



# VISN 6 Mid-Atlantic MIRECC Post Deployment Mental Health

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## Research Component Updates

### *Veterans Needs and Preferences in Smoking Cessation Care*

Military service and combat exposure are risk factors for smoking. Several recent papers from our group have focused on Iraq/Afghanistan era Veterans' views on smoking and smoking cessation. We used focus groups to explore these topics.

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### *Use of a Learning Collaborative to Implement Integrated Smoking Cessation Care for Veterans with PTSD*

PTSD is associated with a high rate of smoking and low rate of quitting. Existing models of smoking cessation treatment do not meet the needs of smokers with PTSD. Integrated Smoking Cessation Care combines evidence-based smoking cessation treatment with mental health



treatment for PTSD. This approach has been shown to be superior to referral to usual smoking cessation care, but has not been broadly implemented. In 2010 a new Learning Collaborative was formed to address this need. A Learning Collaborative focuses on engaging all levels of the healthcare system - providers, supervisors, and management - to facilitate change.

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## Clinical Component Update

### A Fond Farewell

Dr. Kristy Straits-Troster joined the VISN 6 MIRECC at its inception. As Assistant Director of our Clinical Component, she has played a central role in both strategic planning and program implementation. Building on her expertise as a health psychologist and past work at VA's National Center for Disease Prevention and Health Promotion, she collaborated with Harold Kudler and colleagues in the Clinical Component and the Health Services Research Core to develop a unique programmatic approach to deployment health as a community and national public health issue. Among her MIRECC accomplishments are:



- ★ A study of OEF/OIF Veterans responses on VA's national *Survey of Health Experiences (SHEP)*
- ★ Development of focus groups of Veterans and their family members which then informed a unique regional *Needs Assessment Survey of OEF/OIF Veterans*
- ★ Implementation (partnering with VISN 3 MIRECC) of *Multi Family Group Treatment for Veterans with Traumatic Brain Injury*
- ★ National launch (partnering with VISN 5 MIRECC) of VA's national *Coaching Into Care Project*

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## Use of a Learning Collaborative to Implement Integrated Smoking Cessation Care for Veterans with PTSD

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Best practices in training and consultation are integrated with quality improvement methods. This helps organizations to rapidly implement and sustain evidence-based interventions. Year-long interactive engagement is emphasized. Methods include monthly consultation calls, as well as programming and consultation for program leadership focused on organizational development. Quality improvement tools are used to monitor progress and address implementation challenges.



Partners in the Integrated Smoking Cessation Care Learning Collaborative are VA Clinical Public Health, VISN 6 MIRECC, VISN 22 MIRECC, Dissemination and Training Division of the National Center for PTSD, and Duke University Evidence-Based Practice Implementation Center. They are working with six VA PTSD programs to foster the successful implementation of Integrated Smoking Cessation Care. Between October 2010 and September 2011, 46 clinicians delivered care using this new approach to 175 Veterans. As of October 2011, the six sites had trained an additional 59 PTSD treatment providers and trainees in the model. Additionally, three sites had begun training providers on other teams (such as general mental health) and CBOCs. The partnership has recently launched a second Integrated Smoking Cessation Care Learning Collaborative. In April 2012, 31 staff from an additional six PTSD programs met for the first of two 2-day trainings.

### MIRECC Faculty Honored

**Dr. Christine Marx** (Co-Director, Research Component & Director, Interventions Core) was recently accepted into the Chancellor's Clinical Leadership in Academic Medicine Program at Duke University.



This 6-day program is held over the course of 4 months. The purpose is to facilitate leadership development of participants, helping faculty learn to lead and grow their groups more effectively.

Participants also collaborate to address a health system issue faced by Duke Medicine, and finish with a presentation proposing a course of action.

### MIRECC Fellow Wins Honor!

Congratulations to Dr. Cindy Swinkels! She has been accepted into the highly competitive NIH summer institute *Randomized Clinical Trials Involving Behavioral Interventions*.



The purpose of this training is to provide a thorough grounding in the conduct of research on the impact of behavioral and social interventions on health outcomes, health behavior, and treatment to promising young investigators.

The curriculum addresses essential conceptual, methodological, and practical issues. It includes all aspects of planning, design, and execution of randomized clinical trials involving behavioral interventions.

### Invited Lectures

**Dr. Robin A. Hurley** (MIRECC Associate Director, Education) presented "*Windows to the Brain: Neuropsychiatry of TBI and Its Common Co-morbidities*" at the Governor's Institute meeting, Asheville NC, March 30 2012.

**Dr. Christine Marx** (MIRECC Co-Associate Director, Research) presented "*Update on the Multi-Site DoD-Funded Injury and Traumatic Stress Consortium (INTRUST) and Related Projects Focusing on TBI and PTSD*" at the Traumatic Brain Injury Conference held in Washington DC on March 7, 2012 and "*Neurosteroids as Candidate Biomarkers and Novel Therapeutics In Schizophrenia, and other CNS Disorders*" as part of the Current Topics in Pharmacological Sciences Series at Boston University School of Medicine on March 21, 2012.

### Meeting Presentations

Eknoyan D, Taber KH, Hurley RA. *The Clock Drawing Test: Review of Brain Anatomy and Function*. American Neuropsychiatric Association 23rd Annual Meeting, New Orleans LA, March 21-24, 2012.170.

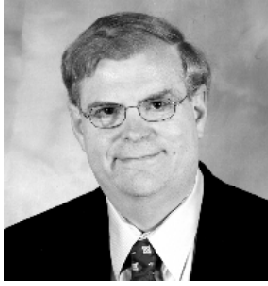
Hurley RA, Taber KH. *Teaching Materials to Translate Neuroanatomical Knowledge from Textbook to the War-Related Blast Injury Patient - Part II*. American Neuropsychiatric Association 23rd Annual Meeting, New Orleans LA, March 21-24, 2012.

Kays J, Gross P. *Neuropsychological Function in a Case of Occult Dandy-Walker Variant*. American Neuropsychiatric Association 23rd Annual Meeting, New Orleans LA, March 21-24, 2012.

Taber KH, Rowland J, Hurt SD, Hurley RA. *OEF/OIF Veterans with mild TBI and PTSD Following Exposure to Primary Blast Forces: Computer-Based Neurobehavioral Testing*. American Neuropsychiatric Association 23rd Annual Meeting, New Orleans LA, March 21-24, 2012.

### Book Chapters

Hurley RA, Fisher R, Taber KH. *Clinical and functional neuroimaging*. In: Yudofsky SC, Hales RE (eds). *Clinical Manual of Neuropsychiatry*. American Psychiatric Press; 2012: 27-59.



## New Leadership Role

Harold Kudler, MD (MIRECC Associate Director, Clinical Component) has been appointed by Governor Beverly Perdue as a member of the North Carolina Institute of Medicine (NC IOM). Dr. Kudler's appointment stems from his contributions in developing *Honoring Their Service: A Report of the North Carolina Institute of Medicine Taskforce on Behavioral Health Services for Military Members and their Families*.

[www.nciom.org/publications/?militarybehavioralhealth](http://www.nciom.org/publications/?militarybehavioralhealth)

This, in turn, became the underpinning of landmark new legislation in North Carolina.

[www.ncga.state.nc.us/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf](http://www.ncga.state.nc.us/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf)

Dr Kudler will serve a 5-year term as one of 100 active NC IOM members. Members are drawn from government, education, business and industry, the health and legal professions, the hospital and health insurance industries, private philanthropy, the voluntary sector and the public at large. NC IOM serves to objectively represent the public interest in its advisory and consultative role. As members of the Institute, appointees are not advocates for any particular point of view on issues under study. They do not officially represent the organizations with which they are affiliated. The purpose of the NC IOM is to ensure that all aspects of complex health issues are examined. The results of these deliberations are made available to public and private sector officials with decision-making authority.

## 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.

### Bridging Chaplaincy and Mental Health Care Conference

March 8-9, Seattle WA

Approximately 40-50 chaplains, mental health providers and community clergy attended this conference.



### Workgroup meeting: DoD/VA Integrated Mental Health Strategic Action #23: Chaplains' Roles

March 19, Washington DC

Attendees (~30) included chaplaincy leadership in VA, Army, Navy and Air Force, academic experts, and VA mental health leadership.

## Journal Articles

Gierisch JM, Bastian LA, Calhoun PS, McDuffie JR, Williams JW Jr. *Smoking Cessation Interventions for Patients with Depression: A Systematic Review and Meta-analysis*. J General Internal Medicine. 2012 Mar;27(3):351-60.

Hayes JP, Morey RA, Tupler LA. *A case of frontal neuropsychological and neuroimaging signs following multiple primary-blast exposure*. Neurocase. 2012 Jun;18(3):258-69.

Maselko J, Hayward RD, Hanlon A, Buka S, Meador K. *Religious service attendance and major depression: a case of reverse causality?* American J Epidemiology. 2012 Mar 15;175(6):576-83.

Taber KH, Black DN, Porrino LJ, Hurley RA. *Neuroanatomy of Dopamine: Reward and Addiction*. Journal of Neuropsychiatry and Clinical Neuroscience 2012 Winter; 24(1): 1-4.

Van Voorhees EE, Mitchell JT, McClernon FJ, Beckham JC, Kollins SH. *Sex, ADHD symptoms, and smoking outcomes: An integrative model*. Medical Hypotheses. 2012 May;78(5):585-93.

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## 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:** **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](mailto:harold.kudler@va.gov); 919-286-0411 ext 7021).

## New Resources

### ***Treatment of Substance Use Disorders in Veterans with PTSD***

[www.mirecc.va.gov/visn6/community.asp](http://www.mirecc.va.gov/visn6/community.asp)

This PowerPoint presentation by **Dr. John Allen (MIRECC Senior Scientist, Clinical Care)** addresses treatment of substance use disorder in Veterans who are also diagnosed as having PTSD. It reviews research on how deployment and war zone stressors contribute to development of each of the two conditions separately and their co-occurrence; evidence-based treatments for substance use disorder and PTSD; epidemiological findings on the dual diagnosis, dynamic interactions of the two conditions. It also provides recommendations for treatment. To assist community health care providers, the presentation also comments on issues of military culture; VA resources for OEF-OIF Veterans; and criteria for eligibility of care.

## A Fond Farewell

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Dr. Straits-Troster helped envision and lead the North Carolina Governor's Focus on Returning Service Members, Veterans and their Families. She helped develop and teach the widely acclaimed *Painting a Moving Train* series on OEF/OIF deployment health issues in partnership with the Citizen Soldier Support Program and North Carolina AHEC. Over 12,000 community providers and stakeholders have participated in this training. She has also made key contributions to *Honoring Their Service: A Report of the North Carolina Institute of Medicine Taskforce on Behavioral Health Services for Military Members and their Families*. This report became the underpinning of recent landmark legislation in North Carolina in support of Service Members, Veterans and their Families. In the course of her work, she has published numerous articles in peer reviewed journals, presented her findings at many national and international meetings and mentored clinicians, students, and fellows across a broad range of disciplines. We will miss her leadership as she follows her husband to Arizona and continues with VA at the Phoenix VAMC.

## Journal Articles

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Youssef NA. ADHD, Editorial: *Sleep Disorders, and Other General Medical Conditions: Recommendations for DSM V*. Journal of Sleep Disorders & Therapy 2012, 1:e106.

Zaborowski DE, Dedert EA, Straits-Troster K, Lee S, Wilson SM, Calhoun PS, Moore SD, Acheson S, Hamlett-Berry KW, Beckham JC. *Public health clinical demonstration project for smoking cessation in american veterans who served since september 11, 2001*. J Addict Med. 2011 Mar;5(1):79-83.

## ***Veterans Needs and Preferences in Smoking Cessation Care***

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We found that Iraq/Afghanistan era Veterans believed that smoking was a normalized part of military life and saw many benefits in smoking. They expressed an interest in quitting, but also reported multiple barriers. For example, smoking cessation efforts were commonly derailed by behavioral, situation, and environmental triggers. They identified several aspects of treatment that could improve their ability to quit smoking. Most important were flexible scheduling, free nicotine replacement therapy, peer support, and family inclusion in treatment.

Issues related to smoking cessation among Veterans with posttraumatic stress disorder (PTSD) are of particular interest because these Veterans are at higher risk for smoking. Compared to Veteran smokers without PTSD, those with PTSD reported a much stronger belief that smoking would make them feel better. This expectation made it more difficult for them to have confidence in maintaining smoking abstinence. Veterans with PTSD who also had attention deficit hyperactivity symptoms (ADHD) had even higher urges to smoke to increase positive feelings. These findings suggest that smokers with PTSD use smoking to manage their mood. Smoking cessation treatment approaches for this group should include coping skills training designed to improve self-management of mood, particularly during quit attempts.

## ★ Free ★ Web Courses for Providers

### ***Treating the Invisible Wounds of War***

[www.ahecconnect.com/citizensoldier](http://www.ahecconnect.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.

**Noon V-tel Lecture Schedule:****May 11****Jill Kays, PhD**, VISN 6 MIRECC & Salisbury VAMC - *The Dynamic Brain: Neuroplasticity and 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>**