



VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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Director's Update Recent Visits from National Leaders



Mrs. Deanie Dempsey, spouse of General Martin E. Dempsey, Chairman of the Joint Chiefs of Staff, visited the Durham VAMC on January 13, 2012. Drs. Christine Marx (MIRECC Co-Associate Director - Research) and John Fairbank (MIRECC Director) briefed Mrs. Dempsey about the MIRECC's ongoing epidemiological, pre-clinical and clinical research projects on post-deployment mental health, PTSD, TBI, and military and Veterans' families. We are very grateful for Mrs. Dempsey's deep commitment to the mental health of military Service members, our Veterans, and their families.

Gregory L. Giddens, the Executive Director of the VA Enterprise Program Management Office (ePMO), toured the MIRECC facilities at the Durham VAMC on January 24, 2012. Mr. Giddens met with Dr. Fairbank for an overview of the MIRECC's portfolio of collaborative research, education and clinical projects. Following up on the theme of collaboration, Mira Brancu, PhD, and Jennifer Runnals, PhD, briefed Mr. Giddens on the many projects involving MIRECC investigators at the Durham, Salisbury, Richmond and Hampton VAMCs. Some of these projects are recruiting research participants and others are utilizing data from our MIRECC's OEF/OIF/OND Registry.

Recently Approved Grants

Scott McDonald & George Feldman (Co-PIs) *Olfactory and taste dysfunction after mild TBI among U.S. military personnel deployed to Iraq and Afghanistan: A feasibility study.* Defense and Veterans Brain Injury Center (DVBIC)

New National Outreach!



www.mirecc.va.gov/newsletter/current.asp

Each issue of this new publication from the Education Components for the VA's Mental Health Centers of Excellence will focus on a different topic. Our MIRECC's education outreach to community providers was one of the featured projects in the first issue!

continued on page 2

Approved Research Sites & Contacts:

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New Resources

Serving Those Who
Have Served:
*Educational Needs of
Health Care Providers
Working with Military
Members, Veterans,
and their Families*

A Web Survey of Mental Health
and Primary Care Professionals



Kilpatrick DG, Best C L, Smith D W, **Kudler H**,
Cornelison-Grant V, released December 2011

This project was designed to gather information from a large, diverse group of primary care and mental health care providers who were predominately from the private sector. A web-based survey was designed and conducted by the Medical University of South Carolina with funding from the VA's Office of Rural Health through the VISN 6 Rural Health Initiative. Information was sought about the following topics:

- Type of specialty and nature of practice
- Whether practice accepts TRICARE
- Prior or current military service
- Prior training or employment at VAMC
- % of patient panel who are former or current military
- Whether patients were asked about current/former military service
- Opinions about quality of care provided by the DoD and VA
- Knowledge about VA eligibility and willingness to refer patients to the VA
- Providers' confidence in their knowledgeable about and ability to use best practice treatments for relevant conditions
- Providers' interest in training topics and modalities

Providers were also given the opportunity to provide open ended responses to questions about their use of educational materials and types of training resources that would be most helpful. The full report is available at:

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

New National Outreach

continued from page 1



In this issue: Focus on Tailoring Treatments to Returning Veterans

RESEARCH

Researchers at the National Center for PTSD and New England MIRECC found that age and the number of other mental health problems experienced by returning Veterans with PTSD limit their engagement in PTSD treatment



Researchers compared VA mental health service use of Afghanistan and Iraq Veterans with that of Vietnam-era Veterans. Using data from over 200,000 VA PTSD patients, they found that returning Veterans were more likely to leave mental health treatment for PTSD. Only 38% stayed in care compared with 46% of Vietnam-era Veterans. Likewise, returning Veterans had fewer PTSD mental health visits than did their **more**

EDUCATION

The Mid-Atlantic MIRECC is improving care for our nation's returning Veterans by creating trainings for community providers

An unprecedented number, 53%, of the 2.2 million returning Veterans have already sought care with the VA. However, this means that many returning Veterans have not yet chosen to register at the VA for care. If these returning Veterans seek care, they will likely do so from community providers. Returning Veterans may be more severely affected by mental health problems such as PTSD. They may have additional **more**



CLINICAL

Recent Veterans face many challenges returning to the civilian world



How they tackle these problems can determine how well they adjust in this transition. If difficulties are not successfully managed, more lasting problems may develop, including chronic mental health conditions. Recently, the MIRECCs and COEs joined forces to pilot a program to help Veterans successfully navigate this often rocky period. The program, Moving Forward: A Problem Solving Approach to Achieving Life's **more**

www.mirecc.va.gov/newsletter/current.asp

Outreach to Providers

BALL STATE UNIVERSITY



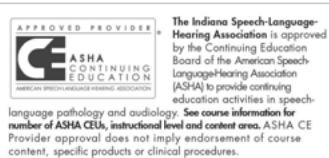
EDUCATION REDEFINED

Windows to the Brain: Neuropsychiatry of Brain Injury and Common Co-morbidities for Audiology and Speech and Language Pathology
February 24, 2012, Ball State University, Muncie, IN

Speaker: Dr. Robin Hurley, Neuropsychiatrist & MIRECC Associate Director - Education

Dr. Hurley presented this full day series of lectures to an audience of more than 150 audiology and speech pathology clinicians and trainees.

Sessions: *Functional Neuroanatomy for Audiology and Speech Language Pathology*
Basics of Neuroimaging for Audiology and Speech Language Pathology
Neuropsychiatry of mild TBI for Audiology and Speech Language Pathology - Part 1
Neuropsychiatry of mild TBI for Audiology and Speech Language Pathology - Part 2 - clinical case discussion



Invited Lectures

Dr. Jason A. Nieuwsma (MIRECC Researcher) presented "*Religion, Spirituality, and Mental Health: Intersections and Issues*" to the Psi Chi chapter at Meredith College, Raleigh, NC, February 2012.

Journal Articles

Dedert EA, Calhoun PS, Harper LA, Dutton CE, McClernon FJ, Beckham JC. *Smoking Withdrawal in Smokers With and Without Posttraumatic Stress Disorder*. *Nicotine and Tobacco Research*. 2012 Mar;14(3):372-6.

Gierisch JM, Straits-Tröster K, Calhoun PS, Acheson SK, Hamlett-Berry K, Beckham JC. *Tobacco use among Iraq and Afghanistan combat Veterans: A qualitative study of barriers, facilitators and treatment preferences*. *Preventing Chronic Disease: Public Health Research, Practice and Policy*. 2012; 9: 110131.

Hurley RA, Filley CM, Taber KH. *Central Pontine Myelinolysis: A Metabolic Disorder of Myelin*. *Journal of Neuropsychiatry and Clinical Neuroscience* 2011 Fall; 23(4): 368-374.

Joseph AM, McFall M, Saxon AJ, Chow BK, Leskela J, Dieperink ME, Carmody TP, Beckham JC. *Smoking intensity and severity of specific symptom clusters in posttraumatic stress disorder*. *Journal of Traumatic Stress*. 2012 Feb;25(1):10-6.969-978.

Morey RA, McCarthy G, Selgrade ES, Seth S, Nasser JD, Labar KS. *Neural systems for guilt from actions affecting self versus others*. *Neuroimage*. 2012 Mar;60(1):683-92.

Montella D, Brown SH, Elkin PL, Jackson JC, Rosenbloom ST, Wahner-Roedler D, Welsh G, Cotton B, Guillamondegui OD, Lew H, Taber KH, Tupler LA, Vanderploeg R, Speroff T. *Comparison of SNOMED CT® versus Medcin® Terminology Concept Coverage for Mild Traumatic Brain Injury*. *AMIA 2011 Annual Symposium Proceedings*. 2011: 969-978.

Program Update

Engaging Chaplains in Mental Health Care

This project is funded by Central Office and housed within our MIRECC. **Dr. Keith Meador** directs the initiative, and **Dr. Jason Nieuwsma** serves as associate director.



Dealing with Job Loss over the Holidays

Dr. Jason Nieuwsma contributed this invited article for the VA My HealthVet website in December.



Bridging Chaplaincy and Mental Health Care Conference

January 26-27, San Antonio TX



Dr. Keith Meador

Bridging - Why do it?

Chaplain Bill Cantrell

Family Care, Chaplaincy and the Community

Dr. Kent Drescher

Etiology of OEF/OIF Problems/Combat Stressors

Dr. Kent Drescher

Beliefs, Cognitions, and Attributions

Dr. Keith Meador & Chaplain Bill Cantrell

Gratitude - Forgiveness - Acceptance

Dr. Krista Stephenson

National Suicide Prevention Program

Dr. Jason Nieuwsma

Acceptance and Commitment Therapy in the Context of

Empirically Supported Treatments

Dr. Jason Nieuwsma

Integrating Acceptance and Commitment Therapy with Chaplaincy

Dr. Kent Drescher

Applying Acceptance and Commitment Therapy

Chaplain Derrel Hughes & Dr. Jason Nieuwsma

Acceptance and Commitment Therapy in an Outpatient Setting

Chaplain & Mental Health Round Table

Moving Toward Integration

Approximately 60-70 chaplains, mental health providers and community clergy attended this conference.

Outreach to Providers

Group Supervision for Clinicians Listening to Trauma Histories

Therapists treating PTSD often find themselves in parallel turmoil, as they react to the patient's inner and outer worlds. Good clinical supervision is essential. In addition to receiving guidance and support from an experienced colleague, having the opportunity to share one's often turbulent emotions and learning how these can be used to better understand the case are also important.

Facilitator: **Dr. Harold Kudler**, Psychiatrist & MIRECC Associate Director - Clinical

Purpose: Assist presenter in processing a case that is particularly disturbing and hard to let go of.

Audience: Trauma clinicians and staff who routinely hear disturbing trauma histories

Objectives: As a result of participating, the attendee will be able to:

Develop new personal and professional strategies and new clinical understanding;

Recognize the potential effects of trauma narratives on therapists and staff;

Identify the importance of on-going clinical supervision in work with trauma

Upcoming sessions: **March 14 April 11 May 9 June 20 July 18 August 15 September 12**
October 10 November 21 December 19

Participation available in person (Durham VA) or by audio-teleconferencing.

Register to participate or present a case at an upcoming session by contacting Harold Kudler (harold.kudler@va.gov; 919-286-0411 ext 7021).

Noon V-tel Lecture Schedule:

February 10

Bridget Matarazzo, PsyD
VISN 19 MIRECC & Denver VAMC
Suicide & Self-Directed Violence Classification System (nomenclature)

March 9

Yevgeny Zadov, MD
Richmond VAMC
Paroxysmal Sympathetic Hyperactivity

April 13

Gina Signoracci, PhD
VISN 19 MIRECC & Denver VAMC
Facilitating Recovery in Those with Traumatic Brain Injury (TBI)

May 11

Jill Kays, PhD
VISN 6 MIRECC & Salisbury VAMC
Neuroplasticity: What it is and how it can be applied to mental health

June 8

Jay Granier, MD
Richmond VAMC
TBA

September 14

Sean Barnes, PhD
VISN 19 MIRECC & Denver VAMC
Mental Health Safety Planning with Veterans and Military Personnel

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).

Visit our web site for more resources
<http://www.mirecc.va.gov/visn6.asp>

★ Free ★ Web Courses for Providers

Treating the Invisible Wounds of War

www.aheconnect.com/citizensoldier

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

- 1 - *Post Traumatic Stress Disorder (english & spanish editions)***
- 2 - *A Primary Care Approach***
- 3 - *Issues of Women Returning from Combat***
- 4 - *Recognizing the Signs of mTBI during Routine Eye Examinations***

These courses were developed by MIRECC faculty in collaboration with Citizen Soldier Support Program (CSSP) and North Carolina Area Health Education Center (NC AHEC). They are designed to help primary care physicians, case workers, mental health providers - who may see a veteran or family member on an unrelated issue - develop a better understanding of the culture in which veterans and their families live and work, and provide best practices for identifying, assessing and treating mental health problems that result from the trauma of war.