



VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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VISN 6 Leadership

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Presentations from Our MIRECC



Las Vegas NV MD, September 22- 25, 2009

PTSD/TBI: The Complex Constellation of Traumas, Dr. Matthew Friedman; COL Jamie Grimes; Dr. David Cifu; **Dr. Robin Hurley**
Moderator: Matthew Friedman

The Story of War & Warriors & Rural Mental Health: Community Partnerships and Technology Vital to Rural Health, Patricia Ryan; Dr. Mathew Mishkind
Moderator: **Dr. Harold Kudler**

Coming Home: Developing a Theological Response for Returning Combat Veterans, Dr. John P. Oliver

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Recently Approved Grants

Beckham JC *Hostility, posttraumatic stress disorder, and physical health risk factors.* NIMH

Beckham JC *Rehabilitation strategies to reduce violence and anger in traumatic brain injury and posttraumatic stress disorder.* VA RR&D

In addition, **Dr. Beckham** (MIRECC Assistant Director, Genetics Research) is the mentor for two recently funded projects:

Wilson S *Effect of minority status and gender on smoking relapse in smokers with posttraumatic stress disorder.* NCI

Pandharipande PP *Delirium, ICU stress and posttraumatic stress disorder.* Health Services R&D Career Development Award

Approved Research Sites & Contacts:

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Resources for Providers



Traumatic Brain Injury (TBI): Effects on Hearing, Memory, and Cognition

An online conference for audiologists and speech-language pathologists
October 13 - 26, 2009

www.asha.org/events/aud-conf/audsessions.htm

A9. *Windows to the Brain: The Neuropsychiatry of TBI as It Relates to Audiology and Speech*

Robin A. Hurley, MD, FANPA

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In the News!



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Excerpts from "Military Hopes Civilian Clinicians Can Shrink Treatment Gap"

by Aaron Levin

A combined federal, state, and university partnership in North Carolina is bridging the wide gap that often separates civilian mental health professionals and military veterans.

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Invited Lectures

Dr. Robin A. Hurley (MIRECC Associate Director, Education) presented "*Windows to the Brain: Neuropsychiatry of War-Related Traumatic Brain Injury*" as Grand Rounds for the Department of Neurology, Wake Forest University School of Medicine, Winston-Salem NC, September 29, 2009.

Presentations from our MIRECC:



Strauss JL, Henderson RC, Jackson C, Slade M, Young AS. *How should we implement psychiatric advance directives? A consensus Study.* 61st Institute on Psychiatric Services, New York NY, October 8-11 2009.



Taber KH, Hurt SD, Hurley RA. *Comparison of post-deployment veterans divergent for exposure to primary blast forces.* Society for Neuroscience 39th Annual Meeting, Chicago IL, October 17-21 2009.

Publications

Bryan B, Andrews C, Hurley RA, Taber KH. *Electrical Injury, Part I: Mechanisms.* Journal of Neuropsychiatry and Clinical Neuroscience 2009 Summer; 21(3):iv, 214-244.

Chung L, Moore SD. *Cholecystokinin excites interneurons in rat basolateral amygdala.* Journal of Neurophysiology 2009;102:272-284.

Chung L, Moore SD, Cox CL. *Cholecystokinin action on layer 6b neurons in somatosensory cortex.* Brain Research 2009;1282:10-19.

Dedert EA, Hamlett-Berry KW, Wilson SM, Calhoun PS, Moore SD, Beckham JC. *Public health clinical demonstration project for smoking cessation in veterans with posttraumatic stress disorder.* Addictive Behavior 2010;35(1):19-22.

Fuemmeler BF, Dedert EA, McClernon FJ, Beckham JC. *Adverse childhood events are associated with obesity and disordered eating: Results from a U.S. population-based survey of young adults.* Journal of Traumatic Stress 2009;22(4):329-333.

Outreach to Community Providers



Brain Injury 2009:

Understanding Behavioral Challenges

October 23, Raleigh NC

Dr. Robin Hurley (MIRECC Associate Director, Education) presented "*Windows to the Brain: the Neuropsychiatry of Mild TBI*".

Following traumatic brain injury, changes in behavior often present challenges for survivors as well as caregivers. These challenges are evident in all stages of recovery from acute care through discharge and beyond as survivors reintegrate into their homes and communities. This conference addressed issues related to behavior including, medical and neuropsychological approaches. In addition, survivor/caregiver perspectives were explored. The target audience included Speech Language Pathologists, Physical Therapists, Occupational Therapists, Recreational Therapists, Psychologists, Counselors, Social Workers, Nurses, Case Managers, and Pharmacists



PSYCHIATRIC NEWS

A combined federal, state, and university partnership in North Carolina is bridging the wide gap that often separates civilian mental health professionals and military veterans. ... The need is especially significant for members of the National Guard and Reserves, who return to their homes after their tours of duty, often to small towns or rural areas far from the nearest military or Veterans Affairs medical facility. ... The Citizen Soldier Support Program (CSSP) seeks to improve service access for Reserve and National Guard combat veterans and their families. ...

The goal is to ensure that there are “no wrong doors” to bar entry for troops or their families, said psychiatrist **Harold Kudler**, ... who helped develop the CSSP curriculum. They call it “Painting a Moving Train,” a reference to the difficulty of keeping up with a constantly changing situation. The program targets two audiences, mental health professionals and primary care physicians, each of which had to be approached differently, explained Kudler in an interview with Psychiatric News. *“We found that primary care people won’t go to mental health provider meetings, ... They won’t give up their work day, and they want evening sessions—with dinner.”* So Kudler and the rest of the CSSP team developed a double-barreled curriculum. Kudler spoke to the primary care doctors in the evening and to the psychiatrists and mental health professionals the next day. ... But the core of the program comes when a soldier or marine talks about life in wartime. ... This “Boots on the Ground” talk starts with a basic introduction to military culture—the discipline, loyalty, shared rituals, and group cohesion that help a unit work together under fire while also forming deep personal and professional bonds. Even language is important, such as the acronyms by which service members refer to their war zones: OIF (for Operation Iraqi Freedom) or OEF (Operation Enduring Freedom for the fighting in Afghanistan).

Communication also means understanding and respecting the differences between the service branches. A “marine” is not a “soldier,” as either will immediately inform anyone who confuses the terms. *“Understanding military culture is important so you don’t turn off the people who come in to see you,”* said Bob Goodale, ... the program’s administrator. ... Understanding that military context grows more important the farther one gets from military bases. ... a teacher may chalk up a difficult child’s behavior to his being a “bad kid” rather than a child who is enduring a parent’s yearlong absence. ...

Kudler delves into the clinical aftermath of war but takes his audience beyond PTSD and traumatic brain injury issues. He reminds them that the stress experienced by troops in the field is more than a Humvee getting blown up. It can also involve receiving word of problems back home and worries about family. Psychological trauma can present indirectly as worsening of existing health problems, onset of new somatic symptoms, substance abuse, or vague complaints of low energy or sleep difficulties. Troops and their families are stressed at every step of the deployment cycle—before, during, and after service members go overseas. So clinicians should ask if a patient has served in the armed forces, has been deployed to the current war zones, or is related to someone who has.

Reservists may face additional hurdles to care and support. They return to their hometowns, not to military bases, so they miss some of the postdeployment support from their unit mates. In addition, they may return to civilian jobs just days after they return from the battlefield.

... many current veterans will seek care from civilian practitioners outside the usual military or VA systems. So will members of their families, ... So far the CSSP has trained more than 1,600 clinicians in North Carolina. Program staff survey attendees six to 12 months after they complete the program to see how many have incorporated its ideas into their practice, even if it is simply asking if a new patient is a military veteran.

The program offers online courses and reference material available to anyone

Resources for Providers

www.aheconnect.com/citizensoldier



About Us

New Users

Login

Help

Courses

Click on **New Users** to register. Then you will see the available web courses listed:

Treating the Invisible Wounds of War

ICARE: What Primary Care Providers Need to Know About Mental Health Issues Facing Returning Service Members and Their Families

Resources for Providers



www.asha.org/events/aud-conf/audsessions.htm

A9. *Windows to the Brain: The Neuropsychiatry of TBI as It Relates to Audiology and Speech*

Robin A. Hurley, MD, FANPA

Duration: 66 minutes

This session covers the basics of mTBI from a neuropsychiatric perspective. Behavioral, emotional, and cognitive deficits that can occur after an injury are explored, as well as the basics of a TBI patient work-up, and how psychiatric symptoms can change an audiology and speech assessment and treatment plan.

CEU

Educational Objectives

After completing this session, you will be able to:

1. Identify basic emotion/memory and behavior circuits
2. Summarize the basic relationships of audiology and speech to behavior/emotion circuits and brain injuries
3. Describe why and how brain injuries can affect behavior, speech, and language
4. Describe how to change SLP assessment and treatment plans to account for psychiatric symptoms

Noon V-tel Lecture Schedule:

November 13

Kathleen Goren & Mary Bushnell (Phoenix VAMC)

"Brain Boosters: Cognitive Enhancement Group"

This series is presented by V-tel and audio conferences. We are having increasing participation from sites outside VISN 6, so our assigned numbers may change. 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.

Resources for Providers

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

Painting a Moving Train Program - A downloadable PowerPoint presentation and handouts for training providers and community caregivers about readjustment issues among returning veterans and their families.

Face of the New Veteran - An instructional video program designed to introduce clinicians and staff to the newest generation of combat veterans and to guide staff in providing the best quality service and care. The material is appropriate to use for new employee orientation and for outreach. The following guides were developed to accompany the video:

Veterans and Families Resource Guide

Includes a select set of programs with telephone numbers and websites for veterans and families.

VA Staff Resource Guide

Includes a select set of resources with telephone numbers and web links to assist staff in working with OEF/OIF veterans.

Supporting Information Guide

Provides a list of organizations that provide services for veterans.

Battlemind Training - PowerPoint presentation, downloadable video and handouts for service members and their families readjusting to civilian life (select "continue to this website" if prompted by website security)

The Iraq War Clinician Guide - Publication from the National Center for PTSD summarizes current issues and best practices for clinicians

PTSD 101 - Web-based training on PTSD diagnosis and treatment

Center for Deployment Psychology - Specialized training for military psychologists and other behavioral health specialists working with war zone veterans and deployed military personnel