be used by more than one set of consumers/providers on an ongoing basis after the initial funding period has lapsed. All grants must also contain a plan for measurement of success/failure of the project. Use of standardized methods and instruments is strongly encouraged. Measures must be objective and quantitative. Outcome measures sufficient to demonstrate the success or failure of the intervention/ project must be specifically detailed in the proposal and completed by the end of the funding period.

Dissemination and Distribution

Funded applicants must share/disseminate the knowledge gained from the project. All products developed with this support must include proper credit to the VISN 6 MIRECC (e.g., logo, acknowledgements) and are the property of the VISN 6 MIRECC and VHA. As such, the products are not for profit and may be distributed to other VA facilities by the VISN 6 MIRECC, with proper author/ developer credit. Products may be posted on the MIRECC website and shared with other Networks and academic institutions.

Proposal Review and Approval

1. Standard VA grant review scoring criteria will be used to rate proposals on a scale from 1.0 (Excellent) to 5.0 (poor) based on significance, innovation, approach, feasibility, innovation, impact, financial soundness, sustainability, stability of leadership involved in project, as well as alignment with MIRECC mission and priority areas.
2. Proposals will undergo peer review. The MIRECC Director and Deputy Director may be consulted to assist in final funding decisions.
3. Final decisions rest with the MIRECC Director and Deputy Director based on reviewer recommendations, center priorities, and available resources.

Application Form Instructions

- Applications must be submitted by email to **BOTH** Drs. Kimbrel (Nathan.Kimbrel@va.gov) and Naylor (jennifer.naylor2@va.gov) on or before **11:59pm February 3, 2020**.
- Applications must be combined into a single PDF document, in the order indicated below. The project proposal (narrative) should utilize 11-point Arial font, include 1-inch margins, and be 5 pages or less. The 5-page limit does not include title page, budget tables, references, and CV/resumes. Project narratives longer than 5 pages will not be reviewed.

How to Complete the Proposal

The full call for proposals with detailed application instructions is available on our website:
<http://www.mirecc.va.gov/visn6>

Conferences

Association for Contextual Behavioral Science



ACBS World
Conference
DUBLIN, IRELAND
25-30 June, 2019

Symposium presentation:

Nieuwsma JA, Smigelsky M, Wortmann J, Fernandez P, Meador KG.

Differential examination of religious and spiritual self-identification in relation to resilience and mental health outcomes: Implication for ACT. IN Encountering more mystery than is comfortable: Spirituality, religion, mysticism, and mental health through a CBS lens.

Panel Discussion:

Borges L, Walser R, Nieuwsma JA, Luoma J, Barnes S. *Perspectives on a process-based approach to moral injury: Targeting pathways maintaining suffering.*

Association of Professional Chaplains

OUTSIDE THE LINES
Expanding Boundaries



Workshops:

White B, Wortmann JH. *Spiritual Care to the Veteran: Expanding Competency.*

Wortmann JH, Dordal P, Hulse G. *Evidence-Based Chaplaincy and Interdisciplinary Collaboration: Training and Practice in the Veterans Health Administration.*

Oral Presentations:

Hunter J, Curatolo J, Smigelsky M. *Partnering with faith-based organizations to prevent suicides.*

Nieuwsma JA, Sullivan S, McDuffie J, Wortmann J, Meador KG. *Establishing and fostering multilevel faith community engagement.*

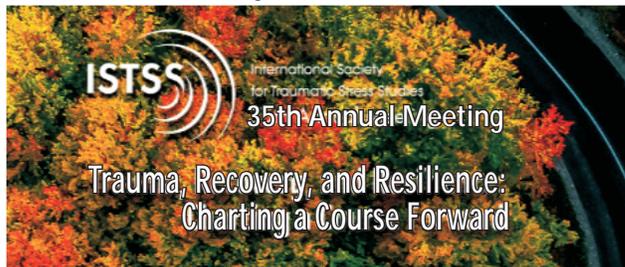
Wortmann J, Cantrell W, Nieuwsma JA, Meador KG. *Outcomes of chaplain training for suicide prevention.*



2019 VA/DoD
SUICIDE
PREVENTION
CONFERENCE
MANY ROLES • ONE MISSION
#BeThere

August 26 - 29, 2019, Nashville, TN

International Society for Traumatic Stress Studies



November 14-16, 2019, Boston, MA

Symposium: Nieuwsma JA (Chair & Speaker)

Understanding "spirituality" and spiritual care provision in the context of moral injury

Check C, Smigelsky M, Malott J. *Companioning veterans with "REAL": An interdisciplinary group therapy for veterans with moral injury.*

Nieuwsma JA, Smigelsky M, Jardin C, Wortmann J, Meador KG.

Envisaging spirituality: Chaplain understandings of spiritual care and intersections with mental health.

Wortmann J, Nieuwsma JA, Smigelsky M, Meador KG. *Collaborative spiritual care for moral injury in the Veterans Administration (VA): Results from a survey of VA chaplains.*

Oral Presentations:

Blakey SM, Yi JY, Calhoun PS, Beckham JC, Elbogen, EB. *Can behavioral theory explain depression onset in trauma survivors? Preliminary evidence from a nationally representative sample.*

Blakey SM, Abramowitz JS, Buchholz JL, Jessup SC, Jacoby RJ, Reuman L, Pentel KZ. *Response prevention or response permission? A randomized controlled trial of the judicious use of safety behaviors during exposure therapy.*

Association for Behavioral and Cognitive Therapies



November 21-24, 2019 | Atlanta, GA

Nieuwsma JA, Sullivan S, McDuffie J, Meador KG. (November 2019). *Equipping faith communities and clergy to care for veterans and persons with mental health problems.* Talk presented at the Bristol-Myers Squibb Foundation Veterans Mental Health and Well-being 2019 Grantee Summit, Tampa Bay, FL.



12th Annual Conference on the Science of
Dissemination and Implementation in Health
December 4-6, 2019, Arlington, VA

Poster Presentation:

King HA, Ferguson S, Choate A, White BS, Smigelsky MA, Morris IJ, Hastings SN, Jackson GL. *Development of a rapid response review: An innovative model to meet demand, deepen skills, and broaden the scientific base through partnerships.*

Publications

VA/DoD Clinical Practice Guidelines

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea (Insomnia/OSA) Version 1.0 – 2019
<https://www.healthquality.va.gov/guidelines/CD/insomnia/index.asp>

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea Work Group: **Marshall Balish, Jennifer Bell, Dawn Bravata, Matthew Brock, Robert Brutcher, Susmita Chowdhuri (Champion), Janet Dailey, Sean Dooley, Martha Kuhlmann, Jennifer Martin, Vincent Mysliwiec (Champion), Phillip Neal, Richard Ross, Nicholas Scalzitti, Christopher Spevak (Champion), Mihaela Teodorescu, Christi Ulmer (Champion), Scott Williams, Carla York.**

Journal Articles

Farnsworth JK, Borges LM, Nieuwsma JA. *What Ought We to Do With “Thick Terms”? A Response to Frankfurt & Coady’s “Bringing Philosophy to Bear on Moral Injury and Posttraumatic Stress Disorder Construct Validation”.* Journal of Traumatic Stress. 2019;32(4):642-644.

Kemp JJ, Blakey SM, Wolitzky-Taylor KB, Sy JT, Deacon BJ. *The effects of safety behavior availability versus utilization on inhibitory learning during exposure.* Cognitive Behavior Therapy. 2019;48(6):517-528.

Kopacz MS, Nieuwsma JA, Wortmann JH, Hanson JL, Meador KG, Thiel MM. *The role of chaplaincy in LGBT veteran healthcare.* Spirituality in Clinical Practice. 2019; 6(3), 213–217.

For many LGBT veterans, meeting with a Department of Veterans Affairs (VA) chaplain marks the first time they are able to openly discuss their sexual and gender identity in the context of their religious/spiritual beliefs. Here we provide an overview of VA chaplaincy services, giving voice to some of the spiritual and pastoral care needs of LGBT veterans, provide a case vignette of a sexual minority veteran, and draw attention to future challenges for VA chaplaincy.

Shura RD, Taber KH, Armistead-Jehle P, Denning JH, Rowland JA. *Effects of distraction on performance validity: A pilot study with veterans.* Archives of Clinical Neuropsychology. 2019; 34 (8):1432–1437.

OBJECTIVE: The purpose of this experimental pilot study was to evaluate whether distraction can affect results of performance validity testing. **METHOD:** Thirty-three veterans who have served in the US military since 09/11/2001 (Mage = 38.60, SD = 10.85 years) completed the Test of Memory Malingering (TOMM), Trail Making Test, and Medical Symptom Validity Test (MSVT). Subjects were randomly assigned to complete the MSVT in one of three experimental conditions: standard administration, while performing serial 2 s (Cognitive Distraction), and while submerging a hand in ice water (Physical Distraction). **RESULTS:** All participants included in primary analyses passed the TOMM (n = 30). Physical distraction did not affect performance on the MSVT. Cognitive distraction negatively affected MSVT performance. **CONCLUSIONS:** Cognitive distraction can substantially affect MSVT performance in a subgroup of individuals. Physical distraction did not significantly affect MSVT performance.

Sun D, Phillips RD, Mulready HL, Zablonksi ST, Turner JA, Turner MD, McClymond K, Nieuwsma JA, Morey RA. *Resting-state brain fluctuation and functional connectivity dissociate moral injury from posttraumatic stress disorder.* Depression and Anxiety. 2019; 36(5): 442-452.

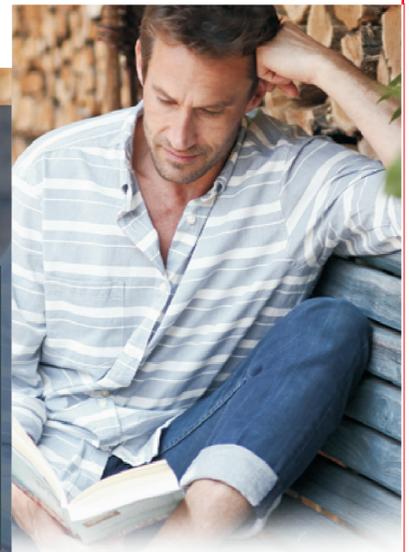
Moral injury is closely associated with posttraumatic stress disorder (PTSD) and characterized by disturbances in social and moral cognition. Little is known about the neural underpinnings of moral injury, and whether the neural correlates are different between moral injury and PTSD. A sample of 26 U.S. military veterans (two females: 28-55 years old) were investigated to determine how subjective appraisals of morally injurious events measured by Moral Injury Event Scale (MIES) and PTSD symptoms are differentially related to spontaneous fluctuations indexed by amplitude of low frequency fluctuation (ALFF) as well as functional connectivity during resting-state functional magnetic resonance imaging scanning. ALFF in the left inferior parietal lobule (L-IPL) was positively associated with MIES subscores of transgressions, negatively associated with subscores of betrayals, and not related with PTSD symptoms. Moreover, functional connectivity between the L-IPL and bilateral precuneus was positively related with PTSD symptoms and negatively related with MIES total scores. Our results provide the first evidence that morally injurious events and PTSD symptoms have dissociable neural underpinnings, and behaviorally distinct subcomponents of morally injurious events are different in neural responses. The findings increase our knowledge of the neural distinctions between moral injury and PTSD and may contribute to developing nosology and interventions for military veterans afflicted by moral injury

Wilson SM, Medenblik AM, Neal JM, Strauss JL, McNiel JM, Christian WE, Beckham JC, Calhoun PS. *Lifetime smoking patterns and preferences for smoking cessation among women veterans receiving Veterans Health Administration care.* Qualitative Health Research. 2019; 29(14): 2096-2107.

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 **2019 edition** is now available.

Provider Education

CBOC Mental Health Grand Rounds



Revealing the 'Best Kept Secret in VA': Collaborating with Vet Centers to Optimize Veteran Care

Wednesday January 8 from 9-10 am ET
Thursday January 9 from 12-1 pm ET

Register in TMS in advance to attend and receive credit
<https://www.mirecc.va.gov/visn16/cboc-mental-health-rounds.asp>

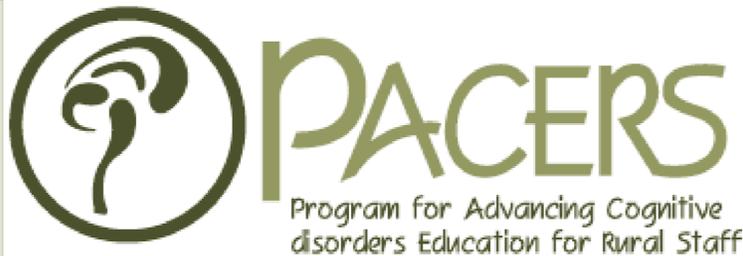
Feb 12 & 13 *Ethics & Telehealth*

Mar 11 & 12 *Survivorship: Practical Tips for Facilitating Insight, Recovery, and Possible Growth in the Context of Suicidal Grief*

April 8 & 9 *Ethics and Moral Injury*

May 13 & 14 *Provider Safety*

check the website for previous webinars in this series available for credit in TMS



PACERS is an education program for health care staff 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 6 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



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

<http://www.aheconnect.com/citizensoldier>

This online training is free and offers continuing education credits.

Treating the Invisible Wounds of War (TTIWW)

TTIWW: A Primary Care Approach

TTIWW: Employee Assistance in the Civilian Workforce

TTIWW: Issues of Women Returning from Combat

TTIWW: Recognizing the Signs of mTBI during Routine Eye Examinations

TTIWW: Taking a Military History: Four Critical Questions

TTIWW: Understanding Military Family Issues

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)



CENTER FOR DEPLOYMENT PSYCHOLOGY

Preparing Professionals to Support Warriors and Families



UNIFORMED SERVICES UNIVERSITY of the Health Sciences



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

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MIRECC Fellowships

Special Fellowship for Physicians

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