



## Director's Update

The VISN 6 MIRECC serves three missions (research, education, and clinical innovation) in three regions of need (local, regional, and national). During the past month of the COVID-19 pandemic, these activities have continued. It is important to maintain our long-term focus on post-deployment mental health care innovations.

Also, we have begun many new activities to address this current pandemic. These activities continue to cut across those three missions and regions. They are also distinguished at three different levels of Public Health intervention (for all, for some that have specific needs, and for the few who have a more acute or critical need right now).

In this letter, you will see some of the many projects that fit both our long-term mission as well as these more immediate COVID-19 responses. They include:

- National programs focused on helping Veterans with managing their sleep, financial, spiritual, and family needs.
- Clinical and research projects to create new methods for delivering and evaluating virtual care.
- Supporting staff to fill national VA and DoD deployment needs.
- Providing the data and management infrastructure for regional programs aimed at supporting provider health and wellness.
- Submitting new research project proposals to study COVID biomarkers, antibody status, infection and recovery outcomes, predictors, psychological impact on patients and providers, mobile technologies, and telemedicine.
- Sharing training and resources with our surrounding community partners and organizations.

We are grateful to have this opportunity to support the VA COVID-19 response within the context of our mission to advance the standard of mental health care for Veterans and their families.

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

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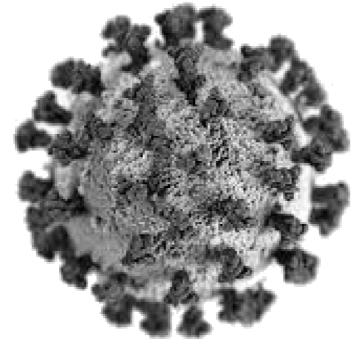
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# Focus on the VISN

## VISN 6 MIRECC'S Current Response to COVID 19 Needs

This is a snapshot of what MIRECC faculty members developed and provided OMHSP as it relates to Veteran-facing interactive resources they can use for health and well-being. The VISN 6 MIRECC serves three missions at three regions of need. During this pandemic, the activities are also distinguished at three different levels of Public Health intervention.

Mission	Region of Need / Reach	Public Health Level
Research	Local	Universal
Education	Regional/VISN	Selected
Clinical Innovation	National	Indicated



### NATIONAL SUPPORT

- Path to Better Sleep program
- Financial Emergency Resources for Veterans
- Mental Health & Chaplaincy Community Outreach programs '*Upstream Suicide Prevention*' and '*A Place to Call Home*' series
- Coaching into Care program

### VISN SUPPORT

The VISN 6 MIRECC-Salisbury VAMC site partnered with Dr. Marc Cooper (SME) on rapidly developing and implementing an **Operational Stress Control Service** for the Salisbury VAMC workforce during the COVID-19 pandemic. This service is a multi-disciplinary, interdepartmental, and adaptable approach to maintaining employee wellness, cohesion, morale, and productivity in high-stress environments. The discussion between VISN and OMHSP leadership is centered on how the Salisbury VAMC (and the whole network of MIRECCs) can support broader longer-term goals of recovery, data tracking, and provider health and wellness.

### LOCAL SUPPORT

MIRECC's local Admin Team has been working to help transition Durham VA outpatient MH providers into our local building (after we moved to telework) to deliver telehealth in support of the main hospital's transition. Several MIRECC staff have volunteered to support various volunteer labor pool requests, including putting up tents (locally) and serving the VCL (nationally).

MIRECC Trainees for Education mission are providing tele-mental health services, publishing veteran-focused research, and collaborating on VA grant applications. Several **Clinical Supervisors** are supporting clinical fellows who are providing video and telehealth care to clinical and research participants. Several research faculty members (**psychiatrists, psychologists, and nurses**) are providing direct clinical care through their clinical credentialing.

Note: To request a full copy of  
'VISN 6 MIRECC COVID-19 CURRENT RESPONSE ACTIVITIES,'  
Email: Leonard DeShield (leonard.deshield@va.gov)  
Communications Specialist

# Focus on the VISN

## In the News!



### *Researchers at Salisbury Site Develops New Assessment Tool to increase understanding of the characteristics associated with TBI*

Dr. Jared Rowland and his colleagues developed an assessment tool to measure the effects of blast events and assist researchers in understanding the consequences of blast exposure.



The SBI is a structured interview in which participants are asked about their history of blast exposure. For each blast event, Service members responded to a series of yes and no questions. Researchers also asked Service members to describe the blast, including the blast's source, how far or close they were from the blast, etc.

The SBI also asked about environmental factors that could've impacted the experience of the blast such as protective gear or reflective surfaces. And finally, what were the characteristics of the blast (pressure, sound, temperature).

This research was supported by grant funding from the Department of Defense, Chronic Effects of Neurotrauma Consortium (CENC) Award, and Department of Veterans Affairs CENC Award.

Additionally, supported by the Salisbury VA Health Care System and Mid-Atlantic (VISN 6) Mental Illness Research, Education, and Clinical Center (MIRECC). **Full article:**

[https://blastinjuryresearch.amedd.army.mil/index.cfm/news\\_and\\_highlights/research\\_highlights/FY20/distance\\_and\\_pressure](https://blastinjuryresearch.amedd.army.mil/index.cfm/news_and_highlights/research_highlights/FY20/distance_and_pressure)

## Program Update

### MENTAL HEALTH AND CHAPLAINCY



#### MHC COVID-19 RESPONSE

- Exploring application of evidence-based practices with network of VA and DoD trained chaplains during recurring call series
- Helping mental health and chaplain teams address suicide and moral injury as part of the Dynamic Diffusion Network, specifically adapting their practices in response to changing contexts
- Chaplains on staff reaching out to provide pastoral care, especially to those in COVID-19 hot spots
- Shipping community engagement DVDs to faith communities; and presenting on different webinars.

## Invited Presentations

**Nieuwsma, J.A.** (March 2020). Moral injury: A new paradigm for an age-old problem. Invited opening keynote address presented to the National Association of Social Workers-North Carolina Annual Social Work Ethics Conference, Raleigh, NC.

**Sullivan S.** (April 2020). Moral Injury and Ethics. Webinar presented at the VISN 16 MIRECC CBOC Grand Rounds.

**Wortmann, J.H., Falls, D., & Bristol, W.** (March 2020). Spirituality and Mental Health: Building Bridges of Care. Presentation to Psychology Service, VA Boston Health Care System.

## Publications

**Smigelsky, M.A., Jardin, C., Nieuwsma, J.A., Brancu, M., Meador, K.G., Molloy, K., VA Mid-Atlantic MIRECC Workgroup, & Elbogen, E.B.** (2020). Religion, spirituality, and suicide risk in Iraq and Afghanistan era veterans. *Depression and Anxiety*. <https://doi.org/10.1002/da.23013>

## Grants

### Bristol-Myers Squibb Foundation

**Type:** Special COVID19 Grants

**Title:** Supporting and Equipping Faith Communities, Clergy, and Mental Health Professionals amid the COVID 19 Pandemic

**Project Leadership:** Mental Health and Chaplaincy (PI: Jason Nieuwsma)

# Focus on the VISN

## VA Evidence-Based Psychotherapy (EBP) launches the Advanced Training in the Safety Planning Intervention (ASPI) Program VA Office of Mental Health and Suicide Prevention (OMHSP), Veterans Integrated Service Network (VISN) 6, Mental Illness Research, Education and Clinical Center (MIRECC)

VA is committed to decreasing suicidal and self-injurious behaviors in Veterans. The EBP section of the Office of Mental Health and Suicide Prevention (OMHSP) offers ASPI for the prevention of suicide.

The program's learning objectives are: **teach the rationale for Safety Planning with Veterans, demonstrate the implementation of Safety Plans with Veterans, tailor Safety Plans for Veteran-specific issues and across diverse populations, evaluate VA providers in the development of Safety Plans to promote competency and fidelity, promote Safety Planning as an evidence-based clinical Intervention, and support ongoing implementation of Safety Planning post-training.**



For information about training, contact:  
Dr. Wendy Batdorf, ASPI Training  
Program Coordinator  
wendy.batdorf@va.gov

The ASPI program uses a blended learning model that includes four training components:

- 1. Didactic Training.** Component 1 includes didactic instruction and demonstration role-plays to enhance learning the SPI (Safety Planning Intervention). Participants are asked to read the Safety Planning Intervention Manual, review the safety plan note template guide and competency measures, and participate in a live webinar led by SPI Subject Matter Experts.
- 2. Experiential Training.** Component 2 Experiential Training sessions are conducted via teleconference by an ASPI Training Consultant and 4 training participants. The purpose of the calls is to practice SPI skills using interactive safety planning intervention role plays and group discussion. The consultant and other participants on the call provide feedback on the role play.
- 3. Participant Evaluation.** Component 3 is a 1.5-hour role-play and feedback session in which each participant is individually evaluated on the development of a Safety Plan.
- 4. Follow-Up Evaluation.** Component 4 consist of a second 1.5-hour individual evaluation via role-play and feedback. Each participant is again evaluated on the development of a Safety Plan, but three months after the Component 3 evaluation. The call also includes discussion of how to address SPI implementation challenges. For more information about training, please contact Dr. Wendy Batdorf, ASPI Training Program Coordinator, or visit the ASPI SharePoint site for program information and references.

## Invited Lectures

Dr. Scott McDonald (MIRECC Dir. Post-doctoral Fellowship Program Richmond site) presented *Betwixt & Between: Counterintuitive Findings in Functional Motor Incomplete (AIS D) Spinal Cord Injury* at the McGuire VA Medical Center in Richmond, VA (April, 2020).

## New Grants

Collaborator: Dr. Scott McDonald (MIRECC Dir. Post-doctoral Fellowship Program Richmond site), PI: Mickens, MN. **Promoting Resilience, Adjustment, and Community Reintegration after SCI.** Funded by: Craig H. Neilsen Foundation.

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

# Conferences

## Conferences Accepted and Canceled

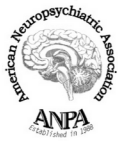


### Oral Presentation:

**Gregory RJ, Bhatt-Mackin SM, Bayeva M, Yakeley J.** *Should Psychotherapy Become a Subspecialty of Psychiatry? Opportunities, Pitfalls, and the U.K. Experience.*

**Bayeva M, Silat HA, Atienza MC, Bhatt-Mackin SM.** *But Everybody is Doing It!: Talking Psychotherapy Integration in Residency Training.*

**Sakman F, Mintz DL, Eytan AA, Williams GC, Bhatt-Mackin SM.** *Reintegrating and Unifying Perspectives.*

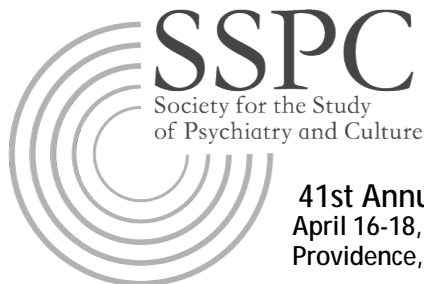


## AMERICAN NEUROPSYCHIATRIC ASSOCIATION

**31st Annual Meeting**  
March 18-21, 2020  
Philadelphia, PA

### Poster Presentation:

**Hurley RA, Taber KH.** *Teaching Materials to Translate Neuroanatomical Knowledge from Textbook to the "Bedside/Clinic" – Part VI.*



**41st Annual Meeting**  
April 16-18, 2020  
Providence, RI

### Oral Presentation:

**Forrester A, Nagy G, Bhatt-Mackin SM.** *We're Right in the Middle of It: Navigating Complex Group Dynamics in Multicultural Education.*



### Oral Presentation:

**Blakey, SM, Campbell, SB, & Simpson, TL** *Associations Between Lifetime Posttraumatic Stress Disorder, Panic Attacks, and Depressant Substance Use Disorder: Findings from the NESARC-III.*

### Poster Presentation:

**Freeman, JT, Sabet, R, Mysliwiec, V, Ulmer, C.** *Self-Reported Symptoms in Support of a Newly Proposed Sleep Disorder: Trauma-Associated Sleep Disorder.*

# Publications

## Journal Articles

Hawn, SE, Chowdhury, N, Kevorkian, S, Sheth, D, Brown, R.C, Berenz, E, McDonald, S, Pickett, T, Danielson, C.K, Thomas, S, & Amstadter, AB. *Examination of the effects of impulsivity and risk taking propensity on alcohol use in OEF/OIF/OND Veterans*. *Journal of Military, Veteran and Family Health*. 2019; 5(2): 88-99.

Introduction: A strong association between posttraumatic stress disorder (PTSD) and problematic alcohol use has been demonstrated among Veteran populations exposed to combat trauma. Several traits, such as higher levels of risk-taking propensity (RTP) and impulsivity (e.g., negative urgency [NU]), are associated with both increased PTSD symptomatology and greater alcohol use problems. Methods: The present study examined the effects of NU and RTP on alcohol use (measured by average weekly alcohol consumption and number of binge drinking days in 1 month), as well as their potential moderating effects on the association between PTSD symptom severity and alcohol use in a sample of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) US Veterans. We hypothesized that NU and RTP would both significantly predict alcohol use and moderate the relation between PTSD symptom severity and alcohol use, such that the association between PTSD symptoms and alcohol use would be greater among individuals high compared to low in NU and RTP. Results: As hypothesized, the main effects of RTP and NU were significantly positively associated with average weekly alcohol consumption and the number of binge drinking days in the past month. However, neither NU nor RTP moderated the relation between PTSD and either alcohol variable. Discussion: NU and RTP may represent transdiagnostic risk markers for PTSD and alcohol use problems; however, the current study did not support an exploratory role of NU or RTP in the association between PTSD and alcohol use phenotypes.

Pierce, BS, Perrin, PB, & McDonald, SD. *Demographic, organizational, and Clinical Practice Predictors of U.S. Psychologists' use of Telepsychology*. *Professional Psychology: Research and Practice*. (2020); 51(2): 184–193.

Although many people use videoconferencing technology to eliminate distance concerns as they conduct personal and professional activities, a large majority of psychologists have never used telepsychology. This is a barrier to mental health services for millions of people needing help but are limited by time or distance from traditional in-person therapy. The purpose of this study was to identify demographic, organizational, and clinical statistical predictors of psychologists' use of telepsychology in their clinical practice. The sample consisted of 1,791 psychologists currently practicing psychotherapy, representing all 50 U.S. states, and averaging more than 26 years in practice. Results suggested that psychologists were much more likely to use telepsychology if they practiced in organizations where policies supporting telepsychology exist, more likely if they had received telepsychology training, and less likely if they were practicing in rural areas. Psychologists were more likely to use telepsychology if they practiced in Veterans Affairs Medical Centers or within an individual or group practice. Use of telepsychology was higher for psychologists focusing on sports performance and life coaching, as well as lower for psychologists providing testing and evaluation and when treating grief. The implications for psychologists and the settings they practice within are considered. Organizations interested in encouraging telepsychology use should adopt policies supporting the use of telepsychology and provide adequate training to do so.

Rowland, JA, Martindale, SL, Spengler, KM, Shura, RD, & Taber, KH. (2020). *Sequelae of Blast Events in Iraq and Afghanistan War Veterans using the Salisbury Blast Interview: A CENC Study*. *Brain Injury*, 1-11.

Objective: To comprehensively characterize blast exposure across the lifespan and relationship to TBI. Participants: Post-deployment veterans and service members (N = 287). Design: Prospective cohort recruitment. Main Measures: Salisbury Blast Interview (SBI). Results: 94.4% of participants reported at least one blast event, 75% reported a pressure gradient during a blast event. Participants reported an average of 337.7 (SD = 984.0) blast events (range 0-4857), 64.8% occurring during combat. Across participants, 19.7% reported experiencing a traumatic brain injury (TBI) during a blast event. Subjective ratings of blast characteristics (wind, debris, ground shaking, pressure, temperature, sound) were significantly higher when TBI was experienced and significantly lower when behind cover. Pressure had the strongest association with resulting TBI (AUC = 0.751). Pressure rating of 3 had the best sensitivity (.54)/specificity (.87) with TBI. Logistic regression demonstrated pressure, temperature and distance were the best predictors of TBI, and pressure was the best predictor of primary blast TBI. Conclusion: Results demonstrate the ubiquitous nature of blast events and provide insight into blast characteristics most associated with resulting TBI (pressure, temperature, distance). The SBI provides comprehensive characterization of blast events across the lifespan including the environment, protective factors, blast characteristics and estimates of distance and munition.

# Resources for Veterans & Families

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

## Resources to Empower Veterans Mental Health

Self-help materials can provide valuable education and support for Veterans who may be facing mental health challenges, their friends, and family members. There are a wide variety of self-help materials available and it can sometimes be difficult to select the most useful. VA has assembled a list of reviewer-recommended materials that may be helpful in finding the right option for you. For help in finding these materials, please click the "How to Use" tab.



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



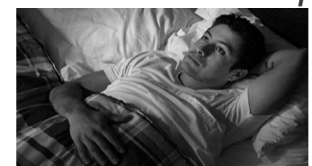
Moving Forward teaches Problem Solving skills to help you to better handle life's challenges.

### 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



*Workplace Violence Prevention and Provider Safety in Community Based Outpatient Clinics (CBOCs)*  
Wednesday, May 13 from 9-10 am ET  
Thursday, May 14 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>

- June 10 & 11 *Rising to the Call: Caring for Veterans and Ourselves during COVID-19 Pandemic*
- July 8 & 9 *Treating Gambling with BDAT*
- Aug. 12 & 13 *VA policy, diagnosis of gender dysphoria and treatment for gender dysphoria*
- Sept. 9 & 10 *Substance Use in Aging Rural Veterans: An Interdisciplinary Interdisciplinary Geriatrics Consultant Team Approach*

**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: Driving and Dementia-Hanging up the Keys**
- Course 2: How to Deliver the Diagnosis of Alzheimer's Disease**
- Course 3: How to Have an End of Life Discussion**
- Course 4: How to Identify Self-Neglect**
- Course 5: Addressing Decision Making and Safety in Dementia**



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

## MIRECC Leadership

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## MIRECC Fellowships

### Special Fellowship for Physicians

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### Salisbury VAMC

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## VISN Leadership

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