



The National MIRECC Education Group Newsletter has begun a process of transformation, reflected in our new title, which is intended to demonstrate the important connections between the MIRECCs and Mental Health Centers of Excellence (COEs). Our newsletter now reflects the joint strengths and synergies brought by the collaboration and cooperation among these 14 centers.

Changes to the newsletter also include formatting to improve its readability. By moving toward greater use of bullets, graphics, and shorter pieces, we hope to convey to readers basic information about a wide range of projects. When appropriate, we also will link newsletter content to our National MIRECC Website, where readers will find more extensive information on particular topics of interest.

The theme for the current issue is **Traumatic Stress**, examined in three articles describing the many and varied research, educational, and clinical projects being undertaken by the MIRECCs and COEs regarding traumatic brain injury, PTSD, and stress-related problems in our newest veterans. The Centers have answered a call by VA, articulated in its Action Agenda, to develop and implement innovative treatments for all veterans who have experienced traumatic stress. In this issue we provide a sampling of these important contributions. ♦

Transforming the Mental Health Care System: VHA's Progress in Serving Veterans with PTSD

by Laurie Lindamer, PhD

Nearly five years ago, the President's New Freedom Commission on Mental Health issued its report describing a new 21st century mental health care system and the six goals that would serve as the foundation for this transformation. Shortly thereafter, the Veterans Health Administration (VHA) published a parallel report, VA Action Agenda. Since then, the VHA has developed and implemented many initiatives and programs to transform the mental health care system, specifically targeting important problems such as suicide and post-traumatic stress disorder (PTSD). Below are brief descriptions of selected projects by the MIRECCs and the Mental Health Centers of Excellence (COEs) that focus on PTSD and address the goals of the VA Action Agenda.

Goal 1. Americans understand that mental health is essential to overall health

- VISN 4 MIRECC has launched two studies to assess treatments for sleep, a common problem for veterans with PTSD. One study is a randomized controlled trial to compare the efficacy of adjunctive sleep interventions (i.e., prazosin, placebo, or a behavioral sleep intervention), while

the other study aims to assess whether cognitive behavioral treatment for insomnia improves sleep patterns in veterans with PTSD.

- VISN 20 MIRECC recently confirmed in a

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Addressing Traumatic Brain Injury in OEF/OIF Veterans

by Lisa Brenner, PhD

Traumatic brain injury (TBI) is increasingly recognized as a common injury being sustained by military personnel serving in Iraq and Afghanistan. Moreover, those with a history of psychiatric illness, including substance use disorders, are at increased risk for sustaining a TBI, and psychiatric sequelae are frequently experienced post-injury. The MIRECCs and the Mental Health Centers of Excellence (COEs) are designing and evaluating research, educational, and clinical programs to address the needs of those with TBI. Below are descriptions of selected projects that address the six goals of the VA Action Agenda.

Goal 1. Americans understand that mental health is essential to overall health

- MIRECC faculty from VISNs 6, 19, and 20 have lectured extensively on TBI for VA and community audiences, including presentations by VISN 19 MIRECC on the increased risk of suicidal behavior in those with TBI and subsequent assessment and treatment strategies.

Goal 2. Mental health care is consumer and family driven

- VISN 6 MIRECC has produced educational materials for veterans, family members, and providers (e.g., pocket cards, handouts, brochures) on the signs, symptoms, and management of TBI. These have been distributed electronically nationwide and incorporated into VA Polytrauma's "Combat Trauma – Quick Facts," and DoD's "TBI-Quick Facts" and "TBI PTSD Quick Facts" handouts.
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TBI (Continued from page 1)

Goal 3. Disparities in mental health services are eliminated.

- MIRECCs in VISNs 4,6 and 19 have been actively engaged in research and educational activities aimed at increasing understanding regarding the psychiatric needs of those with TBI and TBI and co-occurring psychiatric conditions. Topics have included differentiating between PTSD and TBI (VISN 4 and 6), and understanding psychiatric hospitalization and suicidality in veterans with TBI (VISN 19).

Goal 4. Early mental health screening, assessment, and referral to service are common practice.

- Because screening efforts are contingent upon recognition, a team from VISN 16 MIRECC produced a brochure entitled, “Making the Invisible Visible: Clinical Guide for Recognizing Traumatic Brain Injury in Veterans.” This graphically engaging brochure is designed to increase clinician awareness about and screening for traumatic brain injury in OEF/OIF veterans, including “next step” recommendations.

Goal 5. Excellent mental health care is delivered and research is accelerated.

- A wide range of research projects aimed at improving treatment for those with TBI have been completed or are underway. Areas of interest include cognitive training for OEF/OIF veterans (Center of Excellence for Stress and Mental Health (CESAMH) and VISN 22 MIRECC), mild TBI

Mental Health Bibliotherapy Guide

At the request of the Office of Mental Health Services, MIRECC representatives from VISNs 1, 3, 16, 19, 21, and VA Central Office compiled a Bibliotherapy Resource Guide. The guide describes educational resources (books, workbooks, and websites) pertaining to PTSD, schizophrenia, substance use disorders, depression, bipolar disorder, generalized anxiety, health/wellness, and sexual trauma. The resource title, author, publisher/source, reading level, and cost is included. The guide is designed to provide VA clinicians, peer technicians, and veterans with information about resources that can serve as supplements to treatment in mental health and primary care. This guide will be disseminated through the OMHS Office of Psychotherapy Programs and the national MIRECC website. ♦

(CESAMH and VISN 22 MIRECC, VISN 6 MIRECC), frontal lobe functioning and major depression (CESAMH and VISN 22 MIRECC), pharmacologic intervention for post-TBI cognitive and behavioral symptoms (VISN 6 MIRECC), brain characteristics of OEF/OIF veterans with TBI and PTSD (VISN 6 MIRECC), and brain response to blast exposure (VISN 6 MIRECC). VISN 22 MIRECC researchers also are creating a veterans twin registry to focus on genetic and environmental factors that impact combat-related stress conditions such as PTSD and TBI.

Goal 6. Technology is used to access mental health care and information.

- The MIRECCs and COEs are using the internet to disseminate information regarding TBI. Resources can be found at <http://www.mirecc.va.gov>. ♦



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second placebo-controlled study that evening dosage of prazosin substantially reduces or eliminates combat trauma-related nightmares and sleep disruption and improves quality of life.

- VISN 4 MIRECC is examining the effects of implementing early anesthesia techniques for pain control on the incidence and severity of mental health disorders.
- A project to integrate primary care practice guidelines, such as tobacco cessation, into specialized PTSD clinics is being conducted at VISN 20 Northwest MIRECC. Researchers in this MIRECC also are studying the relationship between the use of nicotine and the experience of positive and negative emotions.
- Large studies of tobacco use also are being conducted

in VISN 6. One study is examining the effect of smoking on craving, mood, and PTSD symptoms in the naturalistic environment in smokers with PTSD. Another study is examining psychophysiological responses (e.g., startle responses) to smoking in an attempt to better inform the development of cessation strategies.

- Large studies of mental health service use also are being done by researchers in VISN 1 MIRECC to assure that the needs of veterans are met.

Goal 2. Mental health care is consumer and family driven

Promoting recovery is an important goal for VHA. Recovery Coordinators have been established in VA Medical Centers, and the MIRECCs are researching ways to support veterans in their family relationships (PTSD Continued on page 4)

Research, Education and Clinical Initiatives for OEF/OIF Veterans

by Katherine Taber, PhD

The MIRECCs and the Mental Health Centers of Excellence (COEs) are designing and evaluating research, educational, and clinical programs to address the unique needs of the increasing number of OEF/OIF veterans. Below are descriptions of selected projects that address the goals of the VA Action Agenda. A majority of projects are from VISN 6 MIRECC due to their focus on post-deployment mental health issues.

Goal 1. Americans understand that mental health is essential to overall health.

A major challenge in the field of mental health is the provision of care in nontraditional settings and ways, such as pastoral counseling, that are more easily accessed and accepted by OEF/OIF veterans.

- VISN 16 MIRECC is evaluating the use of educational workshops based on Acceptance and Commitment Therapy for OEF/OIF veterans to promote healthy functioning.
- VISN 20 MIRECC has created a specialized Deployment Health Clinic that provides integrated, multidisciplinary care to OEF/OIF veterans. This approach is sufficiently promising that implementation of OEF/OIF Primary Care Clinics at many VA locations are underway.
- VISN 6 MIRECC is collaborating with the National Center for Health Promotions and Disease Prevention and the National Center for PTSD to develop a “National Toolkit” of educational materials related to a wide range of post-deployment issues for veterans/families in support of the new OEF/OIF Primary Care Clinics.
- VISN 6 MIRECC is collaborating with the National Chaplain Center on training for both community and VA clergy on common post-deployment mental health issues.



Goal 2. Mental health care is consumer and family driven.

An essential step in assuring that mental health care is consumer and family driven is identification of issues of importance to veterans and families.

- VISN 6 MIRECC has completed a focus group-based needs assessment of health concerns, family issues, satisfaction with and barriers to health care, and

support for returning OEF/OIF combat veterans and their families.

- VISN 6 MIRECC developed a two-day training event designed to foster understanding of the unique family issues associated with OEF/OIF service members post-deployment and to develop new “best practices” that facilitate veterans’ readjustment. One project developed as part of this training was a “Welcome Home” event by the Washington DC VAMC (VISN 5), now mandated for all VAMCs.
- VISN 16 MIRECC has developed a workshop for couples focused on reducing PTSD emotional numbing, improving anxiety management, and increasing marital satisfaction. VISN 6 MIRECC has developed a workshop for couples focused on developing skills for relationship improvement.

Goal 3. Disparities in mental health services are eliminated.

One source of disparities is lack of understanding on the part of VA staff of the specific needs of OEF/OIF veterans. Another source of disparities is differential access to care.

- VISN 6 MIRECC has developed a staff education program called “*Face of the New Veteran*,” designed to identify unique characteristics of OEF/OIF veterans, how VA staff can best assist these veterans and their families, and why families are a key factor in veterans’ readjustment after deployment.
- VISN 6 MIRECC has worked in partnership with the North Carolina State Department of Health and Human Services to bring together key clinical and service partners to develop an integrated state-wide plan to meet the readjustment needs of returning OIF/OEF veterans and their families under the concept of “no wrong door.”

Goal 4. Early mental health screening, assessment, and referral to service are common practice.

Many Centers have contributed to the development of programs to actively reach out to OEF/OIF veterans.

- VISN 3 MIRECC has implemented pre-deployment assessment of mental and physical health treatment needs of New Jersey National Guard members.
- VISN 6 MIRECC has collaborated with their OEF/OIF programs to expand outreach to include attendance at both pre and post deployment events for the Guard/Reserve.
- VISN 6 MIRECC is conducting several projects to address improving assessment of mental health issues in OEF/OIF veterans, including use of the Davidson Trauma

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and work functioning.

- Researchers in VISN 16 MIRECC are exploring key themes that influence family engagement in treatment among veterans participating in a stress recovery program.
- A study conducted by VISN 1 MIRECC found that veterans with PTSD were 19% less likely to be employed at discharge, adding further support for the current VA efforts to expand and improve the effectiveness of vocational rehabilitation services for veterans with PTSD.
- VISN 20 MIRECC hosts bi-weekly Educational Videoconferences and presented a program entitled, "PTSD Growth Group for Veterans with Chronic and Severe PTSD: The 'Active Ingredients' and their Effects on Social Engagement, Hope, Quality of Life, and PTSD Symptoms."

Goal 3. Disparities in mental health services are eliminated

- VISN 20 MIRECC has developed the African-American Stress Disorders Program to provide supportive psychotherapy and psychoeducation. This program has been rated significantly superior to standard PTSD psychotherapy by the majority of over 500 African-American veterans who have participated.
- VISN 6 MIRECC is examining racial differences in the validity rates of the MMPI-2 in a large cohort of veterans being evaluated for PTSD.
- Gender inequities, too, are a focus of the MIRECC/COE efforts. VISN 6 MIRECC is evaluating the clinical and neurobiological effects (i.e., neuroactive steroids) of guided imagery for women with PTSD related to military sexual trauma.

Goal 4. Early mental health screening, assessment, and referral to service are common practice.

- VISN 2 Center for Integrated Health (CIH) is conducting a study to determine the sociodemographic, diagnostic, and service utilization characteristics of veterans with PTSD who do not use mental health services but who do utilize primary care services. The goal is to identify and reduce barriers to mental health care.
- A second study in VISN 2 CIH is assessing the course of PTSD among veterans with alcohol use disorders in order to identify specific subgroups of veterans with both diagnoses who would need specialized treatment.
- A third study in VISN 2 CIH is attempting to understand the best way to measure PTSD symptoms and alcohol use so that they can test a

self-medication model wherein PTSD symptom exacerbation leads to increased alcohol use.

- MIRECC and COE researchers in VISN 6 also are involved in improving the assessment of PTSD and associated behavioral problems using a broad range of measures of psychopathology.
- VISN 20 MIRECC has created a best practices manual, "Posttraumatic Stress Disorder Compensation and Pension Examination," and an interactive CD-ROM for training in the gold standard method for diagnosing PTSD, the Clinician Administered PTSD Scale (CAPS).

Goal 5. Excellent mental health care is delivered and research is accelerated.

The MIRECCs and COEs are involved in evaluating psychopharmacological and psychosocial treatment studies for PTSD with or without other mental health disorders, such as depression and substance use.

- VISN 1 MIRECC is examining how to prescribe medications for veterans with PTSD and other psychiatric disorders, using diagnostic information or targeting specific symptoms.
- VISN 1 MIRECC is collaborating with the National Center for PTSD to evaluate the combination of naltrexone and a serotonin reuptake inhibitor (SSRI) to reduce alcohol consumption in veterans who have PTSD and/or depression and a concurrent alcohol use disorder.
- VISN 1 MIRECC researchers also are evaluating the prescription of prazosin, an adrenergic blocker, as another approach to treating co-occurring PTSD and alcohol use disorder.
- VISN 20 MIRECC also is participating in studies that aim to understand the relationship between the adrenergic system and PTSD with secondary drug abuse.
- Several ongoing projects in VISN 6 are investigating combined medication therapies to treat PTSD with depression, psychosis, and cognitive symptoms. To help veterans with PTSD who do not fully respond to antidepressant treatment, VISN 6 researchers have designed a randomized placebo-controlled double-blind study of the supplementation of aripiprazole, an antipsychotic medication. They also are conducting a trial of adjunctive treatment with omega-3 fatty acids in veterans with PTSD on symptoms of PTSD, depression, and cognition, as well as a randomized, placebo-controlled, double-blind study to test the therapeutic potential of augmenting a stable SSRI regimen with the neurosteroid, pregnenolone. Finally, VISN 6 researchers are conducting studies to prevent the development of PTSD (PTSD Continued on page 5)



Jan Kemp, RN, PhD
Veteran's Administration National
Suicide Prevention Coordinator

Jan Kemp Receives Secretary's Award

by Bruce M. Levine, MD

Congratulations to Janet E. Kemp, RN, PhD, on receiving the Secretary's Award for Exceptional Service for her work on the VA National Suicide Hotline and contribution to the development and coordination of the VA's Suicide Prevention Initiatives.

Dr. Kemp was the Associate Director for Education and Training in VISN 19 MIRECC from its inception. Since June 2006, she has held a similar position at the Canandaigua Center of Excellence.

On July 25th, 2007, at exactly 11:20 am, the VA National Suicide Hotline went live across the country. In April 2006, Dr. Kemp accepted the daunting task of developing the Hotline. To add to the challenge, in June of 2007, the implementation date of the Hotline was accelerated from November 2007 to the middle of July. This required Dr. Kemp to develop a successful collaborative and consultative relationship with SAMSHA and the Department of Health and Human Services (HHS) and lead a complex, extended team of national professionals from VAMC Canandaigua, VISN 2, VHA Central Office, SAMSHA, and HHS. The result was an interagency agreement creating a VHA owned and managed Suicide Crisis support center to be integrated into the National Suicide Prevention Lifeline, an already nationally recognized network of 120 suicide call centers.

In addition to coordinating the interagency effort, Dr. Kemp supervised the hiring and training of 143 Suicide Coordinators and facilitated the selection and training of 22 full-time Suicide Hotline Counselors to staff the Suicide Hotline Call Center in Canandaigua. She also collaborated with VACO and VISN IT personnel to provide access to the Computerized Patient Record Screen (CPRS) for Hotline Suicide Counselors. This is a first and is being followed closely in the suicide prevention community for its impact. Under Dr. Kemp's leadership, VHA has collaborated with SAMSHA to develop a national database of VA facts and benefits, as well as referral numbers for use by other Non-VA Crisis centers in the National Lifeline Network. Additionally, Dr. Kemp was instrumental in creating a National VA Suicide Attempt Registry and report template that will help Suicide Coordinators identify high risk veterans and maintain contact and follow-up.

Dr. Kemp is recognized with this prestigious award for envisioning and implementing a system of Suicide Prevention Care within VA that has no equal, and doing so in record time! Our nation's veterans and their families will benefit as a result of her service.♦

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using Paroxetine, and SSRI, in veterans who have some stress-related symptoms but who are not yet diagnosed with PTSD.

- VISN 4 MIRECC is evaluating cognitive behavioral treatments for PTSD in veterans with alcohol dependence as well as examining the use of treatment in veterans with PTSD.
- Researchers at VISN 20 MIRECC are studying the relationships among avoidance of anxiety, somatic complaints, and availability of social support. They also are investigating behavioral activation therapy, which attempts to understand the positive and negative reinforcements that maintain or strengthen PTSD avoidance behaviors and which develops alternative strategies to enable reengagement in ordinary activities.
- To ensure a sufficient cadre of mental health providers to provide care for veterans with PTSD and other stress-related conditions, the San Diego VA Healthcare System and VISN 22 COE for Stress and Mental Health (CESAMH) is training professionals in several evidence-based psychosocial therapies, including Cognitive Processing Therapy, Acceptance and Commitment Therapy, Cognitive-Behavioral Therapy, Seeking Safety, and Motivational Interviewing.

Goal 6. Technology is used to access mental health care and information.

VHA is supporting the use of technology in mental health care, both for increasing access and outreach for assessment and treatment and for translating important basic science findings into clinical practice.

- Researchers at the CESAMH are investigating the use of telemedicine versus face-to-face Prolonged Exposure Therapy to improve the delivery of psychosocial treatments for PTSD.
- VISN 6 MIRECC is involved in studies to identify genes involved in PTSD as well as studies investigating the association of genes and brain imaging. Understanding the genes involved in PTSD will aid in the identification of those individuals who may be at high risk, which may allow clinicians the opportunity to prevent the development of the disorder.

Five years after the publication of the President's New Freedom Commission report and the VA Action Agenda, the VHA has made considerable progress in transforming the mental health system. The MIRECCs and COEs have made great contributions toward this end. As the current research and educational efforts of the MIRECCs and COEs come to fruition, the VHA will have an even larger armamentarium with which to address PTSD.♦

**OEF/OIF** (Continued from page 3)

Inventory (DTS) for assessment of PTSD, the Alcohol Use Disorders Identification Test (AUDIT) for assessment of alcohol abuse, development of an evidence-based risk assessment instrument for violent behaviors, and evaluating the possibility that alterations in neuroactive steroids may serve as biomarkers for early identification and treatment of veterans at risk for self-harm.

Goal 5. Excellent mental health care is delivered and research is accelerated.

The MIRECCs and COEs are actively evaluating innovative approaches to common post deployment mental health issues such as PTSD in OEF/OIF veterans.

- VISN 20 MIRECC is conducting a placebo-controlled trial of medications for trauma nightmares and sleep disturbance in active duty returnee combat troops.
- VISN 16 MIRECC is testing the feasibility of a brief intervention for panic disorder in the context of PTSD.
- VISN 22 MIRECC and the COE for Stress and Mental Health have implemented a demonstration project to train clinicians on concurrent psychotherapy for PTSD and Substance use disorders, with the goal of improving use of this model in the OEF/OIF population.
- VISN 19 MIRECC is investigating potential suicide risk factors in OEF/OIF veterans, including perceptions of burdensomeness, failed belongingness, and increased tolerance.
- VISN 6 MIRECC is conducting multiple functional imaging studies of mental health conditions in OEF/OIF veterans, such as examining the role of emotional images on distractibility in veterans with PTSD and investigating the impact of brief coping skills training on brain activation and pain perception/intensity in veterans with low back pain.

Goal 6. Technology is used to access mental health care and information.

Technology is being used in quite diverse ways to improve access to mental health care and information.

- VISN 6 MIRECC has implemented a telephone-based quit line to promote tobacco cessation in OEF/OIF veterans as a clinical demonstration project and hosts a monthly lecture on topics important to everyday practices in mental health care delivery for OEF/OIF veterans

EDUCATION ACTIVITIES

VISN 1 MIRECC Monthly during Fall 2008	New England MIRECC Peer Education Center Training Sessions for Peer Support Providers and Clinical Staff Bedford, MA Contact: Patricia.Sweeney@va.gov
VISN 2 COE Ongoing	Operation S.A.V.E Guide Training Nationwide Contact: Heather.Vonbergen@va.gov
VISN 2 CIH September 15-16 2008	Center for Integrated Healthcare Regional Conference: Integrated Primary Care Across the Lifespan: Meeting the Needs of Younger and Older Veterans Albany, NY Contact: Randy.Allen@va.gov
VISN 3 MIRECC September 25-26 2008	VISN 3 mental Health Summit: Uniform Services and Beyond TBA Contact: Mara.Kushner@va.gov or Bruce.Levine@va.gov
VISN 4 MIRECC September 12 2008	5th Annual PADRECC/MIRECC Symposium on Neurodegenerative Diseases: The Interface of Psychiatry and Neurology Philadelphia, PA Contact: ruckdesc@mail.med.upenn.edu
VISN 6 MIRECC Monthly V-Tel Series	Post Deployment Mental Health Issues Salisbury, NC Contact: Mary.Peoples1@va.gov
VISN 16 MIRECC June 2008	Training in Brief Cognitive Behavioral Therapy for Medical Center and Community Clinics Houston, TX Contact: Michael.Kauth@med.va.gov
VISN 19 MIRECC June 10-12 2008	National Brain Injury Employment Conference, Building Bridges to Supports & Opportunities, VA and Active Duty Military Track, and Region VII Employment Conference Denver, CO Contact: Pamela.Staves@va.gov
VISN 20 MIRECC October 2008	9th Oregon Reintegration Summit on Post Deployment Salem, OR Contact: Lauren.Stoner@va.gov
VISN 21 MIRECC September 2008	Updates on PTSD Palo Alto, CA Contact: Eric.Kuhn@va.gov
VISN 22 CESAMH June & September 2008	Training in Evidence-Based Psychotherapies for PTSD: Cognitive Processing Therapy San Diego, CA Contact: LLindamer@ucsd.edu or Carie.Rodgers@va.gov

which is presented nationally by video and audio teleconference, allowing multi-site interactive clinical discussion.♦



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<http://www.mirecc.va.gov/visn1.asp>

Improve care for veterans with mental illness and substance dependence

VISN 2 Center for Integrated Healthcare

Stephen Maisto, PhD, ABPP, Director
(315) 443-2334

Syracuse, New York

Improve the quality of health care for veterans by integrating behavioral health services into the primary care setting

VISN 2 COE at Canandaigua

Kerry Knox, PhD, Director
(585) 393-7690

Canandaigua, New York

Improve the access to care and the adaptation and evaluation of innovative approaches for at risk veterans for suicide

VISN 3 MIRECC

Larry Siever, MD, Director
(718) 584-9000 x3704

Bronx, New York

<http://www.visn3.mirecc.va.gov/>

Investigate causes and treatments of serious mental illness to enhance recovery of veterans

VISN 4 MIRECC

David Oslin, MD, Director
(215) 823-5849

Philadelphia, Pennsylvania

<http://www.va.gov/visn4mirecc>

Advance care for veterans with concurrent physical, mental, and/or substance use disorder

VISN 5 MIRECC

Alan S. Bellack, PhD, ABPP, Director
(410) 605-7451

Baltimore, Maryland

<http://www.va.gov/visn5mirecc>

Improve care for veterans with schizophrenia and for their families

VISN 6 MIRECC

John A. Fairbank, PhD, Director
(919) 286-0411

Durham, North Carolina

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

Create a translational medicine center for the clinical assessment and treatment of post-deployment mental illness

VISN 16 MIRECC

Greer Sullivan, MD, MSPH, Director
(501) 257-1971

North Little Rock, Arkansas

<http://www.va.gov/scmirecc/>

Improve access to evidence-based practices in rural and other underserved populations

VISN 17 COE for Research on Returning War Veterans

Suzy Gulliver, PhD, Director
(254) 297-3850

Waco, Texas

Identify the characteristics that mediate potential psychopathological response to war-related stress

VISN 19 MIRECC

Lawrence E. Adler, MD, Director
(303) 303-8020 x4645

Denver, Colorado

<http://www.mirecc.va.gov/MIRECC/visn19.asp>

Study suicide with the goal of reducing suicidality in the veteran population

VISN 20 MIRECC

Murray A. Raskind, MD, Director
(206) 768-5375

Seattle, Washington

<http://www.mirecc.va.gov/MIRECC/visn20.asp>

Investigate the genetics, neurobiology, and treatment of schizophrenia, PTSD, and dementia

VISN 21 MIRECC

Jerome Yesavage, MD, Director
(650) 852-3287

Palo Alto, California

<http://www.mirecc.va.gov/MIRECC/visn21.asp>

**MIRECC Fellowship Hub Site
Individualize treatments for veterans with PTSD or with Alzheimer's Disease**

VISN 22 MIRECC

Stephen R. Marder, MD, Director
(310) 268-3647

Los Angeles, California

<http://desertpacific.mirecc.va.gov>

Improve functional outcomes of veterans with psychotic disorders

VISN 22 COE for Stress and Mental Health (CESAMH)

James Lohr, MD, Director
(858) 552-8585 x3686

San Diego, California

Understand prevent, and heal the effects of stress

For a list of recent publications by MIRECC and COE faculty, please go to our website: www.mirecc.va.gov



Second Annual VA Mental Health Conference July 21-24, 2008

The Department of Veterans Affairs Employee Education System and The Office of Mental Health Services, VA Central Office, will hold the second annual mental health conference entitled, "Continuing the Transformation of VA Mental Health Services: Bridging the Gaps," July 21-24, 2008 at the Hyatt Regency Crystal City, Arlington, VA. The meeting is intended to aid key leaders, clinicians, researchers, and educators in understanding and implementing the Uniform Mental Health Services package in VA medical centers and clinics, as well as improve care across the continuum of VA mental health services. Presentations will focus on topics such as access to care, integrated mental health and primary care, PTSD and traumatic stress, treating OEF/OIF veterans, substance use disorders, homelessness, geriatric psychiatry, suicide risk reduction, psychosocial rehabilitation and recovery, and transforming research into clinical practice. The conference planning committee included representatives from the 10 MIRECCs and 4 Mental Health COEs. For more information about the conference, contact Vince Kane at Vincent.Kane@va.gov ♦

Update from VA Special Fellowship Program in Advanced Psychiatry and Psychology

A preconference meeting is scheduled for MIRECC Fellows attending the 2008 VA Mental Health Conference in Arlington, VA. This meeting will take place on July 21st from 1-4:30pm at the conference hotel. Topics of the preconference include "VA and Other Career Development Awards", a "Mock Grant Review Panel," and "Balancing Your Personal and Professional Life" by esteemed VA and MIRECC affiliated clinical researchers.

A VA Career Development Award (CDA-2) was recently awarded to Elizabeth Santa Ana, PhD, at the West Haven VA/Yale for her proposal, "Impact of Group Motivational Interviewing and In-Home-Messaging Devices for Dually Diagnosed Veterans." Congratulations Dr. Santa Ana!♦

