

WRIISC *Advantage*

FALL 2011

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**mTBI: Mild
TRAUMATIC BRAIN INJURY**

**Effects of
OBESITY
and
TYPE 2 DIABETES
on the Brain**

**BIPOLAR DISORDER
and
DEPRESSION**

improving clinical care through

WRIISC Research



WRIISC Research

Research aimed at improving the health of Veterans is a key part of the National WRIISC program. Our unique team of researchers and clinicians work side by side to use research to inform clinical care and to use clinical knowledge to inform research. This edition of the WRIISC *Advantage* focuses on some of our current innovative research and why research is important to the Veterans we serve.

Looking at OEF and OIF Veterans' Health Over Time –NJ WRIISC

The NJ WRIISC has been seeing Veterans from the conflicts in Afghanistan (OEF) and Iraq (OIF) since they started to return home from deployment. In addition to providing personalized comprehensive evaluations for each individual, we look for patterns of symptoms that may be affecting these Veterans as a group. Being able to identify possible health concerns or factors affecting health is key to providing the best post deployment care possible.

Dr. Michael Falvo, a WRIISC Research Fellow, recently examined the clinical data on OEF and OIF Veterans seen at the NJ WRIISC over the last seven years. He found that as time since deployment to Iraq or Afghanistan increases, so does the severity of impairment in basic physical functioning such as the ability to walk several blocks or climb stairs. These findings were recently presented in a poster session at the WRIISC's National conference entitled, "Caring for Veterans: *Moving Forward in Providing Quality Care*" in August 2011 in Washington, DC (see article, page 8). Dr. Falvo has also submitted the information for publication in a medical journal and



his observations raise many additional questions about the long-term health of our OEF and OIF Veterans.

In an attempt to answer such questions, the NJ WRIISC informs Veterans who come to our clinics about the opportunity to volunteer for a study in which they will be asked to complete health surveys at various points in time over ten years. To date, we have collected data

on over 360 Veterans seen at the NJ WRIISC since 2004. Principal Investigator Dr. Lisa McAndrew is excited about this research project and its implications. She recently noted that, "It is among the few studies that tracks individual Veterans over time and evaluates changes in their physical and mental health status." For Veterans who volunteer to participate, Dr. McAndrew uses the answers to the WRIISC clinical evaluation intake questionnaires as the individual's baseline of symptoms. She then periodically mails additional questions for the Veteran to fill out at home and return

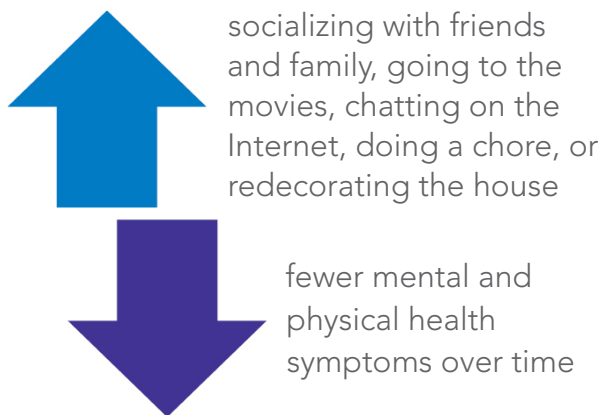
The WRIISC is grateful to all our Veterans who participate in these studies. Your time and willingness to try to help your fellow Veterans is greatly appreciated.

by mail. For convenience, Dr. McAndrew has also set up a secure system for Veterans to be able to answer the questions on the Internet. Newsletter readers who are part of this study may have noticed that while some of the questionnaires are new, others are the same as ones

they have filled out before. This repetition is the key to tracking changes in common symptoms as time goes on.

Dr. McAndrew calls this project the “Predictors Study” because in addition to wanting to describe which symptoms are changing over time, her goal is to be able to identify (or predict) Veterans who are more at risk for worsening health as well as Veterans who seem to be especially resilient and remain healthy despite having some risk factors. Having such information may enable the VA Health Care System to try to prevent chronic illness in those who are most vulnerable.

So far, results from the Predictors Study have shown that engaging in pleasurable daily activities is related to fewer mental and physical health symptoms over time. Interestingly, engaging in domestic activities is also related to fewer symptoms.



Dr. McAndrew will next examine if engaging in these daily behaviors can predict fewer symptoms over time. If they do, Dr. McAndrew will use this information to develop a treatment focused on helping to reduce mental and physical health symptoms.

Brain Effects of Obesity and Type 2 Diabetes –DC WRIISC

Obesity and Type 2 Diabetes are increasingly common in civilian and Veteran populations, and are believed to be risk factors for Vascular Dementia and Alzheimer’s Disease. Obesity prevalence among US adults is estimated to be 34 percent. Furthermore, at least 8 percent of the US adult population has been diagnosed with diabetes. Among Veterans receiving VA health care, 45 percent are overweight, 28 percent are obese, and 20 percent have some form of diabetes.

Dr. Julie C. Chapman, Director of Neuroscience at the DC WRIISC is conducting a study to understand the brain effects of these health epidemics entitled, “Radiologic and Cognitive Correlates of Type 2 Diabetes in Middle Age: A Diffusion Tensor Imaging Study.” Goals of this funded study are: 1) to determine whether brain differences exist between obese middle-aged Veterans with and without controlled Type 2 Diabetes and a control group with neither condition, and 2) to examine any relationships between these brain differences identified by magnetic resonance imaging (MRI) and those identified by performance on neurobehavioral tests.

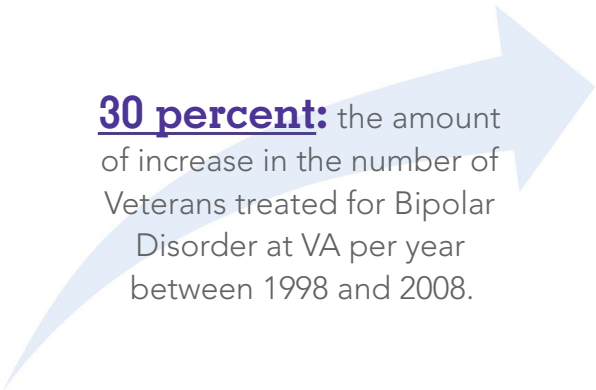
Diffusion tensor imaging (DTI) is a type of MRI method that uses the movement of water molecules in brain cells to infer their structural health. Although DTI is still largely an experimental technique and is not regularly used in clinical practice, evidence from studies of many kinds of disease suggests that DTI may be sensitive enough to detect abnormalities that conventional (clinical) MRI scans cannot.

Preliminary brain imaging findings from Dr. Chapman’s study suggest a moderate number of microstructural brain differences between the group with both obesity and Type 2 Diabetes and the group with neither condition. However, a similar number of differences were also found between the group with obesity only and the group with neither condition. Body mass index also correlated with extent of abnormalities in a subset of these areas, bolstering the idea that obesity and brain structure are related. Although other factors may also be at work, these initial results nonetheless support the importance of a healthy diet, a regular exercise regimen, and following your doctor’s treatment plan for wellbeing.

Knowledge gained from studies like these will help VA health care providers to develop new treatment paradigms and to improve upon existing programs for obesity and diabetes. One example is *LIVe* (Lifestyle Intervention for Veterans) at the Department of Veterans Affairs Medical Center, Washington, DC (DCVAMC), a multifaceted program offering eight to 12 weeks of individualized instruction and counseling to Veterans with diabetes. We hope that the skills provided by these lifestyle intervention programs, together with the knowledge acquired through research on the neurologic and functional underpinnings of diabetes and obesity will empower Veterans with the tools necessary to reduce symptoms and better manage their conditions.

Bipolar and Depression Research Program –CA WRIISC

Bipolar Disorder (BD) is a serious and persistent mental illness, characterized by extreme changes in energy and moods, and is often associated with significant suffering and difficulty functioning. Veterans in particular have high rates of BD, and that number is growing.



30 percent: the amount of increase in the number of Veterans treated for Bipolar Disorder at VA per year between 1998 and 2008.

BD is associated with a number of co-occurring problems, including post traumatic stress disorder (PTSD). Of concern is that a recent study found that, among Veterans, BD was the psychiatric disorder most strongly associated with suicide. There are a number of treatments for BD, pharmaceutical and otherwise, that are under development. The WRIISC is pioneering a new way of looking at BD treatments, ideal for addressing the unique challenges faced by Veterans.

Dr. Trisha Suppes' Bipolar and Depression Research Program, part of the CA WRIISC, is beginning a new study, "A Randomized Trial of Internet-Based Interventions for Bipolar Disorder," informally known as "MoodSwings 2.0." This study is being run jointly with researchers in Melbourne, Australia. This innovative study is funded by a collaborative R34 grant from the National Institute of Mental Health (NIMH). The study will enroll patients from around the globe, and, unlike most clinical trials, will work with patients' current treatments, rather than requiring them to halt their treatments for the study. Patients in the study will have access to up to three online sources of information and education about how to deal with their BD. These sources include a moderated peer discussion board; a psychoeducation section, where patients will be able to read about subjects related to their BD; and interactive psychosocial tools, designed to help patients learn skills to manage their BD on their own. This innovative

model may be particularly helpful to Veterans for a number of reasons:

THIS STUDY WILL BE RUN ONLINE AND CAN BE ACCESSED ANYWHERE AT ANY TIME. This will provide additional access to new treatments for the many Veterans who have physical, health, or financial difficulties that prevent them from getting to a hospital or clinic.

THIS STUDY IS OPEN TO PATIENTS WITH CO-OCCURRING MEDICAL CONDITIONS, as well as patients with BD who are already in treatment, but could use additional help with their symptoms or are not able to stop taking their current medications. Many other clinical trials rule out patients with co-occurring medical illnesses, serious mental illnesses, or require patients to stop taking current medications.

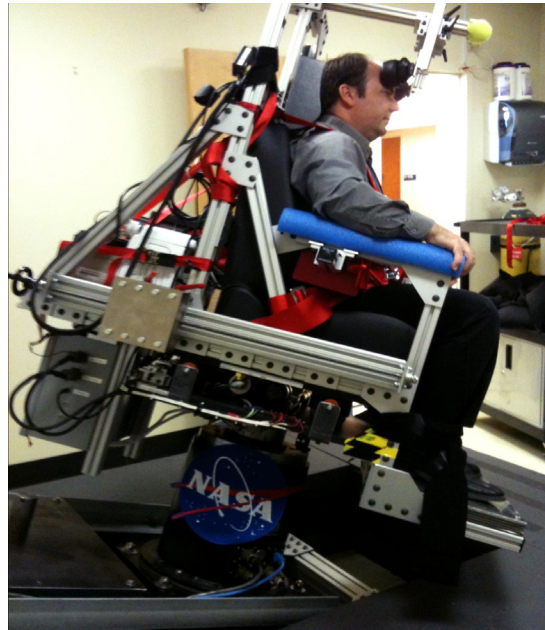
THE STUDY FOCUSES ON GIVING PATIENTS PSYCHOEDUCATIONAL AND SOCIAL SUPPORT RESOURCES THAT WILL HELP THEM MANAGE THEIR ILLNESS ON THEIR OWN. Thus providing Veterans with more tools to be self-sufficient and feel in control of their BD and their quality of life.

The Bipolar and Depression Research Program anticipates that results from this study will be implemented as one aspect of treatment for Veterans with BD.

Understanding Mild Traumatic Brain Injury (mTBI) in Veterans –NJ WRIISC

Between 15 to 25 percent of US military deployed to Iraq or Afghanistan sustain a mild traumatic brain injury (mTBI) during their tour with exposure to blast waves as the most common cause. Approximately 24 to 83 percent experience vestibular symptoms (related to or affecting the perception of body position and movement) following mTBI. Such symptoms include dizziness, being off balance, visual disturbances, and/or headache. Several recent studies that have tested the vestibular system in those exposed to a blast have found that their vestibular system appears to respond abnormally.

Under the direction of Dr. Jorge Serrador and in collaboration with the National Aeronautics and Space Administration (NASA) Johnson Space Center (Houston, TX), the NJ WRIISC is using the most advanced tools available to evaluate vestibular function in blast-exposed service members. Using a NASA-designed human rotational chair we are able to perform the same cutting edge assessments used on astronauts (see image, right and cover). The chair works by rotating the person to stimulate the vestibular organs (which sense movement). This chair, one of only a few in the world, allows us to stimulate the vestibular organs in each ear separately, allowing us to see if damage has occurred only on one side of the head. Better understanding of the underlying vestibular problems associated with blast exposure may help us to develop novel treatments to minimize the physical and mental health problems associated with mTBI.



PRINCIPAL INVESTIGATOR DR. JORGE SERRADOR DEMONSTRATES HOW THE NASA-DESIGNED ROTATIONAL CHAIR WOULD ROTATE A PARTICIPANT, STIMULATING THE VESTIBULAR SYSTEM.

Recent data has also demonstrated that mTBI can produce cognitive impairments such as memory problems and problems finding your way around that remain months to years following injury even if imaging of the brain from computed tomography (CT) scans or MRI are normal. Changes in brain blood flow using MRI, Single Photon Emission Computed Tomography (SPECT), and Positron Emission Tomography (PET) which are all medical imaging techniques were found to be better predictors of post injury cognitive problems. However these more sensitive methods of detecting problems associated with blast exposure require access to facilities where these types of tests are done and often are not performed until days following injury, possibly reducing the ability to detect immediate post traumatic damage.

The NJ WRIISC is working towards solving these problems by using transcranial Doppler technology, a test that measures the velocity of blood flow through the brain's blood vessels also known as cerebral blood flow. Transcranial Doppler is an inexpensive and portable way to measure cerebral blood flow that could

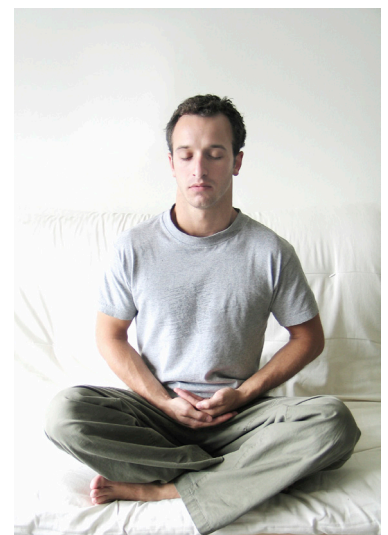
be used in the field or immediately following blast exposure. We are beginning a study that will assess brain blood flow in athletes at the beginning of various contact sport seasons (e.g. rugby) and then immediately following concussion, as a substitute for combat-related head trauma. By determining if brain blood flow changes immediately following concussion will predict cognitive problems up to three months later, we hope to develop a new diagnostic technique for mTBI.

Early and accurate diagnosis of mTBI will have a significant impact on clinical outcomes by ensuring individuals are not placed at risk for recurrent injury (e.g. military personnel placed back on duty). In addition, more immediate neuropsychological rehabilitation can improve cognitive outcomes and reduce future disability.

Finally, effective diagnostic criteria will open the door for new treatment trials to improve outcomes for mTBI.

Integrative Medicine for Veterans —NJ WRIISC

Many of our Nation's Veterans suffer from complex mental and physical health problems including: chronic pain, PTSD, headache, and TBI. These ailments require a comprehensive and patient-centered approach to treatment. Integrative Medicine approaches which add complementary treatment modalities such as yoga and acupuncture, have shown promise for increasing wellness and quality of life. In addition, they



are becoming increasingly popular among civilians and Veterans alike as we have seen by the steady stream of participants to the yoga and acupuncture programs already provided on site at our WRIISC programs in Washington, DC and Palo Alto, CA. Many more Veterans could benefit from these integrative medicine approaches because they are provided in adaptable and accessible forms.

Drs. Anna Rusiewicz and Gudrun Lange, at the NJ WRIISC recently received funding from the newly established Office of Patient Centered Care and Cultural Transformation (PCC) to partner in a clinical demonstration project. The overall goal of the one-year project is to develop a DVD-based Integrative Medicine Wellness “toolkit” that Veterans can use at home after they have received support from a health psychologist and integrative health coaches. The toolkit will include videos featuring CAM interventions such as yoga and Qigong. This demonstration project will initially target 200 of the 1,200 Veterans that have been seen clinically at the NJ WRIISC. A key part of this project is empowering Veterans to determine which of the PCC toolkit items they believe they will benefit from, emphasizing patient choice and their role in treatment planning. The project will also assess Veterans’ willingness to utilize the toolkit. Based on the results, we hope to then roll out the toolkit to Veterans that have been evaluated at the DC and CA WRIISC sites.

Studying Changes in Individuals with PTSD –DC WRIISC

Researchers and clinicians at the DC WRIISC have collaborated to study the changes that occur in individuals with PTSD. Often people with PTSD experience an increased startle response, intrusive thoughts (that come into your mind that are bothersome and distracting), emotional changes, interpersonal difficulties, and problems with attention and memory. We will attempt to better understand why individuals with PTSD experience these problems and how we can better diagnose PTSD.

Some of the most important changes that often occur in individuals with PTSD include difficulties inhibiting impulses and problems with attention. We plan to measure eye movements in order to assess individuals’

ability to inhibit reflexive eye movements. Our instincts tell us to look toward a particular target, and, if asked, we can voluntarily inhibit this movement and look away from a target. We plan to measure the ability to inhibit reflexive eye movements in order to determine how well individuals can “override” their natural impulses or reflexes. We will compare individuals with PTSD who were deployed, individuals without PTSD who were deployed, and individuals who do not have PTSD and were not deployed.

In order to further our understanding of eye movements, inhibitory control, and emotional processing, Veterans who participate in the study will be given an eye movement task where participants will be asked to look toward or away from a target on a computer screen. During the procedure, the participant sits in front of the computer monitor with his or her head comfortably stabilized by a chin rest (*see below*). The participant will be asked to look toward or away from a target while the camera records and tracks his or her gaze.

A RESEARCH ASSISTANT AT THE WASHINGTON, DC VA PERFORMS A “PRACTICE RUN” WITH THE EYE TRACKING EQUIPMENT.



The target will be a square for the so-called standard condition and a face displaying various emotions for the emotional condition. In addition, participants will be given tasks that assess processing speed, attention, and impulsivity, questionnaires that assess depressive symptoms and empathy, and a structured interview to determine PTSD symptom severity. As a result of this study, we hope to contribute to our understanding of the cognitive and neurological changes that may occur in individuals with PTSD. [↩](#)

If you are a Veteran seeking more information about any of these studies or our research program, please contact your local WRIISC:

WRIISC @EAST ORANGE, NJ, PALO ALTO, CA, & WASHINGTON, DC

Julie C. Chapman, PsyD

- ▶ Markers for the Norming, Identification and Differentiation (MIND) of Traumatic Brain Injury and Posttraumatic Stress Disorder of OEF/OIF Veterans

WRIISC @EAST ORANGE, NJ

(P)800-248-8005

Helena Chandler, PhD

- ▶ Retrospective Chart Review of Veterans Seen at the WRIISC

Michael Falvo, PhD

- ▶ Physiological Effects of Burn Pit Exposure in OEF/OIF Veterans

Gudrun Lange, PhD

- ▶ Personalized Medicine in Veterans with TBI

Lisa McAndrew, PhD

- ▶ Predictors of Medically Unexplained Symptoms in Veterans Clinically Evaluated at the WRIISC
- ▶ Ecological Momentary Assessment of OEF/OIF Veteran

Anna Rusiewicz, PhD

- ▶ Qigong for Symptom Management and Function in Veterans with Fatiguing Illnesses

Jorge Serrador, PhD

- ▶ Role of Cerebral Blood Flow in Nausea and Motion Sickness
- ▶ Assessment of Cerebral Arterial Vessels using Non-Invasive Pulse Wave Velocity
- ▶ Vestibular Consequences of Blast Related Head Injury
- ▶ Effect on Subsensory Galvanic Stimulation on Cerebral Blood Flow
- ▶ Enhancing Sensory Function using Subsensory Stochastic Noise

WRIISC @PALO ALTO, CA

(P)888-482-4376

Maheen Mausoo Adamson, PhD

- ▶ Neurocorrelates of Cognition in Veterans and Control Participants Seen by WRIISC
- ▶ Cognitive and Neural Basis of Memory in Older Adults and Aviators Genetically at Risk for Alzheimer's Disease

John Wesson Ashford, MD, PhD

- ▶ Clinical Data Collection for the Patients Seen at WRIISC

Patricia Suppes, MD, PhD

- ▶ Bipolar Depression: *Lithium, SSRI, or the Combination*

Jerome Yesavage, MD

- ▶ CSP #556, The Effectiveness of rTMS in Depressed VA Patients
- ▶ Biopredictors of Cognitive and Behavioral Outcomes

Jamie Zeitzer, PhD

- ▶ Ultrashort (msec) Light Exposure as a Countermeasure to Circadian Desynchrony

WRIISC @WASHINGTON, DC

(P)800-722-8340

Julie C. Chapman, PsyD

- ▶ Blast Injury Outcomes: *PET, DTI, fMRI, and Neurocognitive Measures*
- ▶ Cognitive and Radiological Correlates of Type 2 Diabetes in Middle Age: *A Diffusion Tensor Imaging Study (DC)*

Han Kang, PhD

- ▶ A Study of the Long-term Health Consequences of PTSD among Vietnam Veterans on the VA Agent Orange Registry

Mian Li, MD, PhD

- ▶ Motor Neuron Function of Gulf War Veterans with Excessive Fatigue
- ▶ Autonomic Functions of Gulf War Veterans with Unexplained Illness

Michelle Prisco, MSN, ANP-C

- ▶ The Effect of Acupuncture for PTSD-Related Sleep Difficulties in OIF and OEF Veterans

Matthew Reinhard, PsyD

- ▶ Development of an Improved Estimate of PTSD Prevalence among OEF/OIF Veterans Treated at Veterans Affairs Facilities
- ▶ Interpersonal Psychotherapy (IPT) for Women Veterans Exposed to Trauma

Aaron Schneiderman, PhD, MPH, RN

- ▶ Environmental Exposures Assessment Tool (EE-Tool) for OIF and OEF Veterans

Barbara Schwartz, PhD

- ▶ Affect Recognition and Memory for Facial Expressions in Combat PTSD

Around the WRIISC *News*

NATIONAL WRIISC CONFERENCE

Caring for Veterans: *Moving Forward in Providing Quality Care*, August 9-10, Washington, DC



IN HIS OPENING REMARKS AT THE CONFERENCE, DR. ROBERT PETZEL, THE VA UNDER SECRETARY FOR HEALTH STRESSED THE IMPORTANCE OF QUALITY CARE FOR OUR NATION'S VETERANS.

THE WRIISC in collaboration with VA's Employee Education System (EES) and , the Office of Public Health (OPH) sponsored a conference in Washington, DC on August 9-10, 2011 entitled, "Caring for Veterans: *Moving Forward in Providing Quality Care.*" The conference was kicked off by Dr. Robert Petzel, the VA Under Secretary for Health who spoke about the importance of providing quality care to our Veterans and congratulated the WRIISC and Program Planning Committee on putting together an outstanding conference. The program included a series of plenary sessions and workshop tracks focused on clinical care, research, wellness, and readjustment presented by leading medical experts and researchers from around the country. Conference topics included deployment related illnesses and injuries, TBI,

environmental exposures of concern, integrative health care for symptoms without a medical explanation, and PTSD.

Over 250 providers and other staff from VA and Department of Defense (DoD) among other organizations attended and feedback indicates that it was "one of the best conferences and training sessions" people had attended. A highlight of the conference included a moving talk by Veteran Nancy Schiliro of the Wounded Warriors Project. She spoke about her deployment experiences and the importance of getting good post deployment care. Look for more on Nancy's story including her experience as a WRIISC clinical patient in our next newsletter! Special thanks to the planning committee for making this event a huge success!



FORMER MARINE CORPS LANCE CORPORAL NANCY SCHILIRO SERVED IN IRAQ IN 2005 AND RECALLS HER DETERMINATION TO GO TO WAR.



NJ WRIISC

A look back and ahead... A letter from Gudrun Lange, *Director of the NJ WRIISC*

FOR THE LAST SEVEN YEARS, I have been honored to serve as the Director of the NJ WRIISC. Trained as a Clinical Neuropsychologist, I assumed the role of Director of the NJ WRIISC shortly after Dr. Benjamin Natelson's retirement from this position in December 2004. I will be leaving this position as of December 31, 2011 with a great sense of satisfaction and accomplishment. During my tenure, I have significantly furthered recognition of the WRIISC program among both Veterans and providers and the wider VA community. I am pleased to report that the WRIISC program is on its way to becoming a "household word" across the nine Veterans Integrated Service Networks (VISNs) comprising NJ WRIISC's catchment area as well as the highest levels at Department of Veterans Affairs Central Office (VACO) and the Veterans Service Organizations (VSOs). Improved recognition has resulted in more provider referrals leading to improved care for our Veterans. I am happy to report that by serving more Veterans and supporting more providers with education and our clinical expertise, the OPH at VACO, under which the WRIISC program is operating, recognized that additional funding was necessary to support the WRIISC program. This increase in funding has enabled us to make strides in our clinical, research, education and risk communication efforts – the four "pillars" of the WRIISC program. Over the years, our clinical program has matured while continuing to innovate. Our interdisciplinary teams of health care providers are all trained to utilize effective communication skills when interacting with Veterans. As a consequence, we "hear" immediately when a health complaint is reported frequently and/or is of an



DR. GUDRUN LANGE PLANS TO REMAIN ON THE FOREFRONT OF VETERAN CARE AS A RESEARCHER AND EDUCATOR.

unusual nature. Employing this strategy, we have added routine full pulmonary testing and balance testing to our comprehensive clinical health evaluations to better assess emerging health concerns of our Veteran population. In addition, our education and outreach team quickly responds to the concerns of our Veterans by developing or updating appropriate education materials and resources for Veterans and the wider provider community. During my time as Director of the NJ WRIISC, I have worked hard to promote the growth of the research component of the NJ WRIISC by invigorating the research team with the addition of nationally known funded researchers. The focus of the research we do is translational and many important studies have already been carried out whose results will prove useful to be translated into clinical practice for Veterans.

I am happy to announce as of January 1, 2012, the new Director of the NJ WRIISC will be Drew Helmer, MD, MS, a VA internist and expert in post deployment health concerns. We are very excited that we were able to recruit Dr. Helmer. I am pleased to say that I will maintain my connection with the NJ WRIISC part-time as a researcher and educator. I am thankful for the support and collaboration with VHA's OPH. I am confident that with Dr. Helmer as the next Director, the NJ WRIISC will move forward in the same proactive and collaborative vein as I had the privilege to do. I am so very proud of all the things I have achieved during my time as Director and I know that I would not have been able to do any of it without a terrific, hard-working team of collaborators.

Thank you for the opportunity to work with all of you to serve the Veterans of our great country.

DC WRIISC

Fisher House will Accommodate Spouses of Referred Veterans

PROVIDING VETERANS and their family members with the most comfortable and convenient accommodations during visits is a high priority for the WRIISC. The DC WRIISC is pleased to announce that it will soon have access to the new Fisher House for spouses of National Referral Veterans who stay overnight. On September 8, 2011, former US Senators Robert and Elizabeth Dole joined VA Under Secretary for Health Dr. Robert A. Petzel and Fisher House Foundation Chairman and CEO Ken Fisher to dedicate the newest Fisher House on the campus of the DCVAMC. The dedication ceremony marks the conclusion of a two-year construction project and begins a new era of service to Veterans' families for the Medical Center.

The 17,000 square foot "comfort home" joins a network of more than 50 Fisher Houses operating in the US and Germany and VA will operate and maintain the home. Construction of this Fisher House was supported by: CharityWorks®, Kappa Sigma Military Heroes Campaign, Computer Sciences



THE MOST RECENT ADDITION TO THE FISHER HOUSE PROGRAM'S FAMILY OF HOMES RESIDES ON THE CAMPUS OF THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, WASHINGTON, DC.

Corporation (CSC), ManTech International Corporation, Oshkosh Defense, Newman's Own Foundation, Finnegan, Henderson, Farabow, Garrett, & Dunner, LLP, BAE Systems, Fisher Brothers, L-3 Communications, Leah and Jacques Gansler, Mark Lowham and Joseph Ruzzo, and News Talk 630 WMAL Radio, among many others.

Founded in 1990, the Fisher House program builds homes for families of wounded service members and military or Veteran patients receiving medical treatment at VA and military hospitals around the world. Since its inception, more than

142,000 families have stayed at one or more Fisher Houses – saving more than \$165 million in lodging costs alone. The DCVAMC is among the most dynamic and innovative hospitals in the VA system, providing quality health care to over 80,000 Veterans in Washington, DC, the Maryland suburbs, southern Maryland, and Northern Virginia.

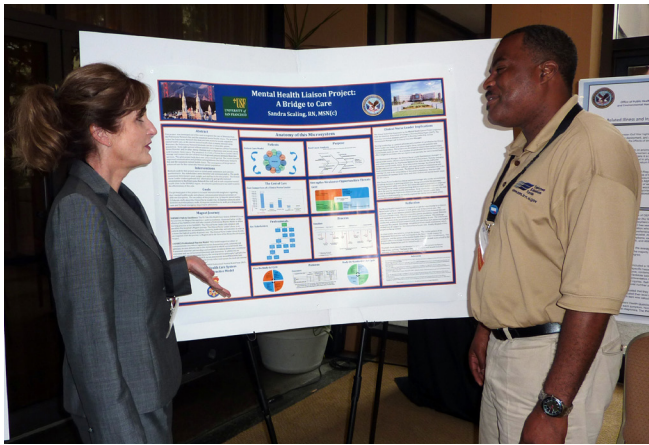
To learn more about the Fisher House Program, visit: www.fisherhouse.org or call: 888-294-8560.

CA WRIISC

Mental Health Liaison Project: *A Bridge to Care*

THE CA WRIISC IS PLEASED TO ANNOUNCE that on May 19, 2011, Sandra Scaling, RN, MSN, Deputy Director of Clinical Programs at the CA WRIISC received the Dean's medal from the University of San Francisco School of Nursing in recognition of the graduating student who has contributed most to promoting professionalism among the students. Her project, "*Mental Health Liaison Project: A Bridge to Care*," the culminating project of her Master of Nursing degree program played a large role in her receiving this recognition.

This project developed out of the need to bridge the gap in patient care between the VA Polytrauma Network Site (PNS) outpatient clinic and the outpatient mental health (MH) clinics. It has been reported that over 68 percent of Veterans with TBI also carry diagnoses of PTSD and/or other mental illnesses such as anxiety or depression. The PNS does not have access to on-site outpatient MH care and the nearest MH clinic is twenty minutes away. In her project, Ms. Scaling assessed the needs of both the PNS and MH clinics and developed



SANDRA SCALING, RN, MSN, DEPUTY DIRECTOR OF CLINICAL PROGRAMS AT THE CA WRIISC, DISCUSSES THE BENEFITS OF HER PROJECT WITH WALLACE E. JONES, JR., PROGRAM SUPPORT ASSISTANT, VHA EMPLOYEE EDUCATION SYSTEM, BIRMINGHAM, ALABAMA.

the role of a Clinical Nurse Leader (CNL) as Mental Health Liaison (MHL), to bridge care between the PNS and MH clinics.

The goal of this project was to assist Veterans with compliance regarding their mental health needs, and enhance communication between providers. Ms. Scaling educated staff about the CNS role and presented the program to a multidisciplinary staff. The process also improved patient safety and Veterans satisfaction with staff providing patient care and prevented Veterans from seeking care in the emergency room.

After implementation of the CNL Mental Health Liaison role, 100 percent of the staff who participated indicated they were “very satisfied” with the MHL concept and planned to utilize this role in the future. The MHL role model could be adapted to other services within VA to bridge gaps in patient care and enhance the comprehensive care our Veterans receive.

Kudos to Ms. Scaling for an award winning project and a job well done! 🐟

ABOUT THE COVER: Dr. Michael Falvo, a WRIISC Research Fellow, rotates in a NASA-designed chair used to study mild TBI. (US Department of Veterans Affairs photo by Jose B. Chua, NJ WRIISC, September 22, 2011.)

WRIISC Advantage

FALL 2011

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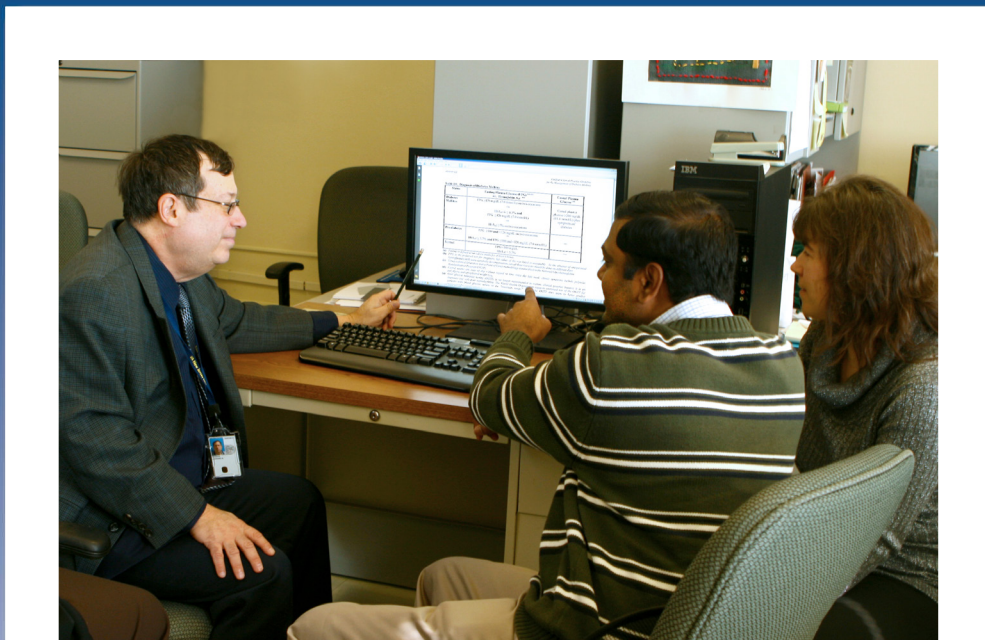
For comments or concerns regarding this newsletter, please contact us at: 800-248-8005 or email wriisc.nj@va.gov



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WRIISC research aims to improve Veteran health.

Please visit our National Web site for more information on specific services and programs:



www.warrelatedillness.va.gov