



CDP Research Update -- December 4, 2014

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<http://www.sapr.mil/index.php/annual-reports>

Department of Defense Report to the President of the United States on Sexual Assault Prevention and Response

(Delivered to the President November 25, 2014; released to the public December 4, 2014)

In December 2013, President Barack Obama directed the Department of Defense to prepare a comprehensive report detailing major improvements in the prevention of and response to sexual assault in the military, including reforms to the military justice system. In response, the Department prepared a report detailing its proactive and comprehensive approach, issued in November 2014. Find the Report, its appendices, enclosures and annexes below as individual documents for convenient access.

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<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/researchQuarterly/Documents/fall2014ResearchQuarterly.pdf>

Combat & Operational Stress Research Quarterly

Volume 6 • Number 4 • Fall 2014

Naval Center Combat & Operational Stress Control (NCCOSC)

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD).

The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

http://www.cdc.gov/pcd/issues/2014/14_0329.htm

Prevalence of Alcohol Dependence Among US Adult Drinkers, 2009–2011.

Marissa B. Esser, MPH; Sarra L. Hedden, PhD; Dafna Kanny, PhD; Robert D. Brewer, MD, MSPH; Joseph C. Gfroerer, BA; Timothy S. Naimi, MD, MPH

Preventing Chronic Disease (CDC)
Volume 11 — November 20, 2014

Introduction

Excessive alcohol consumption is responsible for 88,000 deaths annually and cost the United States \$223.5 billion in 2006. It is often assumed that most excessive drinkers are alcohol dependent. However, few studies have examined the prevalence of alcohol dependence among excessive drinkers. The objective of this study was to update prior estimates of the prevalence of alcohol dependence among US adult drinkers.

Methods

Data were analyzed from the 138,100 adults who responded to the National Survey on Drug Use and Health in 2009, 2010, or 2011. Drinking patterns (ie, past-year drinking, excessive drinking, and binge drinking) were assessed by sociodemographic characteristics and alcohol dependence (assessed through self-reported survey responses and defined as meeting ≥ 3 of 7 criteria for dependence in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition).

Results

Excessive drinking, binge drinking, and alcohol dependence were most common among men and those aged 18 to 24. Binge drinking was most common among those with annual family incomes of \$75,000 or more, whereas alcohol dependence was most common among those with annual family incomes of less than \$25,000. The prevalence of alcohol dependence was 10.2% among excessive drinkers, 10.5% among binge drinkers, and 1.3% among non-binge drinkers. A positive relationship was found between alcohol dependence and binge drinking

frequency.

Conclusion

Most excessive drinkers (90%) did not meet the criteria for alcohol dependence. A comprehensive approach to reducing excessive drinking that emphasizes evidence-based policy strategies and clinical preventive services could have an impact on reducing excessive drinking in addition to focusing on the implementation of addiction treatment services.

http://www.wmich.edu/hhs/newsletters_journals/jssw_institutional/institutional_subscribers/41.4.London.pdf

The Influence of Veteran Status, Psychiatric Diagnosis, and Traumatic Brain Injury on Inadequate Sleep.

AS London, SA Burgard, JM Wilmoth

Journal of Sociology & Social Welfare
December 2014, Volume XLI, Number 4

Adequate sleep is essential for health, social participation, and well-being. We use 2010 and 2011 Behavioral Risk Factor Surveillance System data (N = 35,602) to examine differences in sleep adequacy between: non-veterans; non-combat veterans with no psychiatric diagnosis or traumatic brain injury (TBI); combat veterans with no psychiatric diagnosis or TBI; and veterans (non-combat and combat combined) with a psychiatric diagnosis and/or TBI. On average, respondents reported 9.28 days of inadequate sleep; veterans with a psychiatric diagnosis and/or TBI reported the most—12.25 days. Multivariate analyses indicated that veterans with a psychiatric diagnosis and/or TBI had significantly more days of inadequate sleep than all other groups. Findings contribute to a growing literature on the relevance of the military service—psychiatric diagnosis—TBI nexus for sleep problems by using population-representative data and non-veteran and healthy veteran comparison groups. This research underscores the importance of screening and treating veterans for sleep problems, and can be used by social workers and health professionals to advocate for increased education and research about sleep problems among veterans with mental health problems and/or TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/25410348>

BMC Psychiatry. 2014 Nov 20;14(1):325. [Epub ahead of print]

Deployment-related mild traumatic brain injury, mental health problems, and post-concussive symptoms in Canadian armed forces personnel.

Garber BG, Rusu C, Zamorski MA

Background

Up to 20% of US military personnel deployed to Iraq or Afghanistan experience mild traumatic brain injury (mTBI) while deployed; up to one-third will experience persistent post-concussive symptoms (PCS). The objective of this study was to examine the epidemiology of deployment-related mTBI and its relationship to PCS and mental health problems (MHPs) in Canadian Armed Forces (CAF) personnel.

Methods

Participants were 16153 personnel who underwent post-deployment screening (median =136 days after return) following deployment in support of the mission in Afghanistan from 2009 to 2012. The screening questionnaire assessed mTBI and other injuries while deployed, using the Brief Traumatic Brain Injury Screening Tool. Current MHPs and PCS were assessed using items from the Patient Health Questionnaire, the Patient Checklist for PTSD, and the Cognitive Failures Questionnaire. Log-binomial regression explored the association of mTBI, other injuries, and MHPs with PCS, using the presence of 3 or more of 7 PCS as the outcome. Results are expressed as adjusted prevalence ratios (PR).

Results

mTBI while deployed was reported in 843 respondents (5.2%). Less severe forms of mTBI (associated only with having been dazed or confused or having "seen stars") predominated. Blast was reported as a mechanism of injury in half of those with mTBI. Multiple PCS were present in 21% of those with less severe forms of mTBI and in 27% of those with more severe forms of mTBI (i.e., mTBI associated with loss of consciousness or post-traumatic amnesia). After adjustment for confounding, mTBI had no statistically significant association with PCS relative to non-TBI injury. In contrast, MHPs had a strong association with reporting 3 or more PCS (adjusted prevalence ratio (PR) =7.77).

Conclusion

Deployment-related mTBI prevalence was lower than in many US reports; most of those who had had mTBI were free of multiple PCS. PCS was strongly associated with MHPs but not with mTBI. Careful assessment of MHPs is essential in personnel with a history of combat-related mTBI and PCS.

<http://www.ncbi.nlm.nih.gov/pubmed/25410540>

Prog Mol Biol Transl Sci. 2014;128C:29-50. doi: 10.1016/B978-0-12-800977-2.00002-4.

Epigenetics in Posttraumatic Stress Disorder.

Rampp C, Binder EB, Provençal N

Reported exposure to traumatic event is relatively common within the general population (40-90%), but only a fraction of individuals will develop posttraumatic stress disorder (PTSD). Indeed, the lifetime prevalence of PTSD is estimated to range between 7% and 12%. The factors influencing risk or resilience to PTSD after exposure to traumatic events are likely both environmental, such as type, timing, and extent of trauma, and genetic. Recently, epigenetic mechanisms have been implicated in mediating altered risk for PTSD as they can reflect both genetic and environmental influences. In this chapter, we describe the accumulating evidences for epigenetic factors in PTSD highlighting the importance of sensitive periods as well as methodological aspects such as tissue availabilities for such studies. We describe studies using a candidate gene approach focusing mainly on key players in the stress hormone regulation that show epigenetic alterations both in humans and in animal models for PTSD. We also summarize the results of epigenome-wide studies reporting associations with PTSD. For the above, we focus on one epigenetic mechanism, DNA methylation, as it is so far the best studied for this disorder. Finally, we describe how epigenetic mechanisms could be responsible for the long-lasting effects of gene-environment interactions observed in PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/25409747>

Am J Addict. 2014 Nov 19. doi: 10.1111/j.1521-0391.2014.12170.x. [Epub ahead of print]

Post-traumatic stress disorder symptoms, underlying affective vulnerabilities, and smoking for affect regulation.

Mathew AR, Cook JW, Japuntich SJ, Leventhal AM

BACKGROUND AND OBJECTIVES:

Post-traumatic stress disorder (PTSD) is overrepresented among cigarette smokers. It has been hypothesized that those with PTSD smoke to alleviate negative affect and counteract deficient positive affect commonly associated with the disorder; however, limited research has examined associations between PTSD symptoms, smoking motives, and affective vulnerability factors. In the current study, we examined (1) whether PTSD symptoms were associated with positive reinforcement and negative reinforcement smoking motives; and (2) whether two affective vulnerability factors implicated in PTSD-anxiety sensitivity and anhedonia-mediated relationships between PTSD symptoms and smoking motives.

METHODS:

Data were drawn from a community sample of non-treatment-seeking smokers recruited without regard for trauma history (N = 342; 10+ cig/day). We used the Posttraumatic Stress Disorder Checklist-Civilian Version (PCL-C) to assess overall PTSD symptom severity as well as individual PTSD subfactors.

RESULTS:

Overall, PTSD symptom severity was significantly associated with negative reinforcement, but not positive reinforcement, smoking motives. Variation in anxiety sensitivity significantly mediated the relation between PTSD symptom severity and negative reinforcement smoking motives, whereas anhedonia did not. Regarding PTSD subfactors, emotional numbing was the only PTSD subfactor associated with smoking rate, while re-experiencing symptoms were uniquely associated with both positive reinforcement and negative reinforcement smoking motives.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

Findings suggest that anxiety sensitivity may be an important feature associated with PTSD that enhances motivation to smoke for negative reinforcement purposes. Smoking cessation interventions that alleviate anxiety sensitivity and enhance coping with negative affect may be useful for smokers with elevated PTSD symptoms. (Am J Addict 2014;XX:1-8).

© American Academy of Addiction Psychiatry.

<http://www.ncbi.nlm.nih.gov/pubmed/25411679>

Virtual Reality Exposure Therapy for Adults with Post-Traumatic Stress Disorder: A Review of the Clinical Effectiveness [free full-text book]

Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2014 Aug.
CADTH Rapid Response Reports.

Excerpt

Post-traumatic stress disorder (PTSD) is a chronic psychiatric condition that develops following an exceptionally traumatic event. Core symptoms of PTSD include re-experiencing the trauma (for example, through flashbacks and nightmares), avoidance of reminders of trauma, and hyperarousal (for example, feeling irritable or angry, startling easily, or experiencing difficulty sleeping or concentrating). Lifetime prevalence rates of PTSD have been estimated as 9.2% in Canada and ranging from 6.8% to 12.3% in the United States. Certain groups of people, such as those exposed to military combat, are at a higher risk of developing PTSD; lifetime prevalence of PTSD in Vietnam war veterans has been reported at 18.7%, and up to 18% of Operation Iraqi Freedom veterans have experienced PTSD. Treatments for PTSD include pharmacotherapy and psychological therapy. Selective serotonin reuptake inhibitors are the most common choice for PTSD pharmacotherapy. Of the psychological therapies, cognitive behavioural therapy (CBT) is considered to be a first-line therapy for PTSD based on strong evidence of effectiveness from clinical trials. CBT may involve multiple therapy approaches, including elements of cognitive therapy, development of coping skills, and exposure therapy. Exposure therapy in particular refers to a method by which patients repeatedly confront memories or reminders of trauma in a safe and controlled environment in order to gradually

reduce the distress associated with them. Imaginal exposure therapy focuses on patients revisiting the event in their minds, in vivo exposure employs real-life trauma reminders, and prolonged exposure (PE) combines both types of exposure therapy. A recent expansion on traditional exposure therapy, virtual reality exposure therapy (VRET) creates an immersive and interactive virtual environment through the use of computer graphics and auditory cues to enhance a patient's imaginative capacities. The virtual environment is often presented via a head-mounted display and can be manipulated by the therapist or patient as necessary. Since engagement in imaginal exposure can be hindered by the avoidance behaviour that is characteristic of PTSD, VRET's use of multiple sensory prompts to assist recall of trauma and immersion has been suggested as an enhancement of conventional exposure therapy. However, VRET is a relatively recent development in the field and uncertainty remains about its clinical effectiveness. The purpose of this report is to examine the clinical effectiveness of VRET for the treatment of PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/25411673>

Intravenous Ketamine for the Treatment of Mental Health Disorders: A Review of Clinical Effectiveness and Guidelines [free full-text book].

Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2014 Aug.
CADTH Rapid Response Reports.

Excerpt

Ketamine emerged as a novel treatment for certain mental health disorders in 2000 when Berman et al. published a seven patient RCT of intravenous (IV) ketamine compared to a saline placebo showing a reduction in the Hamilton Depression Rating Scale (Ham-D). This was the first suggestion that ketamine could be a benefit for treating mental health disorder and since previous investigations on treatment of mental health disorders have focused on the monoamines (dopamine, norepinephrine and serotonin) this approach may have great potential. Current psychiatric guidelines for treatment of major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and suicidal ideation do not include statements regarding the use of ketamine however research continues to be published. Ketamine is a rapid acting, non-competitive N-methyl-D-aspartate (NMDA) receptor antagonist that is used as a general anesthetic with analgesic properties used in human and veterinary medicine. The NMDA receptor mediates glutamate excitatory neurotransmission in the brain, and it is hypothesized that a dysfunction in this regulation may play a role in the etiology of depressive symptoms. Ketamine is proposed to help balance the dysfunction, however, by blocking the NMDA receptor; side effects such as vivid dreams and a dissociative effect (where the patient experiences a separation of body and mind) occur frequently. While these side effects are undesirable for the therapeutics, it has created an illicit market for ketamine in certain

populations where it is better known as “Special K”. Ketamine can be given through several routes including intravenous push or infusions, intramuscular, intranasal, and orally. Investigations have mainly utilized IV infusions due to the precise dosing and ability to adjust if known side effects occur. Patients who receive ketamine require close monitoring of blood pressure, heart rate, respiratory rate, transcutaneous O2 saturation as well as for emergence reactions (recovery reaction including agitation, hallucinations, dreams and depersonalization) when ketamine wears off. For this reason, current practice is for patients to receive the infusions in clinics with monitoring capabilities, which may be a significant shift in practice from current oral pharmacotherapy where patients can be monitored as outpatients. Given the lack of direction from major psychiatric associations, the utility of ketamine for certain mental health disorders is uncertain. The purpose of this report is to review the clinical effectiveness of intravenous ketamine for the treatment of depression, PTSD, and suicidal ideation, as well as the evidence-based guidelines for its use in these conditions.

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<http://www.ncbi.nlm.nih.gov/pubmed/25409287>

JAMA Psychiatry. 2014 Nov 19. doi: 10.1001/jamapsychiatry.2014.1575. [Epub ahead of print]

Telemedicine-Based Collaborative Care for Posttraumatic Stress Disorder: A Randomized Clinical Trial.

Fortney JC, Pyne JM, Kimbrell TA, Hudson TJ, Robinson DE, Schneider R, Moore WM, Custer PJ, Grubbs KM, Schnurr PP

Importance:

Posttraumatic stress disorder (PTSD) is prevalent, persistent, and disabling. Although psychotherapy and pharmacotherapy have proven efficacious in randomized clinical trials, geographic barriers impede rural veterans from engaging in these evidence-based treatments.

Objective:

To test a telemedicine-based collaborative care model designed to improve engagement in evidence-based treatment of PTSD.

Design, Setting, and Participants:

The Telemedicine Outreach for PTSD (TOP) study used a pragmatic randomized effectiveness trial design with intention-to-treat analyses. Outpatients were recruited from 11 Department of Veterans Affairs (VA) community-based outpatient clinics serving predominantly rural veterans. Inclusion required meeting diagnostic criteria for current PTSD according to the Clinician-Administered PTSD Scale. Exclusion criteria included receiving PTSD treatment at a VA medical center or a current diagnosis of schizophrenia, bipolar disorder, or substance dependence. Two hundred sixty-five veterans were enrolled from November 23, 2009, through

September 28, 2011, randomized to usual care (UC) or the TOP intervention, and followed up for 12 months.

Interventions:

Off-site PTSD care teams located at VA medical centers supported on-site community-based outpatient clinic providers. Off-site PTSD care teams included telephone nurse care managers, telephone pharmacists, telepsychologists, and telepsychiatrists. Nurses conducted care management activities. Pharmacists reviewed medication histories. Psychologists delivered cognitive processing therapy via interactive video. Psychiatrists supervised the team and conducted interactive video psychiatric consultations.

Main Outcomes and Measures:

The primary outcome was PTSD severity as measured by the Posttraumatic Diagnostic Scale. Process-of-care outcomes included medication prescribing and regimen adherence and initiation of and adherence to cognitive processing therapy.

Results:

During the 12-month follow-up period, 73 of the 133 patients randomized to TOP (54.9%) received cognitive processing therapy compared with 16 of 132 randomized to UC (12.1%) (odds ratio, 18.08 [95% CI, 7.96-41.06]; $P < .001$). Patients in the TOP arm had significantly larger decreases in Posttraumatic Diagnostic Scale scores (from 35.0 to 29.1) compared with those in the UC arm (from 33.5 to 32.1) at 6 ($\beta = -3.81$; $P = .002$) and 12 ($\beta = -2.49$; $P = .04$) months. Patients in the TOP arm also had significantly larger decreases in Posttraumatic Diagnostic Scale scores (from 35.0 to 30.1) compared with those in the UC arm (from 33.5 to 29.1) at 12 months ($\beta = -2.49$; $P = .04$). There were no significant group differences in the number of PTSD medications prescribed and adherence to medication regimens were not significant. Attendance at 8 or more sessions of cognitive processing therapy significantly predicted improvement in Posttraumatic Diagnostic Scale scores ($\beta = -3.86$ [95% CI, -7.19 to -0.54]; $P = .02$) and fully mediated the intervention effect at 12 months.

Conclusions and Relevance:

Telemedicine-based collaborative care can successfully engage rural veterans in evidence-based psychotherapy to improve PTSD outcomes.

Trial Registration:

clinicaltrials.gov Identifier: NCT00821678.

http://www.dodig.mil/pubs/report_summary.cfm?id=6048

Department of Defense Suicide Event Report (DoDSER) Data Quality Assessment (Project No. D2013-D00SPO-183.000)

11-14-2014
Health Care
DODIG-2015-016

Objective

The Department of Defense Suicide Event Report (DoDSER) is the system of record for health surveillance related to suicide ideations, attempts, and deaths. This assessment focused on decreasing the number of “don’t know” responses on suicide death submissions by identifying changes to policy, training, or oversight. We also examined the sharing of DoD medical information with the Department of Veterans Affairs (VA).

Observations

We identified seven topics for DoDSER submissions improvement:

- DoDSERs are submitted prematurely,
- DoDSER data collection is stovepiped,
- technical questions presented challenges for non-technical DoDSER submitters,
- user/commander feedback on DoDSER data is limited,
- Military Crisis Line staff lacks access to relevant military healthcare information,
- DoDSER data is not shared with the VA, and
- Military Criminal Investigative Organizations participation in the DoDSER process is inconsistent.

Recommendations

We recommend the Department of Defense improve the processes for collecting DoDSER information and submitting DoDSER data:

- Submit final DoDSER data after the Armed Forces Medical Examiner has completed the death investigation.
- Establish a multidisciplinary team approach to data collection to ensure accuracy.
- Improve subject matter expert participation in DoDSER data collection process.
- Empower local commanders to use DoDSER data to produce reports specific to their units/locations.
- Authorize the VA’s Military Crisis Line staff to access relevant healthcare information.
- Provide appropriate DoDSER data to the VA to use in their public health surveillance.
- Update Service policies to specifically encourage participation of Military Criminal Investigative Organizations in the DoDSER submission process.

Management Comments

We received comments from the Under Secretary of Defense for Personnel and Readiness, the Services, and the Military Criminal Investigative Organizations. Management concurred with all 16 recommendations.

<http://onlinelibrary.wiley.com/doi/10.1002/rnj.182/abstract>

He Looks Normal But ... Challenges of Family Caregivers of Veterans Diagnosed with a Traumatic Brain Injury.

Saban, K. L., Hogan, N. S., Hogan, T. P. and Pape, T. L.-B.

Rehabilitation Nursing

Article first published online: 25 NOV 2014

DOI: 10.1002/rnj.182

Purpose

To describe the experience of family caregivers providing care to veterans with traumatic brain injury (TBI).

Design/Methods

Using a qualitative design, interviews were conducted with a purposeful sample of women caregivers. Data were analyzed using content analysis procedures.

Findings

Findings resulted in the key concept phrased by participants as "He looks normal but." This phrase conceptualizes the participants' description of their experience caring for a brain injured veteran who could appear normal to others but the caregiver's description revealed substantial cognitive, social, and emotional deficits. Concepts include (a) Becoming aware of his disabilities, (b) Observing his troubling symptoms, (c) Dealing with his memory loss, (d) Being fearful of his anger, (e) Sensing his loneliness, (f) Acknowledging the effects on the children, and (g) Managing the best I can.

Conclusions/Clinical Relevance

A better understanding of the needs of caregivers of veterans with TBI may allow clinicians to better support caregivers.

<http://psycnet.apa.org/psycinfo/2014-49231-001/>

Behavioral Health Trends Throughout a 9-Month Brigade Combat Team Deployment to Afghanistan.

Hoyt, Tim; Garnica, Gustavo; Marsh, Devin; Clark, Keri; Desadier, Jason; Brodniak, Sterling

Psychological Services, Nov 24 , 2014, No Pagination Specified.

<http://dx.doi.org/10.1037/ser0000016>

This descriptive report details primarily qualitative information on behavioral health capabilities, utilization, and referral rates for a Stryker Brigade Combat Team deployed to Afghanistan for 9 months from 2012 to 2013. Limited quantitative data on standardized risk assessments throughout the deployment cycle are presented. Initial data on the postdeployment care at an embedded behavioral health clinic are also provided, with referral data comparing pre- and postdeployment periods. Lessons learned for providing brigade-level behavioral health services during combat deployments are discussed, including consultation with the rear detachment, utilization of telehealth assets, and distributing the network of care throughout the battlespace. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1111/ppc.12093/abstract>

Chronic Pain and PTSD: Evolving Views on Their Comorbidity.

Brennstuhl, M.-J., Tarquinio, C. and Montel, S.

Perspectives in Psychiatric Care

Article first published online: 24 NOV 2014

DOI: 10.1111/ppc.12093

Purpose

This paper presents a literature review of post-traumatic stress disorder (PTSD) and its link to chronic pain.

Design and Methods

Twenty-four papers are reviewed (included research and reviews), with the goal of improving and updating our understanding on this issue and its theoretical and clinical repercussions.

Findings

The tight interdependence of symptoms that can be observed in both PTSD and chronic pain syndromes lends support to the idea that these disorders both constitute a reactive disorder.

Practice Implications

Various forms of therapy and treatment focus on PTSD, but chronic pain symptoms must also be assessed.

<http://www.sciencedirect.com/science/article/pii/S1556407X14000812>

Difficulty Falling or Staying Asleep.

Scott Leibowitz, Anne Batson

Sleep Medicine Clinics

Volume 9, Issue 4, December 2014, Pages 463–479

Evaluation of Sleep Complaints

KEY POINTS

- Sleep complaints should be viewed as a symptom, not the problem, and a differential diagnosis list should be compiled based on the subtle features of these complaints.
- Screening tools and assessments are helpful in identifying and characterizing sleep complaints before or during the clinical encounter.
- An organized, systematic approach is preferred when evaluating patients' sleep complaints.
- Gathering specific core data points of the sleep history is crucial to accurately appreciate the nuances of patients' complaints and help to focus the differential diagnosis list.
- A firm understanding of the potential causes or exacerbating factors of the complaint is necessary to accurately guide the evaluation process.
- Several tools are available to help further characterize or diagnose conditions that may be responsible for patients' complaints.

<http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201300551>

Patient-Centered Mental Health Care for Female Veterans.

Rachel Kimerling, Ph.D.; Lori A. Bastian, M.D., M.P.H.; Bevanne A. Bean-Mayberry, M.D., M.H.S.; Meggan M. Bucossi, B.A.; Diane V. Carney, M.A.; Karen M. Goldstein, M.D., M.S.P.H.; Ciaran S. Phibbs, Ph.D.; Alyssa Pomernacki, M.P.H.; Anne G. Sadler, Ph.D., R.N.; Elizabeth M. Yano, Ph.D., M.S.P.H.; Susan M. Frayne, M.D., M.P.H.

Psychiatric Services

Ahead of Print

Objective:

Mental health services for women vary widely across the Veterans Health Administration (VHA) system, without consensus on the need for, or organization of, specialized services for women. Understanding women's needs and priorities is essential to guide the implementation of patient-centered behavioral health services.

Methods:

In a cross-sectional, multisite survey of female veterans using primary care, potential stakeholders were identified for VHA mental health services by assessing perceived or observed need for mental health services. These stakeholders (N=484) ranked priorities for mental health care among a wide range of possible services. The investigators then quantified the importance of having designated women's mental health services for each of the mental health services that emerged as key priorities.

Results:

Treatment for depression, pain management, coping with chronic general medical conditions, sleep problems, weight management, and posttraumatic stress disorder (PTSD) emerged as women's key priorities. Having mental health services specialized for women was rated as extremely important to substantial proportions of women for each of the six prioritized services. Preference for primary care colocation was strongly associated with higher importance ratings for designated women's mental health services. For specific types of services, race, ethnicity, sexual orientation, PTSD symptoms, and psychiatric comorbidity were also associated with higher importance ratings for designated women's services.

Conclusions:

Female veterans are a diverse population whose needs and preferences for mental health services vary along demographic and clinical factors. These stakeholder perspectives can help prioritize structural and clinical aspects of designated women's mental health care in the VHA.

<http://archinte.jamanetwork.com/article.aspx?articleid=1935931>

Effects of Hyperbaric Oxygen on Symptoms and Quality of Life Among Service Members With Persistent Postconcussion Symptoms: A Randomized Clinical Trial.

Miller R, Weaver LK, Bahraini N, et al.

JAMA Intern Med. Published online November 17, 2014.

doi:10.1001/jamainternmed.2014.5479.

Importance

Improvement has been anecdotally observed in patients with persistent postconcussion symptoms (PCS) after mild traumatic brain injury following treatment with hyperbaric oxygen (HBO). The effectiveness of HBO as an adjunctive treatment for PCS is unknown to date.

Objectives

To compare the safety of and to estimate the efficacy for symptomatic outcomes from standard PCS care alone, care supplemented with HBO, or a sham procedure.

Design, Setting, and Participants

Multicenter, double-blind, sham-controlled clinical trial of 72 military service members with ongoing symptoms at least 4 months after mild traumatic brain injury enrolled at military hospitals in Colorado, North Carolina, California, and Georgia between April 26, 2011, and August 24, 2012. Assessments occurred before randomization, at the midpoint, and within 1 month after completing the interventions.

Interventions

Routine PCS care was provided in specialized clinics. In addition, participants were randomized 1:1:1 to 40 HBO sessions administered at 1.5 atmospheres absolute (ATA), 40 sham sessions consisting of room air at 1.2 ATA, or no supplemental chamber procedures.

Main Outcomes and Measures

The Rivermead Post-Concussion Symptoms Questionnaire (RPQ) served as the primary outcome measure. A change score of at least 2 points on the RPQ-3 subscale (range, 0-12) was defined as clinically significant. Change scores from baseline were calculated for the RPQ-3 and for the total RPQ. Secondary measures included additional patient-reported outcomes and automated neuropsychometric testing.

Results

On average, participants had sustained 3 lifetime mild traumatic brain injuries; the most recent occurred 23 months before enrollment. No differences were observed between groups for improvement of at least 2 points on the RPQ-3 subscale (25% in the no intervention group, 52% in the HBO group, and 33% in the sham group; $P = .24$). Compared with the no intervention group (mean change score, 0.5; 95% CI, -4.8 to 5.8; $P = .91$), both groups undergoing supplemental chamber procedures showed improvement in symptoms on the RPQ (mean change score, 5.4; 95% CI, -0.5 to 11.3; $P = .008$ in the HBO group and 7.0; 95% CI, 1.0-12.9; $P = .02$ in the sham group). No difference between the HBO group and the sham group was observed ($P = .70$). Chamber sessions were well tolerated.

Conclusions and Relevance

Among service members with persistent PCS, HBO showed no benefits over sham compressions. Both intervention groups demonstrated improved outcomes compared with PCS care alone. This finding suggests that the observed improvements were not oxygen mediated but may reflect nonspecific improvements related to placebo effects.

Trial Registration clinicaltrials.gov Identifier: [NCT01306968](https://clinicaltrials.gov/ct2/show/study/NCT01306968)

See also: The Ritual of Hyperbaric Oxygen and Lessons for the Treatment of Persistent Postconcussion Symptoms in Military Personnel
(<http://archinte.jamanetwork.com/article.aspx?articleid=1935929>)

<http://psycnet.apa.org/psycinfo/2014-45057-001/>

Self-Awareness of Mental States, Self-Integration of Personal Schemas, Perceived Social Support, Posttraumatic and Depression Levels, and Moral Injury: A Mixed-Method Study Among Portuguese War Veterans.

Ferrajão, Paulo Correia; Oliveira, Rui Aragão

Traumatology, Nov 3 , 2014, No Pagination Specified.
<http://dx.doi.org/10.1037/trm0000016>

This study analyzed the role of moral injury, self-awareness of mental states, self-integration of moral injury in personal schemas, and perceived social on the severity of Posttraumatic Stress Disorder (PTSD) and depression symptoms. The sample was composed of Portuguese war veterans (n = 60) divided into 2 groups: 30 experienced chronic PTSD (nonrecovered) and 30 had remission from PTSD (recovered). A cross-sectional study was conducted using both qualitative and quantitative methods. Qualitative data were obtained through 2 interviews per participant, and the quantitative data were collected using the Impact of Event Scale–Revised and Brief Symptom Inventory. Content analysis was performed to analyze qualitative data. Multiple linear regression analyses were conducted predicting both PTSD and depression symptoms. Recovered participants showed higher frequencies on moral injury, high self-awareness of mental states, high self-integration of moral injury in personal schemas, and high perceived social support. Differences in moral injury (yes vs. no) showed no differences in both PTSD and depression symptoms. Participants who reported low self-awareness of mental states and self-integration of moral injury in personal schemas showed higher mean value for both PTSD and depression symptoms. Participants who reported low perceived social support showed higher mean value on depression symptoms. Self-integration of moral injury in personal schemas and self-awareness of mental states were predictors of both PTSD and depression symptoms. Combat exposure was a predictor of PTSD symptoms. The authors discuss the role of reconciliation of morally incongruent experiences in personal schemas and the ability to perceive and understand psychological states as key achievements in recovery from PTSD and depression symptoms among veterans. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0010440X14003216>

Examining the relationship between coping strategies and suicidal desire in a sample of United States military personnel.

Lauren R. Khazem, Keyne C. Law, Bradley A. Green, Michael D. Anestis

Comprehensive Psychiatry

Available online 18 November 2014

Suicidal desire in the military has been previously examined through the lens of the Interpersonal–Psychological Theory of Suicide (IPTS). However, no research has examined the impact of specific coping strategies on perceived burdensomeness, thwarted belongingness, and suicidal ideation in a large population of individuals serving in the US military. Furthermore, the factor structure of previously utilized coping clusters did not apply to our sample of military personnel. Therefore, we found a three-factor solution to be tested in this sample. We hypothesized that specific types of coping behavior clusters (Adaptive and Maladaptive) would predict both IPTS constructs and suicidal ideation. Results indicated that Adaptive and Maladaptive coping clusters predicted the IPTS constructs in the hypothesized directions. However, only the Maladaptive cluster predicted suicidal ideation. These findings implicate the need for further research and suicide prevention efforts focusing on coping strategies, specifically those that are maladaptive in nature, in relation to suicidal ideation in military members.

This work was in part supported by the Military Suicide Research Consortium (MSRC), an effort supported by the Office of the Assistant Secretary of Defense for Health Affairs under Award No. W81XWH-10-2-0181. Opinions, interpretations, conclusions and recommendations are those of the author and are not necessarily endorsed by the MSRC or the Department of Defense.

http://digitalcommons.ric.edu/school_of_nursing/47/

Examining Chronic Stress in Spouses of Active Duty Military Members

Cristina L. Joseph, Rhode Island College

2014, Master of Science in Nursing. Paper 47

Even in the absence of wartime stressors, the military lifestyle is characterized by frequent challenges that affect not only the military member, but also his or her spouse and children. Due to frequent relocations and deployments, military spouses are often relied upon to become the primary child-rearers, make occupational sacrifices, deal with financial concerns independently,

organize relocations, and cope with lack of social support. These multiple responsibilities can create a myriad of stressors, which over time lend themselves to the formation of chronic stress. The purpose of this exploratory study is to determine if spouses of active duty military members display chronic stress according to the Trier Inventory for the Assessment of Chronic Stress (TICS-LE). Seventy-one female military spouses responded to the TICS-LE online. Mean scores for all the factors on the TICS-LE ranged between 1.03 and 2.05, which was lower than expected given the plethora of stressors associated with the military lifestyle. Findings suggested that chronic stress levels experienced by military spouses may be mitigated by high quality social support systems, the demographic factors of the military spouse and whether the military family has developed resilience after years of being embedded in the military lifestyle. This major paper project underscores the need for advanced practice nurses to be aware of the multiple stressors that military spouses face, unique cultural phenomena present in military life, and its possible implications on the psychological and physical functioning of military spouses.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-2-Is-2.pdf>

Journal of Military and Government Counseling

Volume 2, Number 2, 2014

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Association for Counselors and Educators in Government

Letter from the Editor

Benjamin V. Noah

Gone But Not Forgotten: The Impact of Fathers' Military Deployment on Their Sons

Timothy P. Pagano

Developing an Interview Guide to Evaluate Non-Fatal Suicide Attempts in Veterans: Use of a Modified Delphi Method

Angie Waliski, James C. Townsend, Maria Castro, and Ann M. Cheney

The Influence of Social Support in Caregivers of Veterans with Dementia

Jane Roberts

Culturally Competent Therapy with Military Veterans: Identifying and Overcoming Issues Facing Providers

Aaron J. Smith

Graduate Student Paper – Is There More to the Experience of War Trauma than PTSD? The Development of Moral Injury and its Impact on Soldiers

Lisa E. Kruger

<http://link.springer.com/article/10.1007/s10879-014-9289-5>

Longitudinal Outcomes of Women Veterans Enrolled in the Renew Sexual Trauma Treatment Program.

Lori S. Katz, Geta Cojucar, Rani A. Hoff, Claire Lindl, Cristi Huffman, Tara Drew

Journal of Contemporary Psychotherapy

November 2014

Date: 19 Nov 2014

Forty-three female veterans who were starting the 12 weeks Renew treatment program for survivors of sexual trauma at a Department of Veterans Affairs medical center were recruited for this study. Forty-one participants enrolled in a within subjects design longitudinal study. Participants completed structured interviews at pre-treatment (baseline) and post-treatment, and at 6, 9, and 12 months from baseline. Thirty-seven completed the treatment (10 % dropout) and 32 completed the entire study. Similar to previous findings on Renew, posttraumatic symptoms decreased immediately after graduation with large to medium effect sizes. In addition, up to 70 % had reliable clinical change at the 95 % confidence interval. However, the main hypothesis of this study was to test the stability of treatment outcomes at 12 months from baseline. Not only were these changes sustained 12 months from baseline, positive factors of self-esteem and quality of life continued to increase over time. Given participants' level of trauma and their chronicity of symptoms prior to Renew, results suggest that Renew is an effective treatment for female veterans with multiple traumas across the life span including military sexual trauma, and a variety of life stressors including homelessness, substance abuse, and medical problems.

<http://sw.oxfordjournals.org/content/early/2014/11/17/sw.swu054.abstract>

Health and Psychosocial Service Use among Suicides without Psychiatric Illness.

Yik Wa Law, Paul W. C. Wong and Paul S. F. Yip

Social Work (2014)

doi: 10.1093/sw/swu054

First published online: November 17, 2014

Although mental illness is a major suicide risk factor, some cases of suicide list no symptoms of mental disorder at the time of death. Studying suicides without psychiatric illness has important implications for social work because this group's service needs seem to have been overlooked.

The authors of this article conducted a psychological autopsy study of 150 people who committed suicide and 150 age- and gender-matched living controls. Suicides without psychiatric illness showed similar detectable psychopathology as the suicide and living control groups with nonpsychotic psychiatric disorders. Though suicides without psychiatric disorders showed fewer warning signs that could be noticed by their informants, they experienced more negative life events than living controls. The suicide cases without psychiatric illness also seemed to be less protected by enabling factors (such as social support and employment) than living controls with and without psychiatric disorders. Furthermore, they had lower use of services than the control and deceased-with-diagnosis groups. With fewer at-risk signs and poorer enabling resources, they were undetected or unengaged by the existing physical, psychiatric, and psychosocial services. This group should be of concern to social workers, who may develop community-based health education programs and preventive services to meet this vulnerable population's psychosocial needs.

<http://link.springer.com/article/10.1007/s11126-014-9329-z>

Treating Psychological Trauma in First Responders: A Multi-Modal Paradigm.

Raymond B. Flannery Jr.

Psychiatric Quarterly

November 2014

Date: 18 Nov 2014

Responding to critical incidents may result in 5.9–22 % of first responders developing psychological trauma and posttraumatic stress disorder. These impacts may be physical, mental, and/or behavioral. This population remains at risk, given the daily occurrence of critical incidents. Current treatments, primarily focused on combat and rape victims, have included single and double interventions, which have proven helpful to some but not all victims and one standard of care has remained elusive. However, even though the need is established, research on the treatment interventions of first responders has been limited. Given the multiplicity of impacts from psychological trauma and the inadequacies of responder treatment intervention research thus far, this paper proposes a paradigmatic shift from single/double treatment interventions to a multi-modal approach to first responder victim needs. A conceptual framework based on psychological trauma is presented and possible multi-modal interventions selected from the limited, extant first responder research are utilized to illustrate how the approach would work and to encourage clinical and experimental research into first responder treatment needs.

<http://www.sciencedirect.com/science/article/pii/S0022399914004140>

Indirect associations of combat exposure with post-deployment physical symptoms in U.S. soldiers: Roles of post-traumatic stress disorder, depression and insomnia.

Phillip J. Quartana, Joshua E. Wilk, Thomas J. Balkin, Charles W. Hoge

Journal of Psychosomatic Research
Available online 27 November 2014

Objective

To characterize the indirect associations of combat exposure with post-deployment physical symptoms through shared associations with post-traumatic stress disorder (PTSD), depression and insomnia symptoms.

Methods

Surveys were administered to a sample of U.S. Soldiers (N = 587) three months after a 15-month deployment to Iraq. A multiple indirect effects model was used to characterize direct and indirect associations between combat exposure and physical symptoms.

Results

Despite a zero-order correlation between combat exposure and physical symptoms, the multiple indirect effects analysis did not provide evidence of a direct association between these variables. Evidence for a significant indirect association of combat exposure and physical symptoms was observed through PTSD, depression, and insomnia symptoms. In fact, 92% of the total effect of combat exposure on physical symptoms scores was indirect. These findings were evident even after adjusting for the physical injury and relevant demographics.

Conclusion

This is the first empirical study to suggest that PTSD, depression and insomnia collectively and independently contribute to the association between combat exposure and post-deployment physical symptoms. Limitations, future research directions, and potential policy implications are discussed.

<http://www.sciencedirect.com/science/article/pii/S1087079214001312>

Cognitive Behavioral Therapy in Persons with Comorbid Insomnia: A Meta-analysis.

Jeanne Geiger-Brown, Valerie E. Rogers, Wen Liu, Emilie Ludeman, Katherine Downton, Montserrat Diaz-Abad

Sleep Medicine Reviews

Available online 29 November 2014

Cognitive behavioral therapy for insomnia (CBT-I) is effective for treatment of primary insomnia. There has been no synthesis of studies quantifying this effect on insomnia comorbid with medical and psychiatric disorders using rigorous selection criteria. The objective of this study was to quantify the effect of CBT-I in studies including patients with medical or psychiatric disorders. Studies were identified from 1985 through February 2014 using multiple databases and bibliography searches. Inclusion was limited to randomized controlled trials of CBT-I in adult patients with insomnia diagnosed using standardized criteria, who additionally had a comorbid medical or psychiatric condition. Twenty-three studies including 1,379 patients met inclusion criteria. Based on weighted mean differences, CBT-I improved subjective sleep quality post-treatment, with large treatment effects for the insomnia severity index and Pittsburgh sleep quality index. Sleep diaries showed a 20 min reduction in sleep onset latency and wake after sleep onset, 17 min improvement in total sleep time, and 9% improvement in sleep efficiency post-treatment, similar to findings of meta-analyses of CBT-I in older adults. Treatment effects were durable up to 18 mo. Results of actigraphy were similar to but of smaller magnitude than subjective measures. CBT-I is an effective, durable treatment for comorbid insomnia.

<http://informahealthcare.com/doi/abs/10.3109/16066359.2014.984700>

Post-traumatic stress disorder and illicit drug use in veterans presenting to primary care with alcohol misuse.

Michael A. Cucciare, Kenneth R. Weingardt, Dellanira Valencia-Garcia, and Sharfun Ghaus

Addiction Research & Theory

Posted online on November 27, 2014. (doi:10.3109/16066359.2014.984700)

Alcohol misuse and post-traumatic stress disorder (PTSD) are highly prevalent among veterans presenting to primary care. PTSD is associated with depression and increased substance use which can complicate the treatment of alcohol misuse. No studies have examined severity of depressive symptoms, rates and type of illicit drug use, and alcohol use severity in veterans with PTSD and alcohol misuse in primary care. Therefore, we examined (a) rates of PTSD and associated mental health comorbidities (depression, suicidal ideation), (b) current and lifetime illicit drug use and (c) alcohol use severity in relation to PTSD status in a sample of veterans presenting to primary care with alcohol misuse. We also tested the hypothesis that greater depressive symptoms, illicit drug use and alcohol use severity would be independently associated with greater likelihood of PTSD, after controlling for age and ethnicity. Veterans (N = 166) were recruited from primary care as part of an intervention study between the years 2010 and 2011. Veterans participating in the study completed an in-person semi-structured interview with study staff. Using the post-traumatic Stress Disorder Checklist-Military version, we found a 16.3% rate of PTSD. PTSD was associated with greater depressive symptoms,

rates of suicidal ideation, alcohol use severity, current use of hypnotics and lifetime use of cocaine and amphetamines. Using logistic regression, we found that severity of depressive symptoms and lifetime cocaine use were independently associated with greater likelihood of PTSD, after controlling for age and ethnicity. Treatment implications of these findings are discussed.

<http://www.statcan.gc.ca/pub/82-624-x/2014001/article/14121-eng.pdf>

Mental Health of the Canadian Armed Forces

Caryn Pearson, Mark Zamorski and Teresa Janz

Statistics Canada

Release date: November 25, 2014

Highlights

- In 2013, about 1 in 6 full-time Regular Force members of the Canadian Armed Forces reported symptoms of at least one of the following disorders: major depressive episode, panic disorder, post-traumatic stress disorder, generalized anxiety disorder, and alcohol abuse or dependence.
- Depression was the most common disorder with 8.0% of Regular Force members reporting symptoms in the past 12 months.
- The 12-month rates for post-traumatic stress disorder and panic disorder were twice as high among Regular Force members who had been deployed in support of the mission in Afghanistan compared to those who had not.
- Between 2002 and 2013 the rate of depression among Regular Force members has not changed, while the rates of post-traumatic stress disorder and panic disorder increased.
- Regular Force members had higher rates of depression and generalized anxiety disorder than the general Canadian population.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21975/abstract>

Predictors of Treatment Interest and Treatment Initiation in a VA Outpatient Trauma Services Program Providing Evidence-Based Care.

Lamp, K., Maieritch, K. P., Winer, E. S., Hessinger, J. D. and Klenk, M.

Journal of Traumatic Stress

Article first published online: 21 NOV 2014

DOI: 10.1002/jts.21975

The present study explored interest in treatment and treatment initiation patterns among veterans presenting at a VA posttraumatic stress disorder (PTSD) clinic. U.S. veterans who were referred for treatment of posttraumatic stress symptoms (N = 476) attended a 2-session psychoeducation and orientation class where they completed measures of demographic variables, PTSD and depression symptom severity, and interest in treatment. Consistent with previous literature and our hypotheses, Vietnam (OR = 1.78) and Persian Gulf veterans (OR = 2.05) were more likely than Iraq and Afghanistan veterans to initiate treatment. Veterans reporting more severe PTSD and depression symptoms were more likely to initiate treatment than not (OR for PTSD = 1.02, OR for depression = 1.02). Interest in treatment emerged as a strong predictor of treatment initiation. Specifically, interest in trauma-focused treatment showed a significant independent predictive effect on initiation such that veterans who expressed interest in trauma-focused treatment were significantly more likely to initiate treatment than those who did not express interest (OR = 2.13). Building interest in trauma-focused treatment may be a vital component for engaging veterans in evidence-based trauma-focused therapy.

<http://www.sciencedirect.com/science/article/pii/S0163834314002898>

National Evaluation of Obesity Screening and Treatment among Veterans with and without Mental Health Disorders.

Alyson J. Littman, Laura J. Damschroder, Lilia Verchinina, Zongshan Lai, Hyungjin Myra Kim, Katherine D. Hoerster, Elizabeth A. Klingaman, Richard W. Goldberg, Richard R. Owen, David E. Goodrich

General Hospital Psychiatry
Available online 22 November 2014

Objective

To determine whether obesity screening and weight management program participation and outcomes are equitable for individuals with serious mental illness (SMI) and depressive disorders (DD) compared to those without SMI/DD in Veterans Health Administration (VHA), the largest integrated US health system, which requires obesity screening and offers weight management to all in need.

Methods

We used chart-reviewed, clinical and administrative VHA data from FY2010-2012 to estimate obesity screening and participation in the VHA's weight management program (MOVE!) across groups. Six- and 12-month weight changes in MOVE! participants were estimated using linear mixed models adjusted for confounders.

Results

Compared to individuals without SMI/DD, individuals with SMI or DD were less frequently

screened for obesity (94-94.7% vs. 95.7%), but had greater participation in MOVE! (10.1-10.4% vs. 7.4%). MOVE! participants with SMI or DD lost approximately 1 pound less at six months. At 12 months, average weight loss for individuals with SMI or neither SMI/DD was comparable (-3.5 and -3.3 pounds, respectively) but individuals with DD lost less weight (mean = -2.7 pounds).

Conclusions

Disparities in obesity screening and treatment outcomes across mental health diagnosis groups were modest. However, participation in MOVE! was low for every group, which limits population impact.

<http://psycnet.apa.org/journals/tra/6/6/731/>

Factors associated with low and high use of psychotherapy in veterans with PTSD.

Hundt, Natalie E.; Mott, Juliette M.; Cully, Jeffrey A.; Beason-Smith, Melissa; Grady, Rebecca H.; Teng, Ellen

Psychological Trauma: Theory, Research, Practice, and Policy
Vol 6(6), Nov 2014, 731-738.

<http://dx.doi.org/10.1037/a0036534>

Both low and high utilization of psychotherapy for posttraumatic stress disorder (PTSD) may be problematic. Low utilization may translate into patients receiving insufficient services to effect clinical change, whereas high utilization may lead to resource depletion as a disproportionate amount of available resources are focused on a small number of patients. This study examined rates and predictors of low and high psychotherapy utilization in a sample of 157 patients enrolled in an outpatient Veterans Affairs (VA) PTSD clinic. Approximately 25% of the sample were low users, receiving fewer than 4 sessions per year, whereas 16% were categorized as high users, receiving 52 or more therapy sessions per year during their course of treatment. Indicators of clinical severity, including comorbidity, global functioning, and number of inpatient admissions, were not associated with low versus high utilization. Age was the only clinical or demographic variable that independently predicted utilization, with older veterans using more services. Qualitative data indicated that social and relational factors, such as lack of social support, may contribute to utilization rates in veterans with PTSD. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://ccs.sagepub.com/content/early/2014/11/20/1534650114559939.abstract>

Integration of Cognitive-Behavioral and Interpersonal Therapies in Treating Depression With Concurrent Relational Distress and Chronic Pain.

Katie C. Wischkaemper, Kristina Coop Gordon

Clinical Case Studies

Published online before print November 20, 2014, doi: 10.1177/1534650114559939

This is a single-case study of a middle-aged man presenting with relationship distress and simultaneous major depressive disorder with chronic back pain and a physical tic. Treatment was informed by cognitive-behavioral therapy (CBT), interpersonal psychotherapy (IPT), and psychodynamic principles. Over the course of treatment, a variety of techniques were utilized, including progressive muscle relaxation training, behavioral monitoring, cognitive restructuring, and interpersonal principles to address somatic complaints and underlying feelings of helplessness and inadequacy. Symptoms including general distress, frustration, back pain, worry about his wife's mental illness, and amount of negative thinking were tracked on a daily basis over three assessment periods. In addition, clinically significant change was assessed using a comparison of baseline and follow-up results from the patient's Outcome Questionnaire-45 (OQ-45.2). Evidence for symptomatic and characterological change is outlined, and treatment implications are discussed.

<http://www.biomedcentral.com/1471-244X/14/325>

Deployment-related mild traumatic brain injury, mental health problems, and post-concussive symptoms in Canadian armed forces personnel.

Bryan G Garber, Corneliu Rusu and Mark A Zamorski

BMC Psychiatry 2014, 14:325

doi:10.1186/s12888-014-0325-5

Background

Up to 20% of US military personnel deployed to Iraq or Afghanistan experience mild traumatic brain injury (mTBI) while deployed; up to one-third will experience persistent post-concussive symptoms (PCS). The objective of this study was to examine the epidemiology of deployment-related mTBI and its relationship to PCS and mental health problems (MHPs) in Canadian Armed Forces (CAF) personnel.

Methods

Participants were 16153 personnel who underwent post-deployment screening (median =136

days after return) following deployment in support of the mission in Afghanistan from 2009 – 2012. The screening questionnaire assessed mTBI and other injuries while deployed, using the Brief Traumatic Brain Injury Screening Tool. Current MHPs and PCS were assessed using items from the Patient Health Questionnaire, the Patient Checklist for PTSD, and the Cognitive Failures Questionnaire. Log-binomial regression explored the association of mTBI, other injuries, and MHPs with PCS, using the presence of 3 or more of 7 PCS as the outcome. Results are expressed as adjusted prevalence ratios (PR).

Results

mTBI while deployed was reported in 843 respondents (5.2%). Less severe forms of mTBI (associated only with having been dazed or confused or having “seen stars”) predominated. Blast was reported as a mechanism of injury in half of those with mTBI. Multiple PCS were present in 21% of those with less severe forms of mTBI and in 27% of those with more severe forms of mTBI (i.e., mTBI associated with loss of consciousness or post-traumatic amnesia). After adjustment for confounding, mTBI had no statistically significant association with PCS relative to non-TBI injury. In contrast, MHPs had a strong association with reporting 3 or more PCS (adjusted prevalence ratio (PR) =7.77).

Conclusion

Deployment-related mTBI prevalence was lower than in many US reports; most of those who had had mTBI were free of multiple PCS. PCS was strongly associated with MHPs but not with mTBI. Careful assessment of MHPs is essential in personnel with a history of combat-related mTBI and PCS.

<http://www.sciencedirect.com/science/article/pii/S108707921400121X>

Posttraumatic Stress Disorder and Sleep-Disordered Breathing: A Review of Comorbidity Research.

Barry Krakow, Victor A. Ulibarri, Bret Moore, Natalia D. McIver

Sleep Medicine Reviews

Available online 20 November 2014

Posttraumatic stress disorder (PTSD) and sleep-disordered breathing (SDB) are common disorders, but limited data address their co-morbidity. Emerging research indicates PTSD and SDB may co-occur more frequently than expected and may impact clinical outcomes. This review describes historical developments that first raised suspicions for a co-morbid relationship between PTSD and SDB, including barriers to the recognition and diagnosis of this co-morbidity. Objective diagnostic data from polysomnography studies in PTSD patients reveal widely varying prevalence rates for co-morbidity (0 to 90%). Use of standard, recommended technology (nasal cannula pressure transducer) versus older, less reliable technology (thermistor/thermocouple)

appears to have influenced objective data acquisition and therefore SDB rates in sleep studies on PTSD patients. Studies using higher quality respiratory sensors demonstrated the highest prevalence of SDB in PTSD patients. Clinical relevance, theoretical models and research recommendations are discussed. The lack of widely acknowledged, tested, or proven explanatory models and pathophysiological mechanisms to understand the relationship between these two disorders may prove formidable barriers to further investigations on prevalence and clinical relevance, albeit both conditions are associated with waking or sleeping hyperarousal activity, which may inform future studies.

<http://www.tandfonline.com/doi/abs/10.1080/10550887.2014.975609>

Characteristics of Veterans in Community-Based Treatment Programs for Substance Use Disorders: An Analysis of Data from a State-Wide System.

Jiang Yu, Shazia Hussain, Phil Appel

Journal of Addictive Diseases

Accepted author version posted online: 21 Nov 2014

Objective:

This exploratory study examines the characteristics of patients in community treatment for substance use disorders in New York who self-reported as military veterans, their sources of referral and treatment outcomes.

Method:

Treatment records for patients in New York State programs were utilized and consisted of individual treatment records from 1995 to 2012, in which 81,471 patients have a veteran status, and 1,260,618 are non-veterans.

Results:

Compared with non-veterans, veterans in community treatment tend to be male, older, better educated, and more likely to have income from employment. In addition, veterans are more likely to enroll in inpatient programs, report alcohol as their primary substance of abuse, and have a somewhat higher rate of treatment completion than non-veterans. Among veterans, ethnic/racial and cultural background may play a role in their patterns of substance use and treatment participation. Specifically, more white veteran patients have alcohol, more black veterans have crack/cocaine, and more Hispanic veterans have heroin as their primary substance at admission to treatment and are the most likely to enroll in methadone programs.

Conclusions:

Results indicate that veterans in community-based SUD treatment have distinctive demographic characteristics, primary substance use, and treatment participation. More in-depth research is

needed to examine veterans' pathways into community treatment their perception of and experience with treatment services, the likely influence of cultural background, and the role of specific military experiences on their treatment outcomes.

<http://digitalcommons.georgiasouthern.edu/etd/1174/>

Use of Strategic Intentionality in Becoming Military Friendly

Allison V. Gorman, Georgia Southern University

Electronic Theses & Dissertations. Paper 1174

As institutions begin to implement and promote military friendly initiatives in response to the introduction of the Post-9/11 G.I. Bill, it becomes important that there is a congruence between what institutions say they are doing and what they actually do for student veterans. The literature investigation suggested that strategic intentionality may serve as an important framework for evaluating the implementation of military friendly initiatives.

The purpose of this multiple case study was to explore the role that strategic intentionality plays in the successful implementation of military friendly initiatives at three four-year, public post-secondary institutions in the State of Georgia. This study used the three stages of theory of strategic intent, vision, commitment, and practice, as a framework for exploring the role of intentionality.

Data collected from interviews, content analysis, field observations, and a descriptive survey identified having a military friendly culture as the strongest indicator of intentional military friendliness. Nine best practices were identified and included: effective human resources practices; gaining organizational commitment; developing a military friendly culture; supportive leadership and administration; conducting outreach; focusing on continuity; integrating services; establishing a military resource center; and promoting military friendliness through public relations and marketing. Overall, strategic intentionality was shown to be an important framework for evaluating the implementation of military friendly initiatives. The systematic integration of strategic intentionality and the implementation of military friendly initiatives allow institutions to more effectively achieve military friendliness by institutionalizing military friendliness into the organizational culture, creating a commitment from leadership to allocate resources and establish administrative structures, and providing a mechanism for assessment and evaluation.

Links of Interest

Military Care Coordinators Learn to Identify Brain Injuries, PTSD

http://www.dcoe.mil/blog/14-11-13/Military_Care_Coordinators_Learn_to_Identify_Brain_Injuries_PTSD.aspx

Moral Injury Is The 'Signature Wound' Of Today's Veterans

<http://nhpr.org/post/moral-injury-signature-wound-todays-veterans>

DoD, VA suicide prevention efforts on Capitol Hill

<http://www.militarytimes.com/story/veterans/2014/11/18/congress-pentagon-veterans-affairs-suicide-initiatives/19220877/>

Navy Releases Guidance for Reducing Access to Lethal Means

http://www.navy.mil/submit/display.asp?story_id=84500

Mindfulness Is Just As Effective As Cognitive Behavioral Therapy In Treating Anxiety, Depression

<http://www.medicaldaily.com/mindfulness-just-effective-cognitive-behavioral-therapy-treating-anxiety-depression-312432>

For rural veterans with PTSD, telemedicine may help

<http://www.reuters.com/article/2014/11/24/us-military-ptsd-telemedicine-idUSKCN0J822E20141124>

Virtual Hope Box mobile app grows in popularity

<http://www.aerotechnews.com/marcharb/2014/11/21/virtual-hope-box-mobile-app-grows-in-popularity/>

What Kind of Therapist – and Which Type of Therapy – Is Right for You?

<http://health.usnews.com/health-news/patient-advice/articles/2014/11/26/what-kind-of-therapist-and-which-type-of-therapy-is-right-for-you>

Resource(s) of the Week: [Military Occupational Specialty Codes](#)

U.S. Military Occupational Specialty codes (MOS code), comprise a system used in the U.S. Army and U.S. Marines to identify specific jobs. The U.S. Air Force uses its own system of Air Force Specialty Codes, and the U.S. Navy employs a system of naval ratings and designators, along with Navy Enlisted Classification (NEC) system.

Familiarity with these codes can be helpful to behavioral health professionals treating military members or veterans. As part of its [Military Culture: Core Competencies for Healthcare](#)

[Professionals online course](#), CDP provides access to this information for all four Service branches.

The screenshot shows the top navigation bar with links for BLOG, SUPPORT, FAQ, NEWSROOM, CONTACT US, and social media icons for Twitter, Facebook, Google+, LinkedIn, and YouTube. A search bar labeled "Search CDP" and a "SIGN IN / REGISTER" button are also present. The CDP logo and tagline "CENTER FOR DEPLOYMENT PSYCHOLOGY Preparing Professionals to Support Warriors and Families" are displayed, along with several military service branch emblems. A dark blue navigation bar contains the following menu items: LEARN NOW, TRAINING, DISORDERS, TREATMENTS, RESOURCES, MILITARY CULTURE, and ABOUT CDP. Below the navigation bar, the breadcrumb "Home > Occupational Codes" is shown. The main heading "Occupational Codes" is followed by a list of service branches: Army, Marine Corps, Navy, and Air Force. A text block explains that Military Occupational Codes are distinct codes designated by numbers and letters to classify a specific profession in the Armed Forces. A sidebar on the right titled "More About" includes links for Military Culture Home, Why Know About Military Culture, Military Culture Self Awareness Exercise, Faces of Military Culture (Videos), How Can I Help?, and Resources. A "TAKE THE COURSE" button with a green checkmark icon is located at the bottom right of the page.

Shirl Kennedy
Research Editor
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749