



VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health



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Vol 1 (2) April 2005

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Educational Opportunities

VISN 6 MIRECC Postdoctoral Traineeship

These 1-year postdoctoral positions sponsored by the Education component will allow the junior clinician (psychiatrist, psychologist, social worker) to gain valuable experience in development and implementation of clinical demonstration projects related to Post Deployment Mental Health. Salem VAMC and Salisbury VAMC are the host sites for 2005. Applications are now being accepted. For more information:

Salem VAMC: dana.holohan@med.va.gov
Salisbury VAMC: katherine.taber@med.va.gov

Joint DoD/VA Conference on Post Deployment Mental Health

by Harold Kudler, MD

The recent Joint DoD/VA Conference on Post Deployment Mental Health (March 8-10, 2005) brought together mental health experts from across DoD and VA along with top DoD and VA leadership, the Surgeons General of the Army, Navy, and Air Force, representatives of Army, Navy, Marines, Air Force, Coast Guard, National Guard, and Reserves, leading researchers and health systems planners, and members of the Special Committee on PTSD. **Dr. Harold Kudler**, Director of the VISN 6 MIRECC Clinical Component was a co-chair of the Conference and **Dr. Robin Hurley**, Director of the VISN 6 MIRECC Education Component, presented an update on the role that Traumatic Brain Injury (TBI) plays in the medical approach to new combat veterans of Operations Enduring Freedom and Iraqi Freedom.

A number of core principles were agreed upon. Key among them were:

- ★ All combat veterans are affected by their experience.
- ★ The current health assessment system follows an attitude of "Ask but don't tell." Every returning service man and woman is asked the four questions of a well-validated PTSD screening tool as part of the Department of Defense's Health Assessment (Form DD2796) but no one seems to expect them to answer truthfully. Such a system is not prepared to act upon its own data either with DoD or across the DoD/VA continuum.

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New Funding Opportunity

Clinical Education Projects Program

Submissions are now being accepted for the Mid-Atlantic (VISN 6) MIRECC Clinical Education Projects Program. This is a one-time program. Proposals are due by May 27, 2005. This program is designed to support and encourage clinicians and educators to develop innovative educational and clinical interventions, enhance

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Upcoming Events

Mental Health Service Line Subcouncil Conference

April 19 - April 21, 2005

Salisbury VAMC, Salisbury NC

The VISN 6 Mental Health Service Line will hold its Spring Subcouncil Conference, April 19 - April 21, 2005 at the Salisbury VAMC. One of the major discussions will focus on the interface between the facility MHSLs and the MIRECC.

For more information contact: Jimmy H. McGlawn
540-982-2463 ext. 2501

National MIRECC 2005 Conference

Risk, Rehabilitation, and Recovery: Treating Mental Illness in the VA
June 6 - June 8, 2005, New Orleans, LA

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Joint DoD/VA Conference on Post Deployment Mental Health

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- ★ Most recently returned combat veterans and their families are dealing with readjustment issues that might be painful and even, at times, disabling but which are, none-the-less, normal responses rather than mental disorders.
- ★ These problems, if unchecked, may progress into one or more mental disorders.
- ★ Early screening, triage, and intervention may prevent the development of chronic post deployment mental health problems.
- ★ There is considerable stigma associated with mental health problems. Stigma is the major obstacle to getting help.
- ★ Because of these considerations, DoD/VA's initial response, while medically informed, should not be framed as a medical response.
- ★ Prevention and intervention should start as a squad level-responsibility. This is a basic part of leadership. If a crusty gunnery sergeant led a discussion of stressful events and normal reactions to them, it would help others become capable of better self-care and to better support their peers. This approach has already proven successful in the British Royal Marines TRIM Program.
- ★ The key to intervention is to begin early, at the small unit level by letting war fighters know that it is OK to come for help.
- ★ They (and their commanders) need to know that the earlier they come, the better for them, for their unit, and for their family.
- ★ Given the high tempo of current combat operations, the necessity of repeated deployment, and the importance of retaining war fighters in a volunteer military, it is critically important to promote the readjustment of service men and women and their families.
- ★ A new paradigm has emerged in VA and DoD: The focus of post deployment mental health programs must shift from dichotomizing people as either healthy or disabled to engaging war fighters/veterans and families with the aim of maintaining their effective function and, when necessary, facilitating recovery of function.
- ★ This approach requires a public health model rather than a mental health model.

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New Projects

Guided Imagery for Military Sexual Trauma

The MIRECC Research and Evaluation components collaborated on a grant proposal to the Samuelli Institute to support a functional neuroimaging research project aimed at the effect of therapeutic interventions for military sexual trauma upon activity within the amygdala, orbital frontal, and ventromedial cortex.

Publications

Butterfield MI, Stechuchak KM, Connor KM, Davidson JR, Wang C, MacKuen CL, Pearlstein AM, Marx CE. Neuroactive steroids and suicidality in posttraumatic stress disorder. *Am J Psychiatry*. 2005 Feb;162(2):380-2.

Miller LA, Taber KH, Gabbard GO, Hurley RA. Neural Underpinnings of Fear and Its Modulation: Implications for Anxiety Disorders. *J Neuropsychiatry Clin Neurosci* 17(1): 1-6, Winter, 2005

Invited Lectures

Dr. Robin Hurley presented *Post Deployment Mental Health Clinical Care, Education and Research* at the Association of Health Care Journalists Meeting held at the Durham VAMC April 1, 2005.

Dr. Christine Marx presented *Neuroactive Steroids, as Candidate Modulators of Pathophysiology: Investigations in Schizophrenia, Bipolar Disorder, and Alzheimer's Disease* to the Epilepsy Research Section, Porter Neuroscience Research Center, NIH, Bethesda, MD on February 2, 2005. **Dr. Marx** will present *Neuroactive Steroid Alterations in Posterior Cingulate and Parietal Cortex in Subjects with Schizophrenia and Bipolar Disorder: Potential Gender Specificity* at the Society of Biological Psychiatry 60th Annual Meeting, Atlanta, GA, May 19-21, 2005.

Meeting Presentations

Kang-Park M-H, Moore SD. *Ethanol Effects on Polysynaptic Pathways from Basolateral Amygdala to Central Amygdala.* Research Society for Alcoholism, June 25-29, 2005, Santa Barbara, CA.

Kang-Park M-H, Roberts, AJ, Siggins GR, Moore SD. *Enhanced Intrinsic Inhibitory Neurotransmission in vitro in Amygdala Central Nucleus Neurons from mu-Opioid Receptor Knockout Mice.* Society for Neuroscience, San Diego, CA, 2004

Marx CE, Shampine LJ, Stevens RD, Morrow AL, Uzunova V, Trost WT, 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 and Parietal Cortex* International Congress on Schizophrenia Research April 2-6th, 2005, Savannah, GA.

Marx CE, Yuan P, Shampine LJ, Manji HK. *Neuroactive Steroids, Mood Stabilizers, and Neuroplasticity: Alterations Following Lithium and Changes in Bcl-2 Knockout Mice.* American College of Neuropsychopharmacology 43rd Annual Meeting, San Juan, Puerto Rico, December 12th-16th, 2004 Society of Biological Psychiatry 60th Annual Meeting, Atlanta, GA, May 19-21, 2005.

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Joint DoD/VA Conference on Post Deployment Mental Health

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- ★ This public health approach must be integrated organically throughout DoD and VA (not just in medical settings but in training programs, peer groups, demobilization, family support programs, and other settings) that promotes an understanding that reactions to combat are normal and that the success of the mission depends on paying attention to them.
- ★ Service men and women must hear this message consistently from boot camp through pre-deployment, in combat stress control settings during deployment, in demobilization briefings after deployment, and in routine training and medical appointments there after.
- ★ Success depends on changing culture in DoD and in VA more than it does on simply administering a medical treatment.
- ★ Steps in this process need to be in phase with the evolving needs of service men and women as they progress from recruitment and basic training, through pre-deployment, deployment, demobilization, possible re-deployment, ongoing military service, separation from service, and veteran status.
- ★ Efforts must extend beyond the usual bricks and mortar of military and VA medical settings into small units, commands, families, and communities.
- ★ VA and DoD PTSD specialty programs should act as drivers and, sometimes, as backstops, in a public health model based primarily in non-medical settings.
- ★ In the past, the mission of military medicine was, first and foremost, to maintain the fighting force and, secondarily, to maintain the health of the fighters. As understanding of the short and long term effects of traumatic stress has grown over the past quarter century, military leaders and health experts are increasingly in agreement that the proper mission of military medicine is to maintain the fighting force by maintaining the health of the fighters.
- ★ A public health approach is fundamental to achieving these goals.

New Funding Opportunity

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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. All proposals must support the Mid-Atlantic (VISN 6) MIRECC mission of improving post deployment mental health care. All VISN 6 Mental Health staff are eligible to apply. Trainee proposals (i.e., those from Fellows, residents, or interns) must include a permanent staff member as co-applicant. The anticipated funding range for Clinical Education Projects is \$500 - \$10,000. Projects must be completed within 12 months of receipt of funding. Examples of appropriate projects include but are not limited to: development of new educational programs, evaluation and/or modification of existing programs, development of enduring educational materials (printed, video, DVD, software), surveys and need assessments.

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Upcoming Events

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This conference presents new research and demonstration projects related to suicidal behavior, post-deployment mental health and PTSD, and hard-to-reach populations.

Jointly Sponsored by Mental Health QUERI, National Center for PTSD, American Foundation for Suicide Prevention, American Association of Suicidology, Readjustment Counseling Service (Vet Centers), National Alliance for the Mentally Ill (NAMI) and the U.S. Army.

For more information contact: Kim Gordley
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Meeting Presentations

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Moore SD, Kieffer BL, Roberts AJ, Kang-Park M-H, Siggins GR. *Delta Opioid Receptor Role in Ethanol Reinforcement and Amygdalar Electrophysiological Parameters.* Research Society for Alcoholism, June 25-29, 2005, Santa Barbara, CA.

Naylor JC, Wilson WA, Moore SD. *High Frequency Stimulation Enhances Neuronal Excitability Through Release of Endogenous Corticotropin-Releasing Factor in Central Amygdala.* Society for Neuroscience, San Diego, CA, 2004

Park M-H, Roberts, AJ, Siggins GR, Moore SD. *Delta Opioid Receptor Blockade Increases Ethanol Effects of Miniature Inhibitory Postsynaptic Currents in the Mouse Central Nucleus of Amygdala.* International Society for Biomedical Research on Alcoholism, Heidelberg, Germany, 2004

Trost WT, Shampine LJ, Khisti R, Parke GJ, Lieberman JA, Morrow AL, Marx CE. *Neuroactive Steroids as Candidate Modulators of Antipsychotic Drug Action* International Congress on Schizophrenia Research April 2-6th, 2005, Savannah, GA.