

VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

Editors: Katherine H. Taber, PhD Robin A. Hurley, MD

Vol 1 (1) February 2005



MIRECC Leadership

MIRECC Director

Gregory McCarthy, PhD gregory.mccarthy@duke.edu

Co-Director - Education

Robin A. Hurley, MD robin.hurley@med.va.gov

Assistant Co-Director - Education

Katherine H. Taber, PhD katherine.taber@med.va.gov

Co-Director - Clinical

Harold Kudler, MD Harold.Kudler@med.va.gov

Co-Director - Evaluation

Marian Butterfield, MD, MPH Marian.Butterfield@med.va.gov

Associate Director - Evaluation Director

Director

Special Fellowship in Advanced Psychiatry

Richard Weiner, MD, PhD Richard.Weiner@med.va.gov

Director

Special Fellowship in Advanced Psychology

Patrick Calhoun, PhD

Patrick.Calhoun2@med.va.gov

Associate Director - Genetics

Jean C. Beckham, PhD Jean.Beckham@med.va.gov

Associate Director - Interventions

Christine Marx, MD

Christine.Marx@med.va.gov

Associate Director - Neuroscience

Scott D. Moore, MD, PhD

Scott.Moore2@med.va.gov

Associate Director - Neuroimaging

Rajendra A. Morey, MD

morey@biac.duke.edu

Associate Director - Neurocognitive

Larry A. Tupler, PhD ltupler@duke.edu

VISN 6 Leadership

VISN 6 Director

Daniel F. Hoffman, FACHE

Director - Mental Health Service Line

Stephen L. Lemons, EdD

Educational Opportunities

Continuing Education Archives hosted by the VISN 22 MIRECC

VA Desert Pacific Health Care Network

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

This page contains links to lecture material presented at previous MIRECC sponsored accredited continuing education (CE) conferences. You may obtain CE credit by viewing selected presentations on-line and completing the associated evaluation.

Welcome to the VISN 6 MIRECC!

Our MIRECC is focused on helping veterans by finding better ways to diagnose and treat post-deployment mental illnesses. There are 4 major parts to this MIRECC: Clinical Care, Research, Education, and Evaluation. Personnel from across VISN 6 will be working together in all of these areas.

Clinical Care

The heart of improving clincal care is promoting use of the Clinical Practice Guidelines (CPG) for management of traumatic stress. The CPG will provide the backbone of a new, highly integrated system of post-deployment clinical care that will drive the Research and Education components of the MIRECC. These, in turn, will be the testing ground for the next generation of post-deployment health services. The Clinical Care component of the MIRECC will pioneer new programs for early detection and treatment of post-deployment mental illnesses. Collaboration with area military bases and veteran centers will facilitate the outreach efforts essential for early identification and treatment.

Research

The Research component will utilize state-of-the-art genetic, neurocognitive and neuroimaging assessments to identify characteristics that differentiate individuals who develop post-deployment mental illnesses from those who do not. In addition, novel behavioral and pharmacological interventions will be developed and their efficacy assessed.

Education

The Education component will translate research advances into clinical care of the post-deployment veteran. A working group drawn from throughout VISN 6 incorporating all mental health disciplines will work to assure that the latest knowledge in the field is made readily available.

Evaluation

The Services Evaluation and Effectiveness component will assess the success of the Clinical, Research, and Education components, thus closing the loop between research and clinical practice. In addition, innovative translational and health services research focused on post-deployment mental health is planned that will optimize treatment effectiveness while providing information to policy makers on how to improve mental health services.

New Projects Guided Imagery for Military Sexual Trauma

Sexual trauma is associated with significant medical and mental health effects. It is the strongest predictor of posttraumatic stress (continued on next page)

Upcoming Events
Understanding and Treating PTSD in Women
Monday, May 16, 2005

Sheraton Inner Harbor, Baltimore, MD
This conference will focus on the causes and treatment of PTSD in (continued on page 3)

New Projects (continued)

disorder (PTSD). To date, over 40,000 veterans who experienced military sexual trauma have been identified. Among women veterans screened in FY 2004, 22% reported military sexual trauma. Unfortunately, many veterans who screen positive presently go untreated. This is in part because current trauma treatments are intensive, costly and highly specialized, limiting the number of cases that can be treated at a time. Durham VAMC investigators Jennifer Strauss, PhD and Marian Butterfield, MD, MPH are beginning a pilot study of an alternative approach called Guided Imagery for Trauma (GIFT).

GIFT is a self-administered guided imagery intervention for PTSD related to military sexual trauma. It was developed to address the challenge of providing quality care to such a high volume of cases. These researchers' feasibility pilot study of GIFT showed a reduction of both PTSD and depressive symptoms in a cohort of women veterans with military sexual trauma. For the current study, women veterans with military sexual trauma will be randomized to the 12-week GIFT intervention or to a placebo control condition. Both psychological and psychophysiological responses will be measured.

Influence of Traumatic Brain Injury on Post Traumatic Stress Disorder in OEF/OIF Veterans

The purpose of this project is to prospectively study the effects of traumatic brain injury on the initial severity, treatment response, and outcome of posttraumatic stress disorders (PTSD) in returning OEF/OIF Veterans. The results of this project will contribute to the development of new clinical strategies for improved treatment of PTSD in the presence of traumatic brain injury. These research data (both at initial intake and follow up) will be used to inform staff regarding diagnosis and treatment issues (e.g., how OEF/OIF PTSD is different from Vietnam PTSD or Gulf War PTSD and how to tailor PTSD treatment for this cohort, the interplay of traumatic brain injury and PTSD and how traumatic brain injury can compound treatment of PTSD, cognitive rehabilitation techniques to treat the traumatic brain injury for those with PTSD) and would also be used to educate VA and non-VA staff.

Collaborating VISN 6 personnel include Patricia Babin (Richmond VAMC), John Bolger (Fayetteville VAMC), Jacqueline Friedman (Salisbury VAMC), Robin Hurley (Salisbury VAMC), Rajendra Morey (Durham VAMC), Treven Pickett (Richmond VAMC), Harry Piersma (Salisbury VAMC), Katherine Taber (Salisbury VAMC), Larry Tupler (Durham VAMC), William Walker (Richmond VAMC), Ruth Yoash-Gantz (Salisbury VAMC). DoD collaborators include Deborah Warden, Lanren Chandler, Lou French, Laurie Ryan and Warren Lux of the Veterans and Defense Brain Injury Center at Walter Reed Army Medical Center.

New Projects (continued)

Post Deployment Resources for Veterans

The goal of this clinical education project is to identify, assemble, organize, and make accessible to veterans all the contact information they may have need of related to post deployment issues. Harold Kudler MD (Durham VAMC) and Katherine Taber PhD (Salisbury VAMC) are collaborating on the pilot project. Resources already gathered by Debra Volkmer MSW LCSW (Salisbury VAMC) will be extended based upon patient, family and healthcare provider feedback. Once these materials are considered complete a template will be created that will facilitate gathering of the equivalent information for every VISN 6 site.

IRB Approval for Research Projects

MIRECC personnel at the Durham VAMC/Duke University site have recently received approval from their Internal Review Board for protocols on Interventions, Neuroimaging and Subject Recruitment. These write ups are available to any VISN 6 site that is interested in participating in any of these research projects to facilitate submissions to their local Internal Review Board.

Recently Approved Grants

The Durham VAMC/Duke University site has recently learned that their proposal to become a fellowship site for the VA Special Fellowship Program in Advanced Psychiatry and Psychology has been approved. The purpose of this fellowship program is to develop psychiatrists and psychologists with vision and knowledge in serious mental illness and committment to leading these disciplines in the 21st century. The program provides 2 year fellowships for post-residency psychiatrists and post-doctoral psychologists, placing them with MIRECC sites nationwide. The first Fellows will join the MIRECC in June of 2005.

Meeting Presentations

Marx CE, Shampine LJ, Stevens RD, Trost WT, Morrow AL, Hamer RM, Lieberman JA. Neuroactive Steroid Alterations in Schizophrenia and Bipolar Disorder: A Negative Ion Chemical Ionization Gas Chromatography/ Mass Spectrometry Investigation in Posterior Cingulate. American College of Neuropsychopharmacology 43rd Annual Meeting, San Juan, Puerto Rico, December 12th-16th, 2004.

Marx CE, Trost WT, Behm FM, Massing MW, Kuhn CM, Butterfield MI, Rose JE. The Neuroactive Steroid Dehydroepiandrosterone Sulfate (DHEAS) Predicts Nicotine Dependence Severity. American College of Neuropsychopharmacology 43rd Annual Meeting, San Juan, Puerto Rico, December 12th-16th, 2004.

Taber KH, Strick PL, Hurley RA. Viral Tracers and the Cerebellum: Parallel Circuits for Neuropsychiatric Function. American Neuropsychiatric Association

16th Annual Meeting, Bal Harbour, FL, February 26- March 1, 2005 (continued on next page)

Upcoming Events (continued from page 1)

women. National experts will discuss the following issues:

Why are women at greater risk for PTSD than men? What are the types of traumatic events most likely to lead to PTSD in women?

What are the most effective treatments for PTSD in women?

What physical health issues are most common in women who have experienced trauma?

What is the relationship between PTSD and substance abuse in women?

What are the unique stressors leading to PTSD in women in the military?

For more information contact: Kim Gordley

1-800-949-1003 ext. 1857 kim.gordley@med.va.gov

Presented by the VA Capitol Health Care Network VISN 5 MIRECC, Maryland Psychiatric Research Center, Center for Mental Health Services Research, Upper Chesapeake Health and the Chesapeake Health Education Program, Inc.

Fostering Resiliency Through Partnership
2005 Uniformed Services Social Workers
(USSW): Department of Defense, Public Health
Service, and Veterans Affairs Social Workers
Conference
April 25-29
Doubletree Crystal City
300 Army Navy Drive, Arlington, VA

This is a joint VA/DoD training event. The target audience is uniformed and civilian social workers. In addition, all VA staff involved in the seamless transition of OIF/OEF active duty service members from military hospitals to VHA facilities are invited to attend.

Jointly Sponsored by Social Workers of the:

Army
Air Force
Navy
Public Health Service
Veterans Affairs

For more information contact:

Jill E. Manske, ACSE, LISW Director, Social Work Service Department of Veterans Affairs Central Office 202-273-8549 jill.manske@va.gov

Meeting Presentations (continued from page 2)

Trost WT, Shampine LJ, Hulette C, Steffens DC, Lieberman JA, Blazer DG, Marx CE. Neuroactive Steroids in Alzheimer's Disease: Investigations in Prefrontal Cortex. American College of Neuropsychopharmacology 43rd Annual Meeting, San Juan, Puerto Rico, December 12th-16th, 2004.