

# VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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VISN 6 Leadership

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### **Educational Opportunities**

Continuing Education Archives hosted by the VISN 22 MIRECC VA Desert Pacific Health Care Network

http://www.mirecc.org/education-frames.html

View the CE presentations on-line and complete the associated evaluation to obtain credit.

#### **2005 Clinical Education Projects**

The response to the call for proposals for the Mid-Atlantic (VISN 6) MIRECC Clinical Education Projects Program was exceptional. The purpose of this program is to support and encourage clinicians and educators to develop innovative educational interventions, enhance current educational materials or programs that target under-served or hard-to-reach populations and/or their families, or improve the system of health care delivery. This program is based on the highly successful program developed by the South Central (VISN 16) MIRECC. The Clinical Education Grants Program supports the mission of the MIRECC by funding projects designed to:

- ★ Develop educational materials for early clinical intervention in post deployment mental illness;
- ★ Help patients and families identify the symptoms of post deployment mental illness;
- ★ Destigmatize post deployment mental illness;
- ★ Encourage healthy living practices for patients and families
- ★ Improve identification of post deployment clinical needs
- ★ Provide greater knowledge and understanding of mental illness and treatment to patients, their families, providers, and trainees; and
- ★ Coordinate with community resources.

The following studies were awarded funding:

**Jan P. Bolger MSW,** David Christoffersen PhD, Heather Oakes MA, John P. Bolger PhD - Fayetteville VAMC \$4,100

#### Identifying and Treating Sleep Problems in OEF/OIF Soldiers.

This project is designed to investigate the sleeping difficulties of returning OEF/OIF soldiers stationed at Fort Bragg North Carolina and develop an effective intervention program. Existing educational materials and approaches will be adapted for use with soldiers and family members.

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#### **Recent Presentations**

**Robin A. Hurley MD** (Salisbury VAMC) presented "Update on Post Deployment Mental Health" to the Rowan County chapter of the National Alliance for the Mentally III.

**Harold Kudler MD** (Durham VAMC) gave a plenary presentation "Joint VA/DoD Clinical Practice Guidelines for the Management of Traumatic Stress" at the Army's Force Health Protection Conference that was held in Louisville, Kentucky this August. The audience was active duty Army, Navy, and Air Force mental health professionals as well as Reserve and National Guard mental health components.

During the meeting Dr. Kudler also worked with top military planners (continued on next page)

## 2005 Clinical Education Projects (continued from page 1)

**Jennifer L. Burden PhD**, Stephanie A. Fearer PhD, David Buyck PhD - Salem VAMC \$9,125

Development of a Web-Based Resource for Mental Health Services in VISN 6.

The primary goal of the proposed project is to develop a web page that provides information on mental health resources in the VISN, access to self-help materials and community links, and access to brief web-based interventions (i.e., motivational intervention for high risk alcohol use).

Jennifer L. Burden PhD, Stephanie A. Fearer PhD, Robert Cox MA, Steven J. Lash PhD, Laura Clevinger LCSW, Lauren Lehmann MD - Salem VAMC \$4,036 Development of Educational/ Motivational Materials Addressing the Substance Abuse Treatment Needs of OIF/OEF Veterans.

The primary goal of the proposed project is to develop prevention and early intervention materials targeted specifically towards returning OIF/OEF veterans.

**Jennifer L. Burden PhD**, Steven J. Lash PhD, Stephanie A. Fearer PhD - Salem VAMC \$5,000

Development of an Automated System to Facilitate Implementation of the Contracting, Prompting, and Reinforcing (CPR) Intervention for Substance Abuse Continuing Care Adherence.

The primary goal of this proposal is to address dissemination and implementation of the CPR intervention for outpatient clinics and specifically for OIF/OEF veterans.

W. Sue Crawford, LICSW, John P. Hutton MD - Beckley VAMC \$9,738.30

#### Ongoing Lifestyle Enhancement Program.

The Appalachian culture of the area leads to a hesitance to seek out treatment for any illness, and mental health diagnoses are particularly suspect. The authors believe that a program which focuses on frequent and varied educational topics to enhance lifestyles will most effectively bring in veterans and to begin to destigmatize the use of mental health services. The requested wide range of educational materials will support presentation of such a program.

W. Sue Crawford, LICSW, John P. Hutton MD - Beckley VAMC \$5,000

## Development of PTSD Treatment Program Using EMDR.

The authors are proposing an educational grant which would fund the training for the newest four social workers in the process of Eye Movement Desensitization and Reprocessing (EMDR).

**Jacqueline Friedman MA**, Ruth Yoash-Gantz PsyD - Salisbury VAMC \$2,669.53

# Psychoeducation about Sequelae of Mild and Moderate Traumatic Brain Injuries for Recently Deployed Veterans and Family Members.

The target audience of the proposed project would include both returning OEF/OIF veterans and adult family members who wish to attend. The post-deployment veterans will be the primary focus, however family members will be encouraged to attend. Groups will offer a component of cognitive rehabilitation that will aid in daily functioning and improve reintegration into the community post-deployment. (continued on page 3)

#### **Publications**

Calhoun PS, Malesky AL Jr, Bosworth HB, Beckham JC. Severity of Posttraumatic Stress Disorder and Involvement with the Criminal Justice System. J Trauma Practice 2005; 3:1-16.

Strauss JL, Kudler HS, Butterfield MI. Deployment Mental Health: Meeting Today's Challenges. North Carolina Psychologist 2005; 57(4):10-12.

#### **Recent Presentations**

( continued from page 1)

on how VA may be able to play an important role in the implementation of the new Post Deployment Health ReAssessment (PDHRA). The PDHRA will be administered to every war fighter who served in OEF or OIF. It will be done at 90-120 days following their return home as a check on their readjustment and in an effort to screen for and triage any significant readjustment or medical problem.

#### **Research Partners**

A MIRECC research meeting at Richmond VAMC on July 13



On August 1 a contingent from the MIRECC visited with collaborators at Walter Reed Army Medical Center to further develop joint research efforts.



## 2005 Clinical Education Projects (continued from page 2)

Michael Hertzberg MD, Claire Collie PhD, Marinell Miller PhD, Debra Volkmer MSW LCSW, Susan Watkins MSW, Dennis Mott MSW LCSW, Faye Tate Williams RN MA - Durham VAMC, Hampton VAMC, Salisbury VAMC \$4,942.92

## Psychotropic Medication Education for Recently Deployed Veterans Diagnosed with Posttraumatic Stress Disorder.

The goal of this project is to increase treatment compliance and effectiveness among these veterans by developing psychoeducational materials and a session during which these veterans and their family members can ask questions and express any concerns they may have about taking medications for PTSD symptoms.

**Dana R. Holohan PhD**, George Clum PhD, Michiyo Hirai PhD - Salem VAMC, Virginia Polytechnic Institute and State University, Washington State University \$9,957

## Early Intervention for PTSD: Using the WEB to Extend Our Care.

Although in its infancy, recent research indicates that self-guided interventions over the web show promise. We will adapt a PTSD program developed in a female civilian population to meet the the specialized needs of a veteran population.

Mary K. Johnson PhD, Dana R. Holohan PhD - Salem VAMC \$9.457.06

## PTSD Affects All of Us: A Self-Help Lending Library for Veterans and Their Families.

The goal of this project is creation of a resource lending library for veterans, their families and treatment providers. Self-help materials such as books, audio/video resources, and workbooks can provide information and suggest interventions for many of post-deployment issues.

**Joseph LaMotte PharmD BCPP**, Jill Fowler - Salisbury VAMC \$4,267.23

#### A WEB-Based On-Demand Education Program To Train Clinical Pharmacists To Counsel Veterans with Traumatic Brain Injuries.

TBI presents unique challenges for clinical pharmacists responsible for effective medication counseling. The proposed program would provide the required education in a user-friendly format that can be readily assimilated into a pharmaceutical care plan thereby facilitating the delivery of care.

# John P. Oliver DMin, Keith Meador MD, Susan Watkins MSW, Linda Guthrie RN MSN - Durham VAMC \$8,089 VA Spiritual Care for Post-Deployment Veterans and their Families: An Educational Model.

The purpose of this project is two-fold: To educate VA clinical staff regarding spiritual issues in the care of post-deployment veterans and their families; To partner with the local VA chaplains in the training of community clergy regarding appropriate pastoral and spiritual care for post-deployment veterans and their families.

**Harry Piersma PhD**, Jacqueline Friedman MA, Debra Volkmer MSW LCSW - Salisbury VAMC \$4,755

Educating Providers to Enhance Awareness of Need to Change PTSD Symptoms Among Veterans.

#### 2005 Clinical Education Projects

This project proposes bringing Dr. Ronald Murphy to train PTSD therapy providers at Salisbury VAMC and throughout VISN 6 regarding Motivational Enhancement (ME) groups as a treatment intervention to strengthen veterans' willingness to acknowledge and change problematic symptoms. By expanding knowledge of the benefits of ME groups, these providers should be better able to quickly initiate motivational groups for OIF/OEF veterans.

**Glenn R. Sullivan PhD**, Dana R. Holohan PhD - Salem VAMC \$4,006.34

## Increasing Clinician Awareness of High-Risk Post Deployment Behaviors.

The purpose of this project is to develop training materials for VA clinicians to facilite clinical assessment of patient firearm access and dangerous firearm behaviors.

**Debra Volkmer MSW LCSW**, Gretchen Horton MSW P-LCSW - Salisbury VAMC \$9,775

## Database-Driven System for OIF/ OEF Case Management.

The goal of this project is to integrate and provide rapid access to the wide variety of resources and information required by OIF/OEF case managers by utilizing a well-established commercial database system designed specifically for this purpose.

**Jeffrey D. White PhD**, Loretta E. Braxton PhD, Jean C. Beckham PhD - Durham VAMC \$9,744.15

# Motivating Veterans to Quit Today: A Comprehensive Intervention Encouraging Post Deployment Veterans to Become Smoke-Free.

The current project will develop a "Motivation to Quit" group for the tobacco clinic that presents information about smoking cessation, assesses participants' readiness to change, increases their motivation to quit, and provides individualized treatment plans. New treatment modules will be added to the existing Tobacco Cessation Program, using highly interactive technologies, such as multi-media presentations, Internet resources, and E-mail reminders

Jeffrey D. White PhD, Michelle Andra PhD, Jesse Burgard Psy D, Chris San Miguel PhD, James Michalets MD, Susan Watkins MSW, Barbara Stewart RN, Joshua D'Adolf MSW - Durham VAMC, Asheville VAMC \$7,647.10

# Maximizing Adjustment to Civilian Life (MACL): A Brief Intervention To Promote Health and Wellness in Post-Deployment Veterans.

The goal of this project is to develop and implement a novel psychoeducational group intervention that will help Post Deployment Veterans seamlessly transition to civilian life by promoting healthy lifestyle maintenance, screening for the early identification of mental health concerns, teaching skills to manage stress and improve resilience, and providing information to de-stigmatize mental health services.

**Theodore Wright PhD**, Dana Holohan PhD - Salem VAMC \$3,800

## Post-deployment Readjustment Education for Families and Soldiers (PREFS).

The three goals of this project are to educate soldiers and their families before and after returning from recent deployment about the development and treatability of potential readjustment symptoms, enhance post-deployment support networks for the soldiers and families, and increase the likelihood that negatively affected soldiers seek appropriate services in a timely manner.