MID ★ ATLANTIC MIRECC POST DEPLOYMENT MENTAL HEALTH

Briefings

Vol 12 ★ Issue 1 ★ February 2016

Director's Update

You may have noticed that we have updated the design of our newsletter as well as our logo. This change comes along with many other exciting changes for the MIRECC and is in part an outward reflection of our progress moving research into practice.

It also follows our recent Reverse Site Visit (RSV), in which we presented the progress we have made over the past 5 years across our research, education, and clinical program endeavors to the Mental Health Services Office at VA Central Office in Washington, DC. The RSV provided us with an opportunity to conduct a thorough self-assessment in preparation for the meeting. As part of the RSV meeting we also received useful feedback about how far we have come, where we are now, and where we need to be moving into the future with our work.

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We presented on our foundations and areas of emphasis from basic science to interventions for Posttraumatic Stress Disorder (PTSD), Substance Use Disorders (SUD), and Traumatic Brain Injury (TBI). Among others, this included Scott Moore's work on animal modeling to better understand the applicability of neuropeptides in substance use, anxiety and long-term effects of TBI; work by Chris Marx and Jen Naylor on identifying risk and resilience biomarker factors and new therapeutic candidates that are safe, well-tolerated, rapidly available, and efficacious; work by Nate Kimbrel and Jean Beckham on the gene-by-environment interactions in PTSD; work by Robin Hurley, Raj Morey, and Jared Rowland in understanding primary blast effects through cutting edge neuroimaging studies; work by Robin Hurley, Kathy Taber, and Raj Morey to develop training, education, and dissemination efforts to help clinicians better evaluate TBI through neuroimaging; Pat Calhoun's work in clinical assessment and interventions to reduce smoking using internet and mobile technologies and improve implementation and dissemination efforts; and Eric Elbogen's work on developing violence assessment screening tools, apps and neurofeedback interventions for at-risk Veterans with PTSD and TBI.

We also presented on new areas of growth, including our Postdeployment Mental Health (PDMH) Study and Repository, focus on specific subpopulations (women, families, and other subpopulations crossing mental health concerns such as TBI, depression, PTSD, substance use, pain), and interest in continuing to expand our work in suicide and violence assessment prevention.

Briefings is published bi-monthly by the Mid-Atlantic (VISN 6) MIRECC's Education Core

Director's Update

Finally, we presented on our training of the next generation of VA researchers and clinicians, training and educating community providers, strengthening our research infrastructure, developing cross-lab and multi-site collaborations, and our plans for following up our Iraq/Afghanistan era Veteran cohort in the PDMH Repository to see how they are doing over time.

We received wonderful overall feedback about how far we have come since our start in 2005. Our mission and focus continues to be incredibly relevant. Our efforts have been well-aligned with our mission on improving understanding, assessment and treatment of post-deployment mental health issues for Iraq and Afghanistan era Veterans. We have made an important footprint in several areas. We continue to build a large and rich post-deployment mental health data repository, which is seen as a national resource. Our clinical and education activities range from training community providers and chaplains to fostering trainees and the next generation of clinicians and researchers.Our research includes many areas such as neurosteroid interventions, biomarkers, violence assessment and prevention, and smoking cessation treatment, and opportunities to expand our ability to focus on subpopulations.

We look forward to continuing to expand these to new important areas. Even though much has been accomplished, we still have more to do to serve our nation's Veterans through research, education, and training.

We want to especially thank the Veterans who have graciously donated their time and experiences to contribute to these research and training endeavors so that we can learn and disseminate information about post-deployment mental health needs of this cohort.

John A. Fairbank, Ph.D.
Director, Mid-Atlantic (VISN 6) MIRECC

Focus on the VISN

New Grants

PI: **Dr. Sarah Wilson** (MIRECC Fellow, Durham site), ***Prenatal Smoking in Women.***
The goal of this project is to gather key qualitative data describing women Veterans' experiences, perceptions and treatment barriers related to prenatal smoking. These data may inform VHA outreach and treatment strategies to target prenatal smoking.
Funded by: Department of Veterans Affairs, Women's Health Service

Invited Lectures

Dr. John Curray (MIRECC Faculty, Durham site) presented *The VISN-6 MIRECC Family Interest Group* to the UNC-Greensboro Clinical Psychology Program on January 28, 2016.
Blueprint for Excellence Strategies 2, 7, 8

Dr. Robin A. Hurley (MIRECC Associate Director, Education) presented *Neuropsychiatry of TBI and its Co-morbidities* as part of the Salisbury VAMC Mental Health Grand Rounds on January 21, 2016.
Blueprint for Excellence Strategies 1, 2, 7, 8

Dr. Holly Miskey (MIRECC Faculty, Salisbury site) and Jennifer Barton co-presented *Distinguishing Mild Cognitive Impairment from Depression: A Review of Literature* as part of the Salisbury VAMC Mental Health Grand Rounds on February 18, 2016.
Blueprint for Excellence Strategies 2, 7, 8

Clinical Core Update

Clinical Core Grant Program FY 2016 Furthering Clinical Core Mission & Goals

Purpose

This program announcement provides information, application procedures, and guidelines for expansion of MIRECC Clinical Core efforts for improving post-deployment mental health of Veterans. We are specifically looking for innovative ways to move research findings into the hands of clinicians. This could be through training, formal consultation efforts, technical assistance, and other products (e.g., manuals, website updates, webinars).

Background & Rationale

The Mid-Atlantic MIRECC was awarded in 2004 to serve as a translational medicine center that develops and disseminates scientifically rigorous assessments and novel, effective interventions for post-deployment mental illnesses and related challenges impacting Veteran functional outcomes and quality of life. The center has a special emphasis on Iraq/Afghanistan era Veterans.

Foundational main research areas include PTSD, TBI, and Substance Use Disorders. Emerging areas of interest have included pain, destructive behaviors (suicide and violence), and psychotic disorders. Special subpopulations of interest include women, families, and the First Persian Gulf War involvement. Translational science goals are met through efforts by the following three main components:

Research Core: To develop novel mental health assessments and interventions through basic and clinical research.
Education Core: To raise awareness of the scope and impact of post-deployment mental illness and related problems on America's Veterans, their families, and communities.
Clinical Core: To provide expert, evidence-based education, training, clinical consultation and technical assistance to improve the quality of care for American Veterans. Primary goals of the Clinical Core are also to include a public health approach to clinical care, and translation of empirical research into effective interventions. With that said, there is a great gap in the education of both health care providers and patients on common post-deployment issues such as when to seek/provide help and what are the best ways to help.

Elgibility

Any of the following individuals/groups may apply:

1. Those working under the MIRECC Research and Education Cores. This includes postdoctoral fellows.
2. Clinicians within the MHSL at any of our collaborating sites (Durham VAMC, Salisbury VAMC, Richmond VAMC, Hampton VAMC, Salem VAMC). Clinicians must apply via a MIRECC employee "sponsor" (See Appendix III) who will partner with them on the project. MIRECC Sponsors are MIRECC employees either on site or at a different MIRECC facility, who have access to enter the application through our online portal, and hold leadership roles.
3. Clinicians, researchers, or educators at any of our academic affiliate institutions (Duke University, Wake Forest, Old Dominion, Virginia Commonwealth University). Affiliates must apply via a MIRECC employee sponsor who will partner with them on the project.

The following WILL NOT be considered:

a) Projects that already have funding to support similar efforts; and/or
b) Incomplete submissions.

New Leadership Activities

Dr. Robin Hurley (MIRECC Associate Director for Education and Salisbury site Fellowship Director) has been appointed to serve as Co-Principal Investigator and Co-Chair of the *Executive Committee* for VA Cooperative Clinical Trial Award (CCTA) #0004 : *"A Phase II Initial Trial of Mifepristone-A Drug that is an Effective Glucocorticoid Receptor Antagonist, for its Effectiveness in PTSD"*. Dr. Hurley has been a Site Investigator for this study since 2015.

Blueprint for Excellece Strategies 1, 2, 7, 8

VHA Promising Practices Consortium

The consortium is a new platform established by Dr. David Shulkin, the Under Secretary for Health, where anyone in VHA can share successful operational, clinical, and programmatic practices, and learn from others' experiences in key strategic areas that align with his priorities.

Our MIRECC is a participant in two submissions to this program that have won honoable mention from the Office of Under Secretary for Health: *Home-Based Mental Health Evaluation (HOME)* & *Coaching Into Care family member call center*

Dr. Mira Brancu (MIRECC Deputy Director) has been invited to contribute her recent submission *Home-Based Mental Health Evaluation (HOME)* to be considered for inclusion in a new book to be published by the Under Secretary *"The Best Care Everywhere"*.

Clinical Core Update

Clinical Core Grant Program FY 2016
Furthering Clinical Core Mission & Goals

Funding

Priority will be given to the following:

1. New/early career research investigators (within first five years of postdoctoral fellowship, CDA/K awardees, etc.)
2. Clinicians/educators with strong training experience.
3. Projects that focus on subpopulations and emerging areas of interest, as described above.
4. Projects that cover cross-cutting VA/VHA/VISN Priority areas.

We anticipate funding up to 5 proposals, each for budgets within the range of $8,000 to $20,000, dispersed one time in FY 2016. Approval of awards depends on availability of funds at the time of the decision. Projects must be completed within one year of funding.

Allowable budget items include commercial materials to be used in the project, materials reproduction, and non-IT equipment. Temporary personnel can be hired part-time not to exceed the limits of the funding period. Normal VA human resources policies apply to all hires. Budget items not allowed include salary for permanent VA employees, VA employee travel, food items, IT equipment, and any services that can normally be provided by your VAMC facility.

Outcomes

All projects must contain some element of enduring clinical programming (e.g. creation of webcasts, videos, hard copy materials) that can be used by more than one set of consumers/providers on an ongoing basis after the initial funding period has lapsed.

All grants must contain a plan for measurement of success/failure of the project. Use of standardized methods and instruments is strongly encouraged. Measures must be objective and quantitative. Outcome measures sufficient to demonstrate the success or failure of the intervention/ project must be specifically detailed in the proposal and completed by the end of the funding period.

Dissemination & Distribution

The grant applicant must share/disseminate the knowledge gained from the project. The potential for peer-reviewed publication will be viewed favorably during review.

All products developed with this support must include proper credit to the VISN 6 MIRECC (e.g., logo, acknowledgements) and are the property of the VISN 6 MIRECC and VHA. As such, the products are not for profit and may be distributed to other VA facilities by the VISN 6 MIRECC, with proper author credit. Products may be posted on the MIRECC website and shared with other Networks and academic institutions.

Timeline

Proposals must be submitted by close of business **March 25, 2016**.. Applications must be submitted through our online portal, which is accessible only to MIRECC personnel. Grants applications are limited to 5 pages (12-point font; 1 inch margins if uploading or approximately 2,000 words) exclusive of budget tables, references, and other supplemental documents. If you have questions about the application or the appropriateness of your project, please contact **Dr. Mira Brancu, Deputy Director, VISN 6 MIRECC at: Mira.Brancu@med.va.gov**

Honors & Awards

Dr. Mira Brancu (MIRECC Deputy Director) has achieved certification as a VHA mentor at the Fellow level. This certification recognizes the contribution and stewardship made by actively engaging in a mentor, coach or preceptor role.

Blueprint for Excellence Strategies 2, 8

Dr. Scott Moore (MIRECC Faculty, Durham site and Director of the Neuroscience Lab) was promoted to Full Professor in the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine.

Blueprint for Excellence Strategies 7, 8

Dr. Jared Rowland (MIRECC Research Psychologist, Salisbury site, previously MIRECC Fellow, Salisbury site) has been selected as a Scholar in the 2016 Translational Research Academy (TRA) at Wake Forest School of Medicine's Clinical and Translational Science Institute.

The TRA is an education and research support program to enhance the career development and success of early-career clinical and translational researchers. Faculty who have significant effort devoted to research are eligible to become Academy Scholars. The TRA provides education and leadership development training, research support services, mentoring, and networking opportunities.

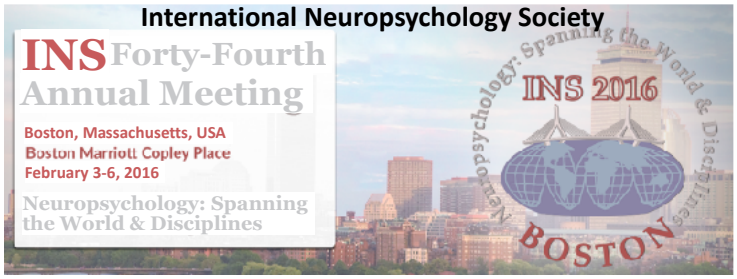
Blueprint for Excellence Strategies 7, 8

Transitions

We wish everyone the best of luck in their new positions.

Cassidy Fox, previously Research Coordinator for the Neuroimaging Lab, has moved on to a support staff position at Threshold Clubhouse, a transitional employment program for adults living with serious mental illness

Conferences



Rowland JA, Miskey HM, Brearly TW, Martindale SL, Shura RD. *Construct validity of Auditory Consonant Trigrams.* Poster

Brearly TW, Shura RD, Miskey HM, Martindale SL, Rowland JA. *Understanding the Word Memory Test: Performance validity beyond learning and memory.* Poster

Martindale SL, Morissette SB, Dolan SL. *Sleep Quality as a Mediator between Combat Experiences and Neuropsychological Outcomes in Iraq/Afghanistan Veterans.* Poster

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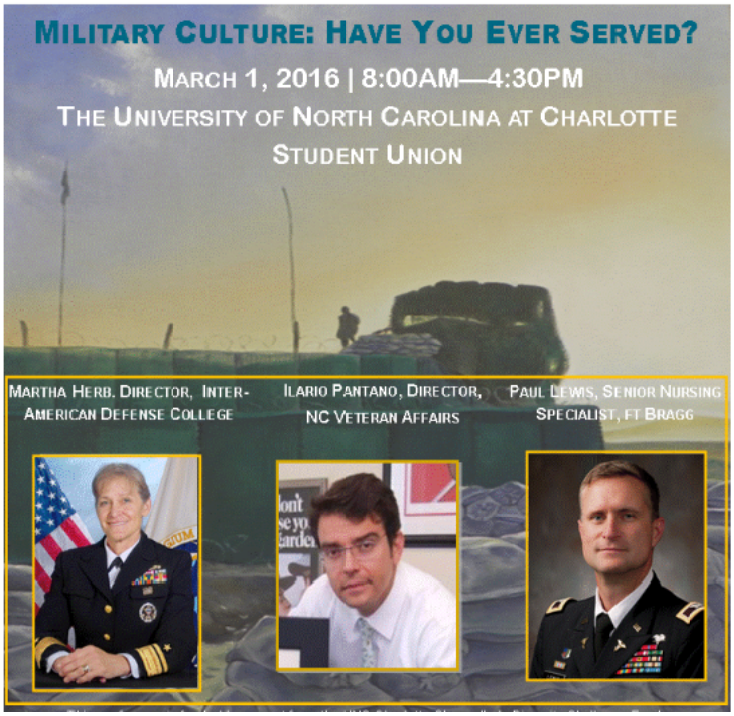

Brearly TW, Sakpal R, Wilson D, Taber KH. *Development of a mTBI virtual standardized patient: Enhancing diagnostic reliability through interactive training.* Poster

Brearly TW, Shura RD, Miskey HM, Martindale SL, Rowland JA. *Understanding the Word Memory Test: Performance validity beyond learning and memory.* Poster

Martindale SL, Morissette SB, Rowland JA, Brearly TW, Dolan SL. *The Role of Sleep Quality in the Relationship between Combat Experiences and Combat Related Conditions on Cognitive Functioning.* Poster

Slough C, Martindale SL, Morissette SB, Dolan SL, Rowland JA. *Association between the Anticholinergic Durden of Medications and Cognitive Functioning in Male Iraq/Afghanistan Combat Veterans.* Poster

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Rothman D, Lumpkin R, Pickett T, Campbell T, McDonald S, Shura R, Tupler L. *Frontal lobe motor behavior dysregulation is associated with PTSD symptom severity among OEF/OIF/OND Veterans.* Poster

Goldberg-Looney L, Perrin PP, Pulliam J, Mickens M, Campbell T, Pickett T, McDonald M. *Do cognitive appraisals predict post-traumatic growth in Veterans with a traumatic injury?* Poster

Publications

Journal Articles

Brancu M, Mann-Wrobel M, Beckham JC, Wagner HR, Elliott A, Robbins AT, Wong M, Berchuck AE, Runnals JJ. *Subthreshold Posttraumatic Stress Disorder: A Meta-Analytic Review of DSM-IV Prevalence and a Proposed DSM-5 Approach to Measurement.* Psychological Trauma: Theory, Research, Practice, and Policy. 2016 Mar;8(2):222-32.

Gross PL, Kays JL, Shura RD. *Neuropsychological function in a case of Dandy-Walker Variant in a 68-year old Veteran.* Applied Neuropsychology: Adult. 2016; 23:70-74.

Greenberg LP, Martindale SL, Fils-Aimé LR, Dolan SL. *Distress tolerance and impulsivity are associated with drug and alcohol use consequences in an online community sample.* Journal of Cognitive Psychotherap. 2016; 30(1): 50-59.

Morey RA, Dunsmoor JE, Haswell CC, Brown VM, Vora A, Weiner J, Stjepanovic D, Wagner HR 3rd; VA Mid-Atlantic MIRECC Workgroup, LaBar KS. *Fear learning circuitry is biased toward generalization of fear associations in posttraumatic stress disorder.* Translational Psychiatry. 2015; 5:e700.

Morey RA, Haswell CC, Hooper SR, De Bellis MD. *Amygdala, Hippocampus, and Ventral Medial Prefrontal Cortex Volumes Differ in Maltreated Youth with and without Chronic Posttraumatic Stress Disorder.* Neuropsychopharmacology. 2016; 41(3): 791-801.

Rissling MB, Gray KE, Ulmer CS, Martin JL, Zaslavsky O, Gray SL, Hale L, Zeitzer JM, Naughton M, Woods NF, LaCroix A, Calhoun PS, Stefanick M, Weitlauf JC. *Sleep disturbance, diabetes, and cardiovascular disease in postmenopausal veteran women.* The Gerontologist. 2016; 56 (Suppl1): S54-66 .

Rivera D, Perrin PB, Stevens LF, Garza MT, Weil C, Saracho CP, Rodríguez W, Rodríguez-Agudelo Y, Rábago B, Weiler G, García de la Cadena C, Longoni M, Martínez C, Ocampo-Barba N, Aliaga A, Galarza-Del-Angel J, Guerra A, Esenarro L, Arango-Lasprilla JC. *Stroop Color-Word Interference Test: Normative data for the Latin American Spanish speaking adult population. NeuroRehabilitation. 2015;37(4):591-624.*

Dr. Lillian Flores Stevens (MIRECC Faculty, Richmond site; previously MIRECC Fellow, Richmond site) and **Dr. Paul Perrin** (MIRECC Faculty, Richmond site) participated in the international research collaboration that developed norms on neuropsychological assessments for Spanish-speaking populations throughout Latin America. It was a very large collaborative effort with approximately 225 research team members. Together, the team collected data on 10 tests (Boston Naming Test, Verbal Fluency Tests, Modified Wisconsin Card Sorting Test, Stroop Color-Word Interference Test, Symbol Digit Modalities Test, Trail Making Test, Brief Test of Attention, Rey–Osterrieth Complex Figure, Hopkins Verbal Learning Test–Revised, Test of Memory Malingering) across 6,000 participants in 12 countries. The methodology and results were published in the December issue of NeuroRehabilitation.

http://content.iospress.com/journals/neurorehabilitation/37/4

Shura RD, Miskey HM, Rowland JR, Yoash-Gantz RE, Denning JH. *Embedded performance validity measures with post-deployment Veterans: Cross-validation and efficiency with multiple measures.* Applied Neuropsychology: Adult. 2016; 23(2): 94-104.

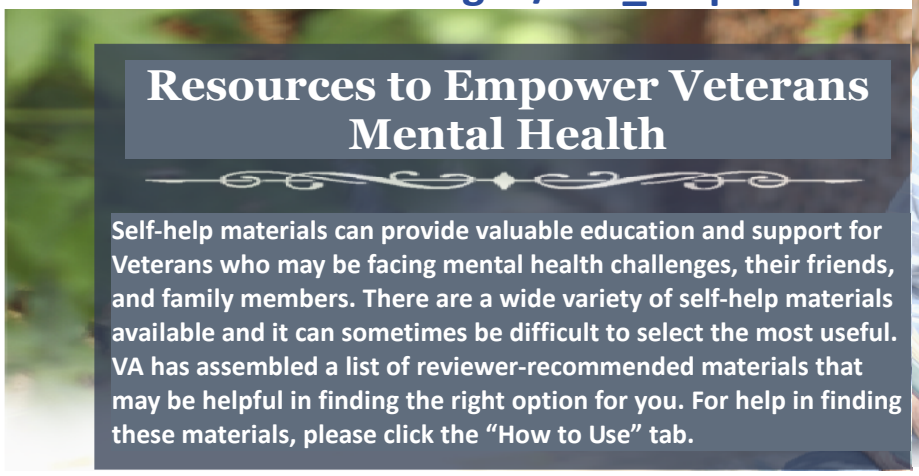
Shura RD, Rowland JR, Miskey HM. *Auditory Consonant Trigrams: A psychometric update.* Archives of Clinical Neuropsychology. 2016; 31:47-57.

Walker WC, Franke LM, McDonald SD, Sima AP, Keyser-Marcus L. *Prevalence of mental health disorders after military blast exposure, their co-occurrence, and their relation to mild traumatic brain injury.* Brain Injury. 2015; 29(13-14): 1581-8.

Resources for Veterans & Families

The VA's Specialized Mental Health Centers have launched a new website:

http://www.mentalhealth.va.gov/self_help.asp



Online Life Skills Training for Veterans

There are several free and anonymous on-line education and life coaching programs that use interactive exercises and video demonstrations to teach skills for overcoming life challenges.

http://www.veterantraining.va.gov/

AIMS: Anger & Irritability Management Skills

This course offers a wide range of practical skills and tools to manage your anger and develop self-control over your thoughts and actions.

Moving Forward: Stress vs Performance

An educational and life coaching program that teaches Problem Solving skills to help you better handle life's challenges

PTSD Coach Online

PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit.

Parenting: Positive Communication

This course provides parents with tools that strengthen parenting skills and helps them reconnect with their children.

NC4VETS Resource Guide

The purpose of this comprehensive resource guide is to assist and educate Veterans in learning about state and federal Veteran benefits. Topic areas include services, employment, healthcare, education, housing and personal services.

http://www.nc4vets.com/blog/resource-guide

This resource guide was produced by the North Carolina Division of Veterans Affairs in partnership with the Governor's Working Group on Veterans, Service Members, and Their Families. http://www.veteransfocus.org

CBOC Mental Health Rounds

Each CBOC MH Rounds presentation is now offered twice a month:

Pharmacotherapy and the Elderly

Wednesday March 9 from 9-10 am ET & Thursday March 10 from 12-1 pm ET

Remember to register in TMS in advance to attend and receive credit.

April 13 & 14 ***OCD***
May 10 & 11 ***Ethics***

If you require assistance contact:
EES Program Manager - Tim.Walsh2@va.gov or
Education Tech - Jessica.Denno@va.gov

Online Military Culture Training for Community Providers

http://deploymentpsych.org/military-culture

It's important that all who care for Veterans have a basic understanding of military culture. In the interest of the highest quality, most compassionate health care for our Nation's Veterans, the Departments of Veterans Affairs and Defense launched an online course available at no cost to all Veteran care providers.

Military Culture: Core Competencies for Healthcare Professionals

This course stems from research, surveys and hundreds of hours of interviews with Service members and Veterans. It is designed as a comprehensive training in military culture for seasoned practitioners as well as for those less familiar with military populations. The interactive course includes a self-assessment to help providers better understand the biases they may unknowingly have that may be impacting the care they are providing to Veterans and their families. It also includes a variety of vignettes and candid video testimonials to highlight the meaning of military cultural competence.

Treating the Invisible Wounds of War

This workshop series was developed by MIRECC faculty in collaboration with Citizen Soldier Support Program (CSSP) and North Carolina Area Health Education Center (NC AHEC). The web-based versions of the courses are all free at: **http://www.ahecconnect.com/citizensoldier**

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

1 - *Treating the Invisible Wounds of War (TTIWW)* english & spanish editions
2 - *TTIWW - A Primary Care Approach*
3 - *TTIWW - Employee Assistance in the CivilianWorkforce*
4 - *TTIWW - Issues of Women Returning from Combat*
5 - *TTIWW - Recognizing the Signs of mTBI during Routine Eye Examinations*
6 - *TTIWW - Understanding Military Family Issues*
7 - *TTIWW - Taking a Military History: Four Critical Questions*

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POST DEPLOYMENT MENTAL HEALTH

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