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VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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Clinical Education Project Update Clergy Training Initiative

Rev. Dr. John P. Oliver (Chief Chaplain, Durham VAMC)

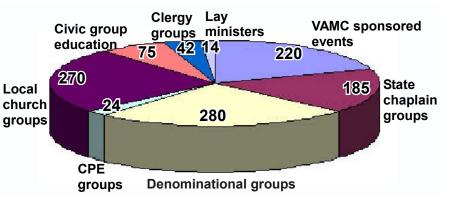


Over 1.4 million combat veterans have returned from the global war on terror. Virtually all will face serious challenges as they transition back into their families and communities. Many different issues may arise, some related to mental health. These include domestic violence, marital difficulty, substance abuse, suicide and posttraumatic stress.

Research indicates that 78% of wounded veterans receive all of their care from their family and local communities. Family members may not know how to provide for the emotional, spiritual and psychological needs of their loved one. The physical needs of our veterans are often obvious and easily detected. Their needs for spiritual, emotional and psychological support often are not recognized. Both faith and civic groups need training to help support these care givers.

This MIRECC education program was developed by Chaplain John Oliver to address these needs. MIRECC researchers also contributed. The program's purpose is to assist local pastors in developing the knowledge and skills they need to engage these veterans. Learning of medical and therapeutic advances from a fellow member of the clergy can facilitate understanding. Hearing the value of these medical approaches from another clergy often demystifies the process and the approach in helpful ways.

To date, Dr. Oliver has trained over 1,100 clergy and local community groups. The National Chaplain Center in Hampton, VA has provided extensive support. Training events have taken place in a wide variety of settings. These include professional educational meetings, denominational group meetings and local civic group meetings. The training is typically tailored to the needs of the group but covers the primary topics described in this article.



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Recently Approved Grants

Strauss JL Guided Imagery for Women Veterans with Military Sexual Trauma. NIH - R03

Publications

Chung L, Moore SD. Cholecystokinin enhances GABAergic inhibitory transmission in basolateral amygdala. Neuropeptides. 2007 Dec;41(6):453-63.

Fu S, McFall M, Saxon AJ, Beckham JC, Carmody TP, Baker DG, Joseph AM. Posttraumatic stress disorder and smoking: A systematic review. Nicotine Tob Res. 2007 Nov;9(11):1071-84.

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Invited Lectures

Dr. Jennifer Strauss (MIRECC researcher) presented "A Brief, Transportable Intervention for Women Veterans with PTSD Related to Military Sexual Trauma" to Health Services Research and Development, Durham VA and Duke Medical Centers, Durham, NC, October, 2008. Dr. Strauss presented "Prevalence, Effects and Treatment of Military Sexual Trauma in Women Veterans" as November Grand Rounds, Department of Psychiatry, Duke University School of Medicine, Durham NC.

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Carolinas HealthCare System

LINKING HEALTHCARE AND EDUCATION

Outreach to Community Providers

The Sixth Annual Trauma & Critical Care Symposium Trauma Care at the Battlefront: Lessons Learned November 16, Charlotte NC

Dr. Robin Hurley (Associate Director, Education) and **Dr. Katherine Taber** (Assistant Director, Education) co-presented *"Consequences and Treatment of TBI in the VAMC Setting"* in 4 break out sessions. More than 200 health care providers attended the symposium.



Brain Injury 2007

Where We Have Been and Where We are Going November 9-10, Chapel Hill NC

Dr. Katherine Taber (Assistant Director, Education) presented *"Identification and Treatment of Mild Traumatic Brain Injury in Veterans – Clinical Care and Research"* on November 10. A wide range of health care providers attended this interdisciplinary conference.

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Outreach to Veterans and Families Welcome Home Events (continued from page 2)

Wefcame Hone

MIRECC personnel helped with local planning for both the Durham and Salisbury events. New patient education materials related to readjustment issues developed as part of MIRECC Education's collaboration with Salisbury VAMC's START program had their debut at both events, as well.

Representatives from a wide range of groups displayed information about their services. These included VA, Vet Center, state and local government, veteran service organizations, and community organizations. Veterans and their families found information on health care, health promotion and disease prevention, traumatic brain injury, job services and educational benefits.

Both Welcome Home events were a great success. More than 100 veterans and family members attended each one!



Clinical Education Project Update Clergy Training Initiative (continued from page 1)

Clergy are on the frontline of providing mental health care to these veterans. Research clearly shows that people in crisis are much more likely to seek help from a clergy member than from a mental health provider. Research also shows that the majority of clergy are not fully prepared to provide adequate assistance or proper referrals.

Program Goals:

- Identify common readjustment challenges
- Identify psychological, physical, emotional and spiritual effects of war trauma on survivors
- Develop theologically-grounded, patientappropriate pastoral care responses
- Offer a model plan for a comprehensive community response

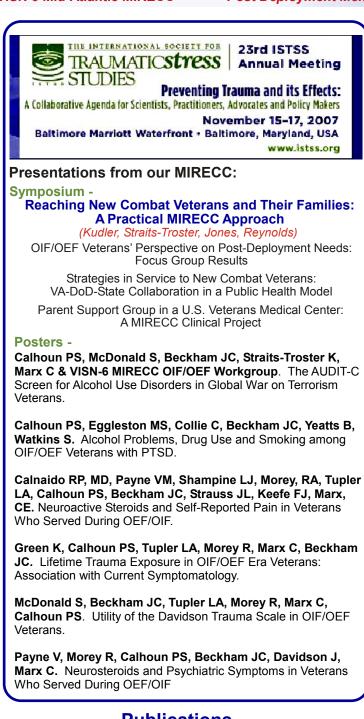
A wide range of issues are discussed. These include normal reactions to traumatic experiences,

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traumatic brain injury, polytrauma, and suicide prevention. The intention of these training events is to empower local clergy. With their special place in relationship and their theological training, they are positioned to help veterans and their families find and make meaning of their lives as it is now. Local clergy are also trained in the art of referring veterans (and their care givers) to the appropriate VA, state and local resources.

Clinical Pastoral Education (CPE) is an educational process in which clergy explore their pastoral care in the context of a peer and supervisory reflection group. The MIRECC and the Durham VA Medical Center supported a joint venture for a unit of CPE with the **Womack Army Medical Center**. This was a 16 week, 400 hour clergy training experience. Chaplains from both DoD and the VA collaborated in their review of pastoral care to soldiers, veterans and their families. They explored current pastoral care research and worked on using new methods of caring for soldiers, airmen, veterans and family members.



Publications

(continued from page 2)

Hayes AM, Laurenceau, JP, Feldman, G, Strauss JL, Cardaciotto, L. Change is not always linear: The study of nonlinear and discontinuous patterns of change in psychotherapy. Clin Psychol Rev, 2007; 27(6): 215-723.

Taber KH, Redden M, Hurley RA. Functional Anatomy of Humor: Positive Affect and Chronic Mental Illness. J Neuropsychiatry Clin Neurosci 2007 Fall; 19(4):358-362.

Zervakis JB, Stechuchak KM, Olsen MK, Swanson J, Oddone EZ, Weinberger M, Bryce ER, Butterfield MI, Strauss JL. Previous involuntary commitment is associated with current perceptions of coercion in voluntarily hospitalized patients. International Journal of Forensic Mental Health, 2007; 6:105-112.

Invited Lectures

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Dr. Robin Hurley (Associate Director, Education) presented "Windows to the Brain: Update on TBI" as part of the Hudson Valley VA Health Care System symposium held October 31 at Castlepoint NY. On November 6, Dr. Robin Hurley presented "Windows to the Brain: Update on the Diagnosis of TBI" at Grand Rounds, Department of Neurology, New York University, New York NY. On December 4, Dr. Hurley presented "Windows to the Brain: Neuropsychiatry of TBI" as part of the joint VA/DoD conference, Visual Consequences of Acquired Brain Injury, held in San Antonio TX.

Noon V-tel Lecture Schedule:

December 14

David Butler PhD, Donald Eknoyan MD, Joseph LaMotte PharmD, Thomas Streater MBA (Salisbury VAMC)

> "Panel Discussion: A New Outpatient Program for Mild TBI An Evolving Paradigm"

This series is presented by V-tel and audio conferences. We are having increasing participation from sites outside VISN 6. Our assigned call in numbers may change, depending upon how many sites expect to join in. For this reason, the number that each VISN 6 site will use to dial in will be included in an email notification prior to each presentation.

If you wish to attend from a site outside of VISN 6, please contact Mary Peoples (mary.peoples1@va.gov; 704-638-9000 ext 2956) so she can make the necessary arrangements.

Clinical Education Project Update Clergy Training Initiative (continued from page 3)

Conclusion

The Clergy Education Program seeks to empower local clergy. The goal is to help them see themselves as agents of hope and support for our veterans and their families. This training prepares members of the clergy to be "first responders" to veterans and caregivers in distress. The VA can expect many positive outcomes from this training. These include higher referral rates, better collaboration from patients and families and ultimately a more resilient veteran population. Studies confirm that individuals with positive spiritual coping skills are more likely to live productive, fulfilling lives after deployment. To this end, we must continue to provide clergy training events to those in the clergy who are interested in supporting their service members, their veterans and those who love them.