



VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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VISN 6 Leadership

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FY07 Clinical Education Grants Awarded

Enduring Educational Materials for Post-Deployment Mental Health: Readjustment Issues

Primary goals of our MIRECC include the development of enduring educational materials, support for a public health approach to clinical care, and translation of empirical research into effective interventions. This year, our emphasis was on proposals designed to focus on patient/family interventions to promote recovery from post-deployment readjustment difficulties, such as:

- ★ Development and testing of an early clinical intervention for a readjustment problem (e.g. insomnia/nightmares)
- ★ Development and testing of a new educational program to help patients/families identify readjustment difficulty (e.g. isolation/withdrawal from relationships)
- ★ Development and testing of a new educational program to promote patient/family self management of a readjustment challenge (e.g. anger related issues within marital communication)

The following studies were awarded funding:

Carolina Clancy PhD, Claire Collie PhD, Victoria Reynolds PhD - Durham VAMC

Returning Veterans' Parent Support Group

OIF/OEF men and women face many challenges after coming home.

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MIRECC Education Collaboration

Operation Enduring and Iraqi Freedom

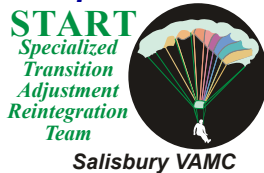
Specialized Transition Adjustment Reintegration Team

OEF/OIF START

Debra A. Volkmer, LCSW

OEF/OIF START

Program Coordinator



The Salisbury VA has been awarded two new grants. These will enhance our current Returning Veterans Outreach, Education, and Care (RVOEC) program. The purpose of this program is to provide specialized assistance to veterans who have served in Operation Enduring or Iraqi Freedom (OEF/OIF) and their families throughout the adjustment process of pre and post deployment. The goal is promotion of a smooth and seamless transition. Veterans may enter

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Governor's Summit Update *Moving From Idea To Reality*

In an earlier issue of the newsletter (October 2006), we presented an overview of the Governor's Summit. This was a North Carolina Department of Health and Human Services/VA joint "kick off" meeting. Attendees were tasked by Governor Mike Easley to construct a plan

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FY07 Clinical Education Grants Awarded

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They may have difficulty re-integrating into non-military social roles such as father, mother, husband or wife. In their absence, parental roles and duties have often been re-allocated to the non-enlisted parent. In addition, children's reactions to their absence and return may be complex.

The goal of this project is to assist veteran parents and their spouses in re-adjusting parental roles and strengthening attachment by teaching of effective parenting techniques. Educational materials will specifically address issues pertaining to the veteran population. These include changing roles during deployment, how readjustment challenges may affect parenting in veterans, and issues pertaining to parent-child attachment after deployment.

Debra A. Volkmer MSW LCSW, William Hayes MSW P-LCSW, Nancy Hauck MSW P-LCSW, Charla Williams, Social Work MSW Intern - Salisbury VAMC *Operation Iraqi and Enduring Freedom (OIF/OEF) Outreach and Education Project: DoD list, media educational tools, and on-site educational groups/training for guard and reserve.*

The purpose of this project is to develop more effective ways to provide information and assistance to returning OIF/OEF veterans and their families. These veterans are eligible for VA healthcare for many conditions during the first two years following separation from the military ("any illness potentially related to their service in the combat theater", VHA Directive 2006-025). Many remain unaware of the available benefits until eligibility has expired. Our goal is to reach and educate as many veterans as possible. Veterans will be identified by the DoD list (of separated veterans) as well as those attached to Guard and Reserve units in the Salisbury VAMC catchment area.

A mass-mailing of electronic media will be used to supply information and educational materials. Offering our veterans readily available resources that are geared toward a much younger and more media savvy population may lower the risk for prolonged post-trauma difficulties. Through outreach we will empower our OIF/OEF veterans to reintegrate into civilian life and assist in preventing future problems related to post traumatic stress or readjustment issues. Our proposed program will also ensure that OIF/OEF veterans are made aware of general VA services including education and VA Loan benefits. We plan to develop this outreach into a best practice model which will then be shared with other VA medical centers. This information may also be shared with DoD

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Publications

Braxton LE, Calhoun PS, Williams JE, Boggs CD. Validity Rates of the Personality Assessment Inventory and the Minnesota Multiphasic Personality Inventory-2 in a VA Medical Center Setting. *J Pers Assess.* 2007 Feb;88(1):5-15.

Crawford EF, Calhoun PS, Braxton LE, Beckham JC. Validity of the Personality Assessment Inventory Aggression Scales and Violence Potential Index in Veterans With PTSD. *J Pers Assess.* 2007 Feb; 88(1): 90-8.

Upcoming Lecture

Harold Kudler, MD (MIRECC Interim Director) will present Grand Rounds for the Department of Psychiatry at Duke on March 22, 2007.

Update

DoD and VA Family Transition Program

The VA and DoD have an ongoing collaboration to improve understanding of the unique family issues of veterans transferring from Military Treatment Facilities to the VA (reported in the August newsletter). Teams from VA centers (Durham, Fayetteville, Hampton, Washington DC, Maryland, Perry Point) that participated in the initial conference last August will meet again in March to share their progress and plan for the future. At the first conference, the VA teams heard presentations related to the needs and expectations of service members and their families. Work groups were formed to identify gaps in the system and in services to veterans and their family members. Each VA team selected three areas to address at their facility. In this upcoming meeting they will share best practices that have been developed to address each area, as well as strategies, challenges and lessons learned during their development. DoD and VA will work together to refine the deliverables and develop a plan for replicating this program across the country.

Invited Lectures

On January 29, Dr. Hurley and Dr. Taber presented "Neuropsychiatry of Mild Traumatic Brain Injury" at a collaborative research planning meeting sponsored by Defence Research and Development Canada.

Governor's Summit Update Moving From Idea To Reality

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to build a real and meaningful network of care for veterans and their families - a charge the joint work force takes to heart. The VA contingent (Harold Kudler, MD, Kristy Strait-Troster, PhD, Everett Jones, MD) were joined by State Mental Health leaders (including Michael Lancaster, MD, Flo Stein, and others). The joint task force met with Carmen Hooker Odom, the North Carolina Secretary of Health and Human Services, to present their findings and recommendations. Secretary Odom's clear goal is to make the plan real. She charged the work group with specific, targeted deliverables, and scheduled a follow-up meeting to monitor progress and address budgetary needs. Secretary Odom agreed with the group that the first deliverable will be a "decision support tool" that can be used by a statewide 24/7 800-number call center. This tool will make it possible for call center staff to give needed information to any caller. Secretary Odom also invited Harold Kudler to join her in a presentation of the recommendations to State Legislature Representative, Grier Martin. Representative Martin is himself a Global War on Terrorism veteran and the leader of a new Military Caucus in the State Legislature. Harold Kudler and Everett Jones met with the work group on December 19, 2006 to help guide the development of the web-based decision support tool.

MIRECC Education Collaboration OEF/OIF START

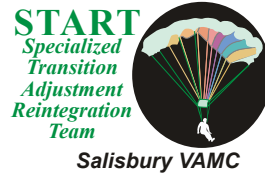
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our program as a result of injury, deactivation, or discharge from military service. We work with all branches of the military. Referrals come from many sources including Guard/Reserve components, active military units, military treatment facility (MTF) transfers, post deployment health screenings (PDHRA), and family and military briefings. In addition, many veterans and family members contact us themselves.

Start Program Overview

Our initial program development concentrated on three areas. These were identifying and testing methods for effective outreach, identifying the needs of both veterans and families, and establishing appropriate case management. When a veteran enters our program we work with them to identify what assistance they and their family require. This sets the level of case management that they will need. These range from level one (intensive case management) to level four (closed with no further intervention needed). Coordination of care is provided on an ongoing basis. In addition to needs assessment and case management, other program offerings developed during this first phase include individual counseling, readjustment groups, and couples counseling. The focus is education, in collaboration with providers, family, and the veteran. Educational outreach by team

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New START Pilot Program: Saturday Couples Workshops

Salisbury VA's new START program (Specialized Transition Adjustment & Reintegration Team) is collaborating with the MIRECC Education component to create a new series of workshops for couples. These workshops will focus on improving relationships and strengthening life skills for veterans and their relationship partners. They are based, in part, on the research and practice of John Gottman, PhD (www.gottman.com).

The workshops are scheduled on Saturdays to make it easier for both partners to attend. The first two sessions were offered in January. Five couples participated in the first two-session workshop. Based on anonymous feedback forms collected following each session, there is very strong support for this new program. All participants noted that they would recommend attending the workshops to other veterans. They also indicated that they would be very likely to attend future sessions. Many expressed gratitude at the availability of workshops on a Saturday afternoon, noting difficulties in attending a workshop during normal VA operating hours.

Based on the favorable response, the Salisbury START program is planning a series of monthly Saturday workshops. The initial topics have been chosen from those requested by the attendees and include PTSD, communication skills, financial matters, and parenting. The next workshop will be on PTSD, and is scheduled for February 17, 2007 at 1:00pm.

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FY07 Clinical Education Grants Awarded

Enduring Educational Materials for Post-Deployment Mental Health: Readjustment Issues

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Mary E. Becker PhD, Matthew T. Wiley BA, Loretta E. Braxton PhD, Jean C. Beckham PhD - Durham VAMC
Jacqueline Friedman PhD - Salisbury VAMC
Marinell Miller PhD - Hampton VAMC
Michelle Andra PhD - Asheville VAMC

Training OIF/OEF Mental Health Clinicians in Smoking Cessation: Activating Veterans in Transitioning from Military Smoker to Non-Smoker.

Veterans have been found to have significantly higher smoking rates than non-veterans. While definitive studies of OIF/OEF veterans are not yet available, an estimated smoking rate of 25% has been suggested. Our project will provide formalized training and practice addressing challenges associated with the unique circumstances of the OIF/OEF theater in contributing to smoking behavior. Thus, this project will enhance VA smoking cessation practice guidelines for OIF/OEF veterans.

We will develop comprehensive kits that will include both an established smoking cessation treatment and newly developed materials. These will be used to train mental health providers in integrated smoking cessation interventions that are brief, cost and clinically-effective. The kits will be used by designated trainers from Durham, Salisbury, Hampton, and Asheville for sites within VISN6 (Asheville, Durham, Fayetteville, Hampton, Richmond, Salem, Salisbury). This project will help determine publishable best practices that will inform current smoking cessation treatment for this at-risk population.

MIRECC Education Collaboration **OEF/OIF START**

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members includes presentations at conferences, at meetings of local organizations, and during workshops held at drill weekends. We have also developed aggressive outreach efforts in collaboration with Vet Centers, National Guard, and Department of Defense (DoD).

Recent comments by an Iraqi war veteran and his spouse put the START program into perspective:

From the spouse - ***“The outpatient program has helped us to gain a wealth of information to understand the effects of the war on our family and tools to deal with these emotions.”***

From the veteran - ***“I knew I had a problem and through the outpatient program I learned how to deal positively with the effects of the war on my personal and public life”.***

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Noon V-tel Lecture Schedule:

March 9

Dr. John P. Oliver (**Chief, Chaplain Service**)

Engaging Community Resources to Create Post-Deployment Care Teams

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 March 9.

If you wish to attend from a site outside of VISN 6, please contact Mary Ellena (mary.ellena2@va.gov; 704-638-9000 ext 2956) so she can make the necessary arrangements.

MIRECC Education Collaboration **OEF/OIF START**

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New Funding

With our new VA funding, we will be developing a five day workshop series for veterans and family members. These will be more intensive. They are designed to assist with community reintegration and post deployment adjustment problems. Topic areas will include readjustment, separation and family challenges, financial management, social and employment-related issues, anger management, suicide prevention, prevention of post traumatic stress disorder (PTSD), and development of skills important for community reintegration. Each veteran will develop his/her individual readjustment plan and evaluation of individual progress will be done on an ongoing basis. We will provide ongoing case management. Continued evaluation with aggressive follow-up will ensure that the veterans and family members continue their transition back from a war zone into their community. The team will continue to follow the veterans/family through their transition back to community life.

Our new MIRECC Clinical Education grant will enable the team to increase our outreach with the 4000 plus veterans/family members in our catchment area. An interactive, educational DVD will be developed and mailed to all of these veterans/families. It will consist of START program highlights and contact information, information of VA benefits, and education and resources about many readjustment issues.

Conclusion

Our ultimate goal is to develop a program of excellence that can serve as a model to be replicated throughout the Nation. Data will be collected that will let us know what works and what does not. Improvements will be made based upon feedback from participants. No diagnosis will be needed for the veteran to avail him/herself of the services. Veterans will be encouraged to attend sessions as needed.