Caregivers Help Veterans Live Optimally

Exposure Updates

Addressing COVID-19 through WRIISC Services

Institutional Courage and VETERANS’ HEALTH
WRIISC Advantage remains focused on issues of importance to Veterans health. In this edition of WRIISC Advantage we explore new topics: the concepts of moral injury, institutional betrayal and institutional courage. We will share the work we are doing to better understand these concepts and their role in Veteran health and educating healthcare providers and much more...

**DIRECTOR’S CORNER**

In the past few months, all of us have been centered on addressing the unprecedented COVID-19 virus. The Department of Veterans Affairs (VA) has worked hard to ensure that the care of Veterans continues by focusing on the preparedness of our medical facilities and prioritizing the safety of patients and all VA staff members. In March, with the need for travel restrictions and stay at home requirements in many states throughout the US, Veteran in-person evaluations at the WRIISC were placed on hold. At the same time, we looked for ways to increase our use of telehealth services for everything from mental health and social work consults to environmental exposure assessments and even registry exams. Face-to-face research was also put on hold for Veteran and staff safety. Despite these restrictions, an amazing amount of work has continued. We continued our provider webinar series with record numbers of providers learning up-to-date information and best practices to improve the care of our Veterans. We submitted several research proposals dealing with COVID-19 and supported sending information out to our Veterans about the coronavirus and their questions and concerns. Publications of our research findings also continued. In addition, we worked on a podcast series that will be available to both Veterans and their providers on topics of interest on Veteran health. Although these accomplishments are important, we all look forward to resuming direct clinical encounters, educational activities, and Veteran research activities that require in-person visits. Meanwhile, we continue to do what we do best - provide our country’s heroes with the services they deserve.

Helena Chandler, PhD
Acting Director, NJ WRIISC

Wes Ashford, MD PhD
Director, CA WRIISC

Matthew Reinhard, PsyD
Director, DC WRIISC

**Addressing COVID-19 through WRIISC Services**

The rapid spread of COVID-19 across the country has no doubt contributed to increased anxiety, depression and stress in the general public. As the VA ramped up its efforts to prevent the spread of COVID-19, WRIISC promptly expanded wellness offerings into the virtual realm. Recognizing that Veterans with chronic health problems and compromised immune systems are especially vulnerable, ensuring continuity of care and adding to services to meet the new challenges posed by the outbreak became a top priority. To that end, research programs offering non-drug therapies for insomnia have been made available via telehealth thereby allowing us to reach a greater number of Veterans during this critical time. Similarly, in-person yoga and meditation classes, that were previously given onsite, transitioned to online virtual meetings via secure platforms, while additional telephone-based guided meditation classes were made available.

These services offer Veterans an opportunity to build resilience during a time of adversity and beyond! See “Around the WRIISC News” for more details!
Veterans might hear about the concepts of moral injury, institutional betrayal and institutional courage and wonder what they mean, how they are related to each other and what role they play in an individual’s health status after deployment.

Moral injury to a person occurs as a result of an assault to one’s moral conscience and values. This type of injury can lead to painful psychological feelings, such as guilt, shame, loss of trust or loss of meaning in life. It can also result in spiritual struggles like loss of religion, faith and hope. Some examples of how a moral injury could occur during deployment include a Service member witnessing unintentional errors, such as civilian deaths or deaths of children.

Researchers have found that moral injury can impact a Veteran’s biological, psychological, social and spiritual health and well-being. There has been increased focus on moral injury in Veteran health care in recent years, which led WRIISC clinicians to notice the importance of two other related concepts, institutional betrayal and institutional courage.

Institutional betrayal is when trusted and powerful institutions (such as schools, churches, military, governments) act in ways that impart harm upon those dependent on them for safety and well-being. Examples of institutional betrayal in the military include a Service member asking for mental health care for their deployment-related symptoms, but instead being misdiagnosed with a personality disorder and discharged from the military.

Research has found that Veterans who report experiencing institutional betrayal in the past tend to present with more mental health symptoms. In terms of health care, when patients feel that they have been betrayed by a health care organization, there can be loss of trust and disengagement from health care, resulting in poorer health outcomes.

Health care providers can play a positive role by helping to address a Veteran’s experiences of institutional betrayal and developing institutional courage within health care systems. Their actions might make all the difference in how an institution is viewed by a patient and in a patient’s willingness to engage in health care. Building institutional courage may help prevent further betrayal, promote healing and ultimately lead to a happier health care experience!

To improve our understanding of experiences of institutional betrayal and institutional courage in Veteran health care, the NJ WRIISC recently formed an Institutional Courage Initiative (ICI). The ICI is conducting a project that involves interviewing Veterans and VA health care providers to gather information about their perceptions of institutional betrayal and institutional courage and how these factors impact Veteran health care.

The ICI will use this information to develop trainings for health care providers and educational materials for Veterans. A primary aim of the ICI is to help health care providers address experiences of institutional betrayal and promote institutional courage. This project is currently in the data analysis phase and results will be presented in a future edition of this newsletter.

In a recent WRIISC publication on the types of treatment people with chronic pain want, eighty-nine % of patients surveyed were interested in receiving behavioral treatments for pain, which was a higher amount than those interested in medication. The study included both Veterans and civilians, but when we looked at the Veterans alone, we found the same results. Thus, patients are receptive to behavioral treatments for chronic pain and options should be discussed between patients and providers during visits.

A newly developed WRIISC research project will examine whether a remote-delivered health coaching intervention (behavioral intervention) will reduce disability and impairment caused by chronic pain. Please call the NJ WRIISC Research line at 1-800-248-8005 for more information!
Mefloquine

At the request of VA, the National Academies of Sciences, Engineering, and Medicine (NASEM) Board on Population Health and Public Health Practice, published in 2020 a report titled “Assessment of Long-Term Health Effects of Antimalarial Drugs When Used for Prophylaxis.” The purpose of this report was to review all the research studies to date regarding the potential for long-term health effects resulting from taking drugs that protect against malaria.

To read the full report visit: https://www.nap.edu/catalog/25688/assessment-of-long-term-health-effects-of-antimalarial-drugs-when-used-for-prophylaxis

VA asked the NASEM to specifically address evidence for neurologic and psychiatric outcomes and the potential development of post-traumatic stress disorder (PTSD). After intense review, the committee concluded that there is still insufficient evidence of a relationship between the use of mefloquine and persistent or latent neurologic events or psychiatric events, including PTSD. However, given the reported adverse events, case reports and results of experimental animal studies, the committee concluded that further study is important. VA is currently holding a formal review of the report according to Directive 0215 (establishing policy) in order to make recommendations to the Secretary this year.

Veterans evaluated at the WRIISC that took mefloquine during their deployment were also experiencing a group of chronic symptoms. Helping Veterans to manage these symptoms has been a WRIISC focus.

Blue Water Navy Vietnam Veterans

The Blue Water Navy (BWN) Vietnam Veterans Act of 2019 (PL-116-23) was signed into law on June 25, 2019, and took effect January 1, 2020. This law authorized VA to extend presumptive diseases (certain diseases that can be related to a Veteran’s qualifying military service) of herbicide exposure, such as Agent Orange, to Veterans who served in offshore waters of the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975.

Veterans or their survivors may be eligible for benefits based on a diagnosis of one of fourteen illnesses that have been related to contact with herbicides. These conditions include many forms of cancer, Type 2 diabetes, Parkinson’s disease, Ischemic Heart disease and others. For more information about these conditions visit https://www.publichealth.va.gov/exposures/agentorange/conditions/index.asp

Note: Veterans who identify as having gone within 12 miles of shore are also eligible for the Agent Orange Registry Exam.

While Blue Water Navy Vietnam Veterans referred to the WRIISC may be evaluated and provided with specific clinical recommendations, the WRIISC is not involved in making service-connection or benefit decisions.

The Gulf War Illness Clinical Trials and Interventions Center (GWICTIC) is a collaborative research group who conducts evidence-based studies with the intent to develop treatments in Veterans with Operation Desert Storm/Desert Shield deployment related environmental exposure conditions. WRIISC is part of this network of leading scientists focused on Gulf War Illness research. For more information, contact the lead site at 954-262-2870 or GWICTIC@nova.edu or visit via the website https://www.nova.edu/nim/GWICTIC/
CAREGIVERS HELP VETERANS LIVE OPTIMALLY

The role of caregivers in Veterans’ lives is instrumental to positive health outcomes and the ability for Veterans to live a happy, healthy life even with chronic health issues. Because caregivers working “behind the scenes” can make all the difference, caregiving is a priority area in the VA health care system.

Being a caregiver has its positive aspects and not so positive aspects. On the positive, or “up” side, it feels good to help. A lot of research suggests that caregiving helps us feel needed, useful and “closer” to the individual for whom we are providing care. Caregiving can also be stressful, time consuming and tiring, making it difficult for the caregiver to attend to their own needs.

Research suggests that caregivers who do not attend to their own daily needs can become anxious or depressed. Insomnia is common and caregivers’ risk for their own health problems increases. The following tips and resources will help caregivers to take better care of themselves and therefore be a better caregiver for Veterans.

TIPS FOR CAREGIVERS:

* Share the load - get help from family or friends.
* Stay healthy - eat well, sleep well and exercise.
* Stay connected - connect with family, friends and online resources for support.

CAREGIVING RESOURCES:

* VA Caregiver Support: https://www.caregiver.va.gov/
* Alzheimer’s Association: https://www.alz.org/
* Family Caregiver Alliance: https://www.caregiver.org/
* Rosalynn Carter Institute: https://www.rosalynncarter.org/

CAREGIVERS, THANK YOU FOR ALL YOU DO!

RESEARCH MATTERS

WRIISC continues involvement in research that relates to Veterans’ health. Below are findings from a study conducted by the DC WRIISC

TITLE:
Mindfulness Mitigates the Effect of Deployment Environment and Combat Experiences on Gulf War I Veterans’ PTSD Symptoms

QUESTION:
Does dispositional mindfulness (DM) or approaching life in a mindful manner reduce the impact of stressful deployment experiences on future PTSD symptoms for Gulf War (GW) Veterans?

FINDINGS:
DM moderated both the relationship between (1) the experience of stressors within the deployment environment and PTSD symptoms, and (2) combat-related traumatic events and PTSD symptoms. In addition, active trait mindfulness (or mindfulness that is concerned with being able to take a closer look at one’s own thoughts and feeling while engaging in everyday activities) was related to better self-reported health and psychological performance measures.

MEANING:
DM may serve as a protective factor for GW Veterans with a history of stressful deployment experiences. In addition, active mindfulness has more beneficial effects on mental health. These findings support broad-spectrum benefits of mindfulness for GW Veterans with Gulf War Illness.

Researchers from the DC WRIISC include Lucas Crock, Mary Katherine Howell, Nathaniel Allen, Mary Ann Dutton, Matthew Reinhard and Michelle Costanzo.
DC WRIISC

New Program Specifically Designed for Explosive Ordinance Disposal (EOD) Veterans

Explosive Ordinance Disposal (EOD) technicians dealt with disarming and determining safety and disposal of explosive hazards during deployment. Given the unique set of exposures and stressors that these warriors faced during their service, the WRIISC-DC’s interdisciplinary team is specifically motivated to assist EOD Veterans through our EOD Warrior Program. Veterans whose consults are accepted by the WRIISC-DC and have at least a 30% service-connected disability rating qualify for travel reimbursement (airfare and lodging), will be invited to complete a comprehensive evaluation in Washington, DC, when travel restrictions due to the current pandemic have passed.

Evaluations include but are not limited to: comprehensive lab work based on an individual’s exposure profile, neurocognitive testing and other clinical assessments by medical professionals with unique expertise in working with a wide range of symptoms. The experience generally lasts 4-5 days. Diagnoses are made when possible and clinical recommendations are shared directly with the Veteran and their primary care providers.

Interested Veterans may have the option to volunteer to participate in physically noninvasive research studies at the DC WRIISC. Research data collected from EOD Veterans will be applied to studies focused on directly serving the EOD community. Research participation is completely voluntary and opting out of research participation will not affect the clinical care that Veterans receive at the DC WRIISC. For more information visit: https://www.washingtondc.va.gov/WASHINGTONDC/features/New_EOD_Warrior_Program.asp

NJ WRIISC

Mindfulness Meditation Continues with New Instructor

The NJ WRIISC welcomes staff member Lauren St. Hill, LSW to her new role as a mindfulness meditation instructor. Ms. St. Hill is a Health Science Specialist at WRIISC and VA’s Department of Mental Health Research and Program Development. She was professionally trained in Mindfulness-Based Cognitive Therapy (MBCT) in 2012 and has facilitated individual and group mindfulness sessions for Veterans both in person and via video-to-home for the past five years as part of research projects.

Ms. St Hill facilitates NJ WRIISC’s phone-based “Mindfulness-Based Stress Reduction” program. It was expanded to a weekly offering as a result of the COVID-19 pandemic and is available to Veterans of all eras. Mindful meditation has been shown to be effective in treating several health conditions, such as chronic pain, depression and PTSD. Each session covers a topic related to mindfulness, followed by a guided meditation practice. Veterans are highly satisfied with the sessions and report feeling more relaxed and able to cope with symptoms after each call!

For more information on upcoming mindfulness sessions please visit: https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/local-offerings/index.asp
Clinical Yoga/Meditation Program

The CA WRIISC has provided a clinical yoga program since 2010. Within a week of the recent pandemic, the CA WRIISC yoga program began offering classes using phone-based and live-streamed video platforms, with instructors based at home. WRIISC now offers five phone-based guided meditation or yoga nidra classes per week, as well as three classes for in-patients; one phone-based meditation class and two live-streamed yoga classes for Veterans to join from their individual hospital rooms for some gentle movement, socialization and meditation.

Not only do these classes help reinforce Veterans’ inner resilience but yoga instructors also report that sessions evoke a powerful sense of community. For example, a Veteran recently shared during a class check-in that she was isolated at home and afraid to buy groceries. Another Veteran on the call then quickly arranged to have his son deliver food to her. This is just one of the many ways Veterans are telling us how the WRIISC yoga program continues to deliver effective care and helps decrease anxiety during these unprecedented times. For list of programs, please email: Carolyn.Fenno@va.gov.
TUNE IN TO HEAR WRIISC'S SUBJECT MATTER EXPERTS DISCUSS IMPORTANT TOPICS RELATED TO DEPLOYMENT HEALTH. AVAILABLE WHEREEVER YOU LISTEN/SUBSCRIBE TO YOUR FAVORITE PODCAST SERIES!

TITLED "VETERANS' HEALTH MATTERS"