



Director's Update

On February 12, after opening my emails, I was very pleased to learn about two new breakthroughs championed by faculty members at VISN 6.

For starters, our Genetics and Neuroimaging labs were granted the opportunity to contribute to a large collaborative study observing

the **genetic architecture of the human cerebral cortex**. This is the outermost layer of the brain that manages most of the function of how we think and make decisions.

The researchers used a new cutting-edge approach by implementing neuroimaging and genetics methods. They **found genetic markers that will help us understand how genes work in the different parts of the brain**. Learning more about how genes are involved in brain development, and potentially in brain disorders, can help researchers create and improve treatments. The study included more than 51,000 participants from 58 study groups around the world.

The second breakthrough came in the form of the VA Mental Health and Chaplaincy. This is a national program hosted by our VISN 6 MIRECC. They learned that their Mental Health Integration from Chaplain Services (MHICS) Certificate training program will serve as the anchor for an accredited **new Doctor of Ministry degree in Integrative Chaplaincy** through Vanderbilt University.

Chaplaincy Network website: <https://www.mirecc.va.gov/mentalhealthandchaplaincy/network.asp>

The MHICS Certificate program was developed in-house. For more than six years this training has been delivered nationally to VA and military chaplains. Chaplains that completed the program demonstrate significant improvement in caring for Veterans and service members with mental health conditions. They were also better prepared to collaborate with mental health providers and to apply knowledge of evidence-based principles to their daily care practices. This breakthrough fills many gaps and really takes an integrative, whole-person perspective to supporting Veterans and service members.

Breakthroughs such as these are happening very often at our Center as we move into our second decade. Last month, another breakthrough occurred with our Neuroimaging Lab partnering with the Mental Health and Chaplaincy research group. Their goal is to better understand the **biology behind the effect of moral injury on service members**. They wondered: Was moral injury biologically different from PTSD or the same?

They were the first group to find a biological difference, and, these findings may help move our knowledge forward in how to help Veterans experiencing a moral injury. It is exciting to see the fruits of our labor blossoming from the seeds we planted in the first decade of being established. These incredible innovations will be valuable in helping our Veterans.

John A. Fairbank, Ph.D.
Director, Mid-Atlantic (VISN 6) MIRECC

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Education Core Update

Education Core Grant Program FY 2020: Furthering Education 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 Education Core efforts for improving post-deployment mental health of Veterans.

Priority areas for funding for this announcement include the following:

1. Community-focused projects.
2. Projects conducted with operational partners or stakeholders (can be local, though ideally would be 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, training or educational efforts.

Eligibility

A single individual is the "Principal Applicant," although the project may be a group effort. Collaboration within and across VA sites within VISN 6 is encouraged. Awards are made to VA mental health or physical medicine/rehabilitation staff in VISN 6. Applicants can include trainees (e.g., interns, residents, postdoctoral fellows), however, a permanent VA staff member must be listed as a co-applicant and will maintain budgetary responsibility. Awarded applicants are "Affiliate MIRECC Educator(s)" during the course of their project.

The following WILL NOT be considered:

- a) Projects that already have funding to support similar efforts
- b) Incomplete submissions.

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Honors & Awards

Dr. Mira Brancu (MIRECC Deputy Director) was awarded the 2020 Early Career Woman Psychologist in Management Award by the Society of Psychologists in Management.



National Service

Drs. Robin Hurley (MIRECC Associate Director, Education) and **Scott McDonald** (MIRECC Fellowship Director, Richmond Site) were recently re-appointed to serve as Workgroup members for the VA/DoD Evidence-Based Clinical Practice Guidelines for the Management of Concussion-Mild TBI.



Dr. Jennifer Naylor (MIRECC Co-Assistant Director, Clinical Core) received a 3 - year appointment to the Dept. of Veterans Affairs Rehabilitation Research and Development Service (RR&D) Scientific Merit Review Board and as Chair of the Career Development Program Subcommittee.

Honors & Awards

Dr. Cindy Swinkels, (Site Lead, MIRECC Coaching into Care) received her Diplomate in Behavioral Sleep Medicine. This specialization has been awarded to only 106 clinicians worldwide.

Invited Lectures

Dr. Sarah Martindale (MIRECC Co-Assistant Director, Education) presented *Sleep and Common Post-deployment conditions in Iraq and Afghanistan War Veterans*, at the National Center for PTSD Women's Health Sciences Division in Boston, February 2020.

Dr. Cindy Swinkels (Site Lead, MIRECC Coaching into Care) presented *Implementation of a National VA Community Mental Health Summit* at the Military Social Work and Behavioral Science Conference in April 2019.

Clinical Core Update

Responsible Opioid Prescribing Key Principles

The Mid-Atlantic MIRECC and the Durham Interdisciplinary Pain Committee sponsored a presentation from the North Carolina Medical Board President, Dr. Bryant Murphy, MD, MPH. The target audience was VA Primary Care Providers. His presentation was live at Durham VAHCS and live-streamed to all medical centers within VISN-6. Continuing Medical Education Units (CMEs) were provided to those in attendance, and the session was recorded for future viewing and CME through TMS.



New Personnel

Mid-Atlantic MIRECC (Salisbury VA Site) welcomes two new Research Coordinators for the LIMBIC-CENC program. **Army Veteran, Lakeysa D. Rule, MA**, and **Cameron D. Crawford, MPS**.

Transitions

Congratulations to **Dr. Ashley Clausen** (Postdoctoral Fellow, Durham Site) on her new position at the Kansas City VA.

Upcoming MIRECC-Duke AHEC Webinars

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
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In affiliation with Duke Univ.
Medical Center of the NC AHEC Program

Program Update

MENTAL HEALTH AND CHAPLAINCY



Invited Presentations

Nieuwsma JN. (January 2020). Suicide Prevention. At Ryan Parker (host), Veterans, Spiritual Care, and You. Durham VA Community Clergy Training Program event, Durham, NC.

Nieuwsma, J.A. (January 2020). Upstream suicide prevention: Part 2 of 2. Invited talk presented on the Mental Health and Chaplaincy Community Call Webinar Series.

Nieuwsma, J.A. and Wortmann, J.H. (February 2020). Suicide Prevention among Service Members and Veterans: Engaging the MH&C Network. Invited talk presented on the Mental Health and Chaplaincy Community Call Webinar Series.

Sullivan S. (January 2020). Moral Injury and Faith Communities. At Ryan Parker (host), Veterans, Spiritual Care, and You. Durham VA Community Clergy Training Program event, Durham, NC.

Other Activities

Sullivan, S. (2020). Invited Member of the North Carolina "Governor's Challenge to prevent suicide among Service Members, Veterans, and Family members," a joint VA and SAMSHA effort.



In the News!

New Research finds that Text Messages Can Help Predict Suicide Attempt



New work at the University of Virginia (UV) suggests that language used in text messages may one day help clinicians predict an increased risk of a suicide attempt in real time. **Dr. Jeffrey Glenn** (MIRECC Fellow, Durham Site), a UV graduate, was the lead author of the study.

The study was created because it is hard for clinicians to know when their patients are at risk of attempting suicide. His team recruited 33 individuals who had attempted suicide in the past, collecting nearly 200,000 text

messages and analyzing them to identify real-time patterns in communication uniquely associated with a pending suicide attempt. To get answers, Glenn's team used software that codes language. He said it's often less about finding particular words and more about determining mood, be it positive or negative.

Full article:
news.virginia.edu/content/new-research-finds-text-messages-can-help-predict-suicide-attempts

Visit our web site for more resources
<http://www.mirecc.va.gov/visn6>

Focus on the VISN

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

Funding

1. Funding priority will be given to projects that focus on MIRECC priority areas and emerging areas of interest, as described above.
2. Allowed budgets will be in the range of \$5,000 to \$10,000, dispersed one time in FY2020.
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. The time of permanent VA employees (including the Principal Applicant) can be "bought-out" on a temporary basis (with of course supervisor approvals). 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 educational materials or 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 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

The grant applicant must share/disseminate the knowledge gained from the project. The potential for peer-reviewed publication will be viewed favorably during review but is not necessary. 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 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.

Timetable and Application Form Instructions

Applications must be submitted **by email to Leonard DeShield** on or before close of business **March 31 2020**:
leonard.deshield@va.gov

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 must be 5 pages or less. The outline for project formatting is: required signature sheet, narrative (introduction/justification, description of project, target audience timelines for completion, outcome measures, future plans), budget, and references. The 5-page limit does not include title, budget tables, references, and CV/resumes. Project narratives longer than 5 pages, incomplete, or submitted after the deadline will not be reviewed.

The full call for proposals and required templates (signature & budget pages) is available on our website:

<http://www.mirecc.va.gov/visn6>

Conferences

International Neuropsychological Society (INS)
48th Annual Meeting



INS2020 | DENVER February 5-8 2020
NEUROPSYCHOLOGY IN THE ERA OF PRECISION MEDICINE



The INS Science Committee piloted a new Travel Grant award program to provide financial assistance to trainees and early career neuropsychologists from low and middle income countries who were presenting research at the annual meeting. Winners were from China, Zimbabwe, and India. As Chair of the Science Committee, **Dr. Holly Miskey** (MIRECC Fellowship Co-Director, Salisbury site) presented the awards.

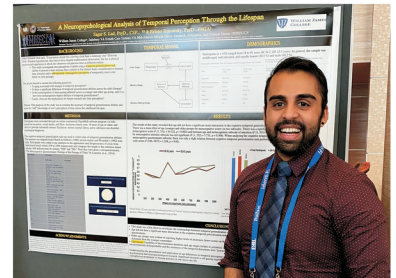
Panel: Miskey, H (Discussant)

Responding to Inappropriate Behavior in Neurological Populations: Considerations in Practice, Supervision, and Research.



Poster Presentations:

Lad S. *A Neuropsychological Analysis of Temporal Perception Through the Lifespan.*



Poster Presentations:

Division of Rehabilitation Psychology
Annual Conference

RP2020



San Diego | Feb 20 - 23

Watson J, Perrin PB, Tyler CM, Pierce BS, McDonald SD, Mutchler B, Anderson ML, Elliott TR, Pickett, TC. *An evaluation of strategic research recruitment approaches for individuals with acute SCI and their informal caregivers.*

Pierce BS, Watson J, McDonald SD, Mutchler B, , Anderson ML, Elliott, Pickett TC, Perrin PB. *Pilot evaluation of the telehealth transition assistance program for new spinal cord injury caregivers.*

Watson J, Perrin PB, Henry R, Pugh M, Mutchler B, McDonald SD. *Understanding from others: It might make a difference for individuals with SCI experiencing pain.*

Journal Articles

Appel JE, Park CL, Wortmann JH, van Schie HT. *Meaning violations, religious/spiritual struggles, and meaning in life in the face of stressful life events.* The International Journal for the Psychology of Religion. 2020; 30(1), 1-17.

Both meaning violations (i.e., discrepancies between individuals' global meaning system and appraised meaning of events) and religious/spiritual (r/s) struggles (i.e., spiritual tensions often arising due to stressful life events) have been related to post-traumatic stress (PTS) symptoms. While both constructs represent strain on an individual's meaning system, their interrelations and their independent relationships with PTS symptoms are not well understood. The aim of the current study was to explore those relations and investigate whether a sense of meaning in life (MIL) attenuates the hypothesized links. One-hundred-eighty-nine college students (78.3% female) who could identify a stressful life event that they had not yet resolved completed self-report measures of PTS symptoms, r/s struggles, meaning violations, and MIL. First, bivariate Pearson correlations indicated that all facets of r/s struggle and goal- (but not belief) violations, were significantly and positively related to PTS symptoms. Further, the association between goal and belief violations and r/s struggles differed based on the specific facet of struggle measured. Second, multiple regression analysis showed that both r/s struggles and goal violations were independently associated with PTS symptoms. Third, moderation analyses demonstrated that a sense of MIL attenuated the association between goal violations and symptomatology but only buffered the correlates of low and medium levels of r/s struggle. Promoting people's general sense of MIL thus seems to have the potential to buffer the negative sequelae of both goal violations and certain levels of r/s struggle.

Clausen AN, Clarke E, Phillips RD, Haswell C, VA Mid-Atlantic MIRECC Workgroup, Morey RA. *Combat exposure, posttraumatic stress disorder, and head injuries differentially relate to alterations in cortical thickness in veterans.* Neuropsychopharmacology. 2020; 45 (3): 491-498.

Combat-exposed Veterans are at increased risk for developing psychological distress, mood disorders, and trauma and stressor-related disorders. Trauma and mood disorders have been linked to alterations in brain volume, function, and connectivity. However, far less is known about the effects of combat exposure on brain health. The present study examined the relationship between severity of combat exposure and cortical thickness. Post-9/11 Veterans (N = 337; 80% male) were assessed with structural neuroimaging and clinically for combat exposure, depressive symptoms, prior head injury, and posttraumatic stress disorder (PTSD). Vertex-wide cortical thickness was estimated using FreeSurfer autosegmentation. FreeSurfer's Qdec was used to examine relationship between combat exposure, PTSD, and prior head injuries on cortical thickness (Monte Carlo corrected for multiple comparisons, vertex-wise cluster threshold of 1.3, $p < 0.01$). Covariates included age, sex, education, depressive symptoms, nonmilitary trauma, alcohol use, and prior head injury. Higher combat exposure uniquely related to lower cortical thickness in the left prefrontal lobe and increased cortical thickness in the left middle and inferior temporal lobe; whereas PTSD negatively related to cortical thickness in the right fusiform. Head injuries related to increased cortical thickness in the bilateral medial prefrontal cortex. Combat exposure uniquely contributes to lower cortical thickness in regions implicated in executive functioning, attention, and memory after accounting for the effects of PTSD and prior head injury. Our results highlight the importance of examining effects of stress and trauma exposure on neural health in addition to the circumscribed effects of specific syndromal pathology.

Gary K. W, Cao Y, Burns SP, McDonald SD, Krause JS. *Employment, health outcomes, and life satisfaction after spinal cord injury: Comparison of Veterans and non-Veterans.* Spinal Cord. 2020; 58 (1): 3-10.

STUDY DESIGN: Retrospective cohort study.

OBJECTIVE: To explore differences between veterans and nonveterans with spinal cord injury (SCI) for employment, health, and satisfaction with life outcomes after controlling for demographic and injury characteristics.

SETTING: Hospitals in the Spinal Cord Injury Model System of care.

METHODS: A total of 9754 (85% nonveterans and 15% veterans) adults with traumatic SCI interviewed from 2000 and 2015 and completed follow-up years 1, 5, and 10 were included in this study. Employment status and the Craig Handicap Assessment and Reporting Technique-Short Form (CHART-SF) measured employment. The SF-36 for self-perceived health status, CHART-SF, and rehospitalization determined health outcomes. Satisfaction with life was measured by the Satisfaction with Life Scale (SWLS). Secondary data analyses using χ^2 , t-tests, and generalized estimating equations (GEEs) model to determine group differences with control of demographic and injury characteristics.

RESULTS: There were no significant differences for employment and SWL between nonveterans and veterans. There were some differences in health outcomes; whereas, veterans had better physical independence and mobility compared with nonveterans.

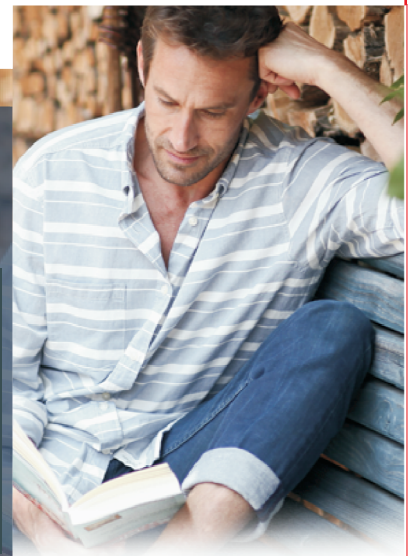
CONCLUSION: Interventions for both groups should target adults with a disability from SCI, be customized for varying levels of injury that address differences in healthcare systems, demographic backgrounds, economic resources, disincentives, and motivation

Sun D, Gold AL, Swanson CA, Haswell CC, Brown VM, Stjepanovic D; VA Mid-Atlantic MIRECC Workgroup, LaBar KS, Morey RA. *Threat-induced anxiety during goal pursuit disrupts amygdala-prefrontal cortex connectivity in posttraumatic stress disorder.* Translational Psychiatry. 2020; 10 (1): 61.

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



April 8 & 9 *Ethics and Moral Injury*

May 13 & 14 *Provider Safety*

June 10 & 11 *To Be Determined*

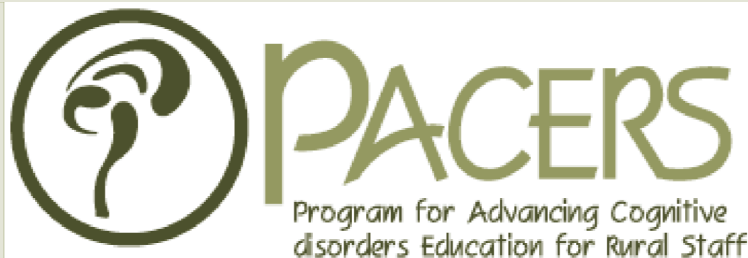
Survivorship after Suicide: Practical Tips for Facilitating Insight, Recovery, and Posttraumatic Growth

Wednesday, March 11 from 9-10 am ET

Thursday, March 12 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>

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 2: *Military Organization & Roles*

NEW: *Military Culture and Spiritual Health*

Module 3: *Stressors & Resources*

Module 4: *Treatment, Resources & Tools*



www.mirecc.va.gov/visn6

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