



CDP Research Update -- March 19, 2015

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<http://www.sciencedirect.com/science/article/pii/S1934148215001197>

Exploring the Relationship between mTBI Exposure and the Presence and Severity of Postconcussive Symptoms among Veterans Deployed to Iraq and Afghanistan.

Megan Baldassarre, Bridget Smith, Jordan Harp, Amy Herrold, Walter M. High Jr., Judith Babcock-Parziale, Theresa Louise-Bender Pape

PM&R

Available online 7 March 2015

doi:10.1016/j.pmrj.2015.03.003

Objective

To describe the association between mild Traumatic Brain Injury (mTBI) and persisting postconcussive symptoms according to symptom category, number and severity.

Design

Observational.

Participants

Veterans (ages 18+) deployed in Operation Enduring and Iraqi Freedom (OEF/OIF) conflicts who had not received any treatment for mTBI in the 30 days preceding study enrollment.

Methods

Veterans were interviewed and completed testing in a single day. The Standard TBI Diagnostic Interview and the Clinician Administered PTSD Scale were used. Testing included the Neurobehavioral Symptom Inventory and a full neuropsychological battery. Gold standard classification methods were utilized to determine presence/absence of mTBI. For each of the five symptom outcomes, an adjusted multiple linear regression model (negative binomial count models) accounting for effects of socio-demographic variables and behavioral health conditions was used.

Main Outcome Measurements

Self-reported neurobehavioral symptoms categorized as affective, cognitive, somatic and vestibular symptoms.

Results

OEF/OIF Veterans with mTBI, relative to Veterans with no mTBI, have 30% more symptoms overall ($p < .001$), 34% more somatic symptoms ($p < .001$), 22% more cognitive symptoms ($p = .008$), 15% more affective symptoms ($p = .017$), and 59% more vestibular symptoms ($p < .001$). For adjusted models, variables significantly related to number of symptoms across all four symptom categories are anxiety (all p values $p < .001$) and insomnia (all p values $p < .001$). For the adjusted models, variables significantly related to symptom severity across all four symptom categories are insomnia (all p values $p < .001$), depression (p values range from $p < .001$ to $.05$) and anxiety (all p values $p < .001$).

Conclusions

OEF/OIF Veterans with mTBI, relative to Veterans with no mTBI, have significantly more and significantly more severe persisting symptoms with vestibular symptoms reported with the greatest frequency. After accounting for behavioral health conditions and socio-demographic factors, OEF/OIF Veterans with mTBI compared to Veterans without mTBI, had significantly more cognitive, affective, vestibular and somatic symptoms persisting 4.8 years after the mTBI event(s).

Funding Source: Department of Veterans Affairs (VA), Office of Research and Development, Health services Research and Development (HSR&D) Service, Service Directed Research Project # 08-377.

<http://www.tandfonline.com/doi/abs/10.1080/10503307.2015.1013161>

The effect of perceived burdensomeness and thwarted belongingness on therapists' assessment of patients' suicide risk.

Yossi Levi-Belz , Eyal Gamliel

Psychotherapy Research

Published online: 09 Mar 2015

DOI:10.1080/10503307.2015.1013161

Objective:

The interpersonal theory of suicide posits that perceived burdensomeness and thwarted belongingness are two causal interactive suicidal risk factors. The aim of this study was to examine whether therapists are affected by these factors upon assessing patients' suicide risk.

Method:

Using an experimental design, 388 mental health professionals were presented with a text vignette describing a hypothetical patient with either high or low perceived burdensomeness and with either high or low thwarted belongingness.

Results:

The findings revealed that both factors affected therapists' risk assessment of psychache, suicidal ideation, suicide attempt and resilience.

Conclusions:

The study results highlight the interpersonal theory as an important theory for understanding the factors upon which therapists and mental health professionals rely when assessing suicide risk.

<http://psycnet.apa.org/journals/pst/52/1/67/>

The therapeutic alliance as a predictor of outcome in dialectical behavior therapy versus nonbehavioral psychotherapy by experts for borderline personality disorder.

Bedics, Jamie D.; Atkins, David C.; Harned, Melanie S.; Linehan, Marsha M.

Psychotherapy, Vol 52(1), Mar 2015, 67-77. <http://dx.doi.org/10.1037/a0038457>
Special Section: Cognitive-Behavioral Psychotherapy

The purpose of the present study was to explore facets of the client- and therapist-rated therapeutic alliance as predictors of suicide attempts, nonsuicidal self-injury, depression, and introject during the course of 2 psychosocial treatments for borderline personality disorder. A total of 101 women meeting Diagnostic and Statistical Manual of Mental Disorders–IV DSM–IV criteria for borderline personality disorder participated in a randomized controlled trial of dialectical behavior therapy (DBT) versus community treatment by experts. Clients and therapists rated the therapeutic alliance at 4 time points during 1 year of treatment. Multilevel models showed no significant differences in client ratings of the alliance by treatment condition. DBT therapists reported greater working strategy consensus early in treatment and an overall greater alliance during treatment. Client ratings of commitment and working capacity were associated with fewer suicide attempts in DBT. Client ratings of commitment were also associated with reduced nonsuicidal self-injury in DBT only. Therapist ratings of the alliance were predictive of reduced suicide attempts in both treatments. Therapist ratings of the alliance in community treatment by experts were predictive of increased nonsuicidal self-injury. Client and therapist ratings of the alliance were not significantly associated with changes in depression or introject across both treatments. The study supported theoretically predicted relationships between facets of the therapeutic alliance in DBT and suicidal behavior. Results are discussed in the context of recommendations for developing the therapeutic alliance in DBT. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2015-09317-001/>

Women's Veteran Identity and Utilization of VA Health Services.

Di Leone, Brooke A. L.; Wang, Joyce M.; Kressin, Nancy; Vogt, Dawne

Psychological Services, Mar 2 , 2015, No Pagination Specified.

<http://dx.doi.org/10.1037/ser0000021>

Women have participated in the United States military since its founding. However, until the mid-20th century, there had been limited recognition of women as official members of the military, and women remain a statistical minority within military and veteran populations. It is therefore important to better understand women's veteran identity (which we define here as one's self-concept as derived from their veteran status) and associated implications for service use and experiences in the Department of Veterans Affairs (VA) health care setting. The present research examined the centrality of, and positive regard for, women's veteran identity among 407 female veterans deployed in support of the recent wars in Iraq and Afghanistan. Data were collected via a mailed national survey. Positive regard for veteran identity, but not veteran identity centrality, was positively associated with participants' age and length of time

spent in the military. Results also showed that the centrality of women's veteran identity was positively related to their choice to use VA for health care and their feelings of belonging within VA, and that veteran identity centrality and positive regard for veteran identity are differentially associated with participants' military experiences (e.g., combat exposure, deployment sexual harassment) and mental health symptomatology (e.g., depression). (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/08952833.2015.1005946>

Officer, Chaplain, Therapist: A Feminist Perspective on the Challenges of Supervising U.S. Army Chaplain-Therapists.

Aaron M. Norton , Kristy L. Soloski

Journal of Feminist Family Therapy
Vol. 27, Iss. 1, 2015
DOI: 10.1080/08952833.2015.1005946

This report of clinical supervision with U.S. Army chaplains who have been trained as marriage and family therapists is presented to encourage discussion and dialogue among supervisors and supervisors-in-training approved by the American Association for Marriage and Family Therapy. The unique challenges presented in this clinical supervision setting include: issues specific to chaplains' rank as military officers, countertransference, confidentiality, use of military language, and the struggle to integrate three professional role identities. Using a feminist supervisory approach, effective supervision with U.S. Army marriage and family therapist chaplains require that supervisors focus on issues of power, gender, supervisee needs, and cultural diversity as it relates to the military practice environment.

<http://www.tandfonline.com/doi/abs/10.1080/09502386.2015.1017138>

An Army of Debt: Financial readiness and the military family.

Liz Montegary

Cultural Studies
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Over the past decade, the US Department of Defense has become increasingly concerned with how the financial insecurity of military families compromises the overall security of the nation.

Through an analysis of the policy reports focusing on predatory lending and military personnel and the initiatives designed to improve the financial capabilities of servicemembers and their families, this article situates the everyday domestic lives of indebted military personnel with respect to the racialized, gendered and militarized logics of global finance capital. Specifically, I argue that the perceived crisis in 'financial readiness' is endemic to the US security state and its efforts to protect and produce financialized markets at home and abroad. Inspired by the growing body of Cultural Studies and American Studies scholarship on the relationship between race, empire and the financialization of capitalism, this article unpacks the ways in which state practices of war-making fuel and are fueled by the chronic indebtedness of communities of colour and working-class communities. I open with a discussion of how the Pentagon's coercive enlistment practices burden economically insecure bodies with the work of securing the nation and, in doing so, create concentrated populations of young people who, with a regular pay cheque yet no credit history, are particularly vulnerable to the financial structures they 'volunteered' to defend. I then conclude with an examination of the Pentagon's family-focused financial readiness programmes that school servicemembers in how to invest for their futures and that call specifically upon military wives to do the labour of mobilizing household financial plans in the service of US imperial interests. By focusing on how military families are imagined to manage and mismanage their debt, this article offers insight into how the militarization of citizenship coincides with the financialization of family life in the United States today.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22164/abstract>

A Qualitative Study of Potential Suicide Risk Factors Among Operation Iraqi Freedom/Operation Enduring Freedom Soldiers Returning to the Continental United States (CONUS).

Jaimie Lusk, Lisa A. Brenner, Lisa M. Betthausen, Heidi Terrio, Ann I. Scher, Karen Schwab and Artur Poczwardowski

Article first published online: 10 MAR 2015

DOI: 10.1002/jclp.22164

Objective

A qualitative study among Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Soldiers was conducted to explore potential constructs underlying suicide according to the interpersonal–psychological theory of suicide (IPT); these include burdensomeness, failed belonging, and acquired capability.

Methods

Qualitative semistructured interviews were conducted with 68 Soldiers at 3 months post-OEF/OIF deployment. Soldiers were asked about changes in their experiences of pain,

burdensomeness, and lack of belonging. The methodology employed was descriptive phenomenological.

Results

Transcripts were reviewed and themes related to the IPTS constructs emerged. Soldiers' postdeployment transition experiences included higher pain tolerance, chronic pain, emotional reactivity, emotional numbing and distancing, changes in physical functioning, combat guilt, discomfort with care seeking, and difficulties reintegrating into family and society.

Conclusions

Findings highlight the utility of the IPTS in understanding precursors to suicide associated with transition from deployment, as well as treatment strategies that may reduce risk in Soldiers during reintegration.

<http://onlinelibrary.wiley.com/doi/10.1111/1745-9125.12067/abstract>

Police Response to Domestic Violence: Situations Involving Veterans Exhibiting Signs of Mental Illness.

Fred E. Markowitz and Amy C. Watson

Criminology

Article first published online: 11 MAR 2015

DOI: 10.1111/1745-9125.12067

Drawing on attribution theory, research on police discretion, and public attitudes toward mental illness, we examine attributional processes in police decision making in response to domestic violence situations involving veterans and nonveterans with signs of mental illness. Using data from experimental vignettes varying veteran status, victim injury, and suspect compliance administered to a sample of 309 police officers, the results indicate that 1) veterans are perceived as less responsible for troublesome behavior but more dangerous than nonveterans, 2) suspects' veteran status has a significant effect on officers' preference for mental health treatment versus arrest, and 3) part of the effect of veteran status on officer response is mediated by internal and external attributions for problematic behavior and by perceptions of dangerousness. The study empirically demonstrates countervailing processes in police decision making—recognition of the causes for troublesome behavior and the need for mental health treatment on the one hand and concern for community safety and enforcing the law on the other.

<http://www.ncbi.nlm.nih.gov/pubmed/25771293>

Sleep Med Rev. 2015 Feb 18;23:83-88. doi: 10.1016/j.smrv.2015.02.003. [Epub ahead of print]

Towards standardisation and improved understanding of sleep restriction therapy for insomnia disorder: A systematic examination of CBT-I trial content.

Kyle SD, Aquino MR, Miller CB, Henry AL, Crawford MR, Espie CA, Spielman AJ

Sleep restriction therapy is a core element of contemporary cognitive-behavioural therapy for insomnia and is also effective as a single-component therapeutic strategy. Since its original description, sleep restriction therapy has been applied in several different ways, potentially limiting understanding of key therapeutic ingredients, mode of action, evidence synthesis, and clinical implementation. We sought to examine the quality of reporting and variability in the application of sleep restriction therapy within the context of insomnia intervention trials. Systematic literature searches revealed 88 trials of cognitive-behavioural therapy/sleep restriction therapy that met pre-defined inclusion/exclusion criteria. All papers were coded in relation to their description of sleep restriction therapy procedures. Findings indicate that a large proportion of papers (39%) do not report any details regarding sleep restriction therapy parameters and, for those papers that do, variability in implementation is present at every level (sleep window generation, minimum time-in-bed, sleep efficiency titration criteria, and positioning of sleep window). Only 7% of papers reported all parameters of sleep restriction treatment. Poor reporting and variability in the application of sleep restriction therapy may hinder progress in relation to evidence synthesis, specification of mechanistic components, and refinement of therapeutic procedures for patient benefit. We set out guidelines for the reporting of sleep restriction therapy as well as a research agenda aimed at advancing understanding of sleep restriction therapy. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25773140>

Expert Opin Investig Drugs. 2015 Mar 14:1-14. [Epub ahead of print]

Investigational drugs under development for the treatment of PTSD.

Ragen BJ, Seidel J, Chollak C, Pietrzak RH, Neumeister A

Posttraumatic stress disorder (PTSD) is a prevalent, chronic and disabling anxiety disorder that may develop following exposure to a traumatic event. There is currently no effective pharmacotherapy for PTSD and therefore the discovery of novel, evidence-based treatments is particularly important. This review of potential novel treatments could act as a catalyst for further drug investigation. Areas covered: In this review, the authors discuss the heterogeneity of PTSD and why this provides a challenge for discovering effective treatments for this disorder. By

searching for the neurobiological systems that are disrupted in individuals with PTSD and their correlation with different symptoms, the authors propose potential pharmacological treatments that could target these symptoms. They discuss drugs such as nabilone, d-cycloserine, nor-BNI, 7,8-dihydroxyflavone and oxytocin (OT) to target systems such as cannabinoids, glutamate, opioids, brain-derived neurotrophic factor and the OT receptor, respectively. While not conclusive, the authors believe that these brain systems include promising targets for drug discovery. Finally, the authors review animal studies, proof-of-concept studies and case studies that support our proposed treatments. Expert opinion: A mechanism-based approach utilizing techniques such as in vivo neuroimaging will allow for the determination of treatments. Due to the heterogeneity of the PTSD phenotype, focusing on symptomology rather than a categorical diagnosis will allow for more personalized treatment. Furthermore, there appears to be a promise in drugs as cognitive enhancers, the use of drug cocktails and novel compounds that target specific pathways linked to the etiology of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/25772341>

Am J Geriatr Psychiatry. 2015 Feb 11. pii: S1064-7481(15)00081-0. doi: 10.1016/j.jagp.2015.02.001. [Epub ahead of print]

Mental Health Treatment for Older Veterans Newly Diagnosed with PTSD: A National Investigation.

Smith NB, Cook JM, Pietrzak R, Hoff R, Harpaz-Rotem I

OBJECTIVE:

Older veterans are the largest cohort served by the U.S. Department of Veterans Affairs (VA). The aim of this study was to examine mental health service utilization among older veterans recently diagnosed with posttraumatic stress disorder (PTSD), with an interest in sociodemographic and clinical characteristics related to receipt and type of mental health treatment.

DESIGN:

VA National administrative data set and pharmacy records.

SETTING:

VA Healthcare System.

PARTICIPANTS:

The sample comprised 96,249 veterans aged 50+ years who received a new diagnosis of PTSD between fiscal years 2008-2011.

MEASUREMENTS:

Demographic/clinical characteristics and treatment variables (receipt of mental health treatment; number of days before first appointment; receipt of psychotherapy, medication, or combination treatment; type of medication; number of psychotherapy visits) were assessed and relations were examined using logistic, negative binomial, and Cox regressions.

RESULTS:

The majority of older veterans with newly diagnosed PTSD received at least one follow-up mental health visit. Increasing age was associated with decreased odds of receipt of any type of mental health treatment, and psychiatric comorbidities and greater number of medical appointments were associated with increased odds of treatment. Among veterans who received treatment, increased age was associated with decreased odds of receiving both psychotherapy and pharmacotherapy, decreased number of psychotherapy visits, and increased waiting times.

CONCLUSION:

Among older veterans recently diagnosed with PTSD in the VA healthcare system, older individuals, particularly those over 80 years old, are at risk of not receiving timely and appropriate mental health treatment, indicating targeted outreach to this population could be helpful in improving care. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25352334>

Res Nurs Health. 2015 Feb;38(1):7-18. doi: 10.1002/nur.21630. Epub 2014 Oct 28.

Strong army couples: a case study of rekindling marriage after combat deployment.

Melvin KC, Wenzel J, Jennings BM

Post-traumatic stress symptoms (PTSS), occurring in 15% of combat-exposed military personnel, are associated with a decrease in couples' relationship quality. The purpose of this analysis was to describe reintegration in Army couples with high couple functioning, despite PTSS in one or both partners. Reintegration refers to readjustment after deployment; returning to previous role(s). In a mixed-methods case study of Army couples with a history of combat deployment, we used existing quantitative data to define sampling boundaries, select cases, and guide interviews. Couples scoring high on couple functioning, resilience, and couple satisfaction were interviewed (N = 5 couples, 10 participants). "Rekindling marriage" required strategies to overcome challenges during couple reintegration. For participants as individuals, those strategies were allowing negative emotions, giving each other time and space to do the work of rediscovery and accepting a changed reality, and recognizing and addressing individual needs of the other. As couples, strategies were to go with the flow, open your heart, become best friends, maintain trust, and communicate effectively. As families, strategies were to

normalize schedules and protect family time. Findings offer a preliminary basis for interventions to promote strong relationships for military couples with PTSS. © 2014 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/25766717>

J Clin Sleep Med. 2015 Jan 9. pii: jc-00412-14. [Epub ahead of print]

Improved Sleep Quality is Associated with Reductions in Depression and PTSD Arousal Symptoms and Increases in IGF-1 Concentrations.

Rusch HL, Guardado P, Baxter T, Mysliwiec V, Gill JM

STUDY OBJECTIVES:

One-third of deployed military personnel will be diagnosed with insomnia, placing them at high risk for comorbid depression, posttraumatic stress disorder (PTSD), and medical conditions. The disruption of trophic factors has been implicated in these comorbid conditions, which can impede post-deployment recovery. This study determined if improved sleep quality is associated with (1) reductions in depression and posttraumatic symptoms, as well as enrichments in health-related quality of life (HRQOL), and (2) changes in plasma concentrations of brain derived neurotrophic factor (BDNF) and insulin-like growth factor-1 (IGF-1).

METHODS:

Forty-four military personnel diagnosed with insomnia underwent clinical evaluations and blood draws at pretreatment and at posttreatment following cognitive behavioral therapy-for insomnia and automatic positive airway pressure treatment. Participants were classified as sleep improved (n = 28) or sleep declined (n = 16) based on their change in pre- to post-treatment Pittsburgh Sleep Quality Index (PSQI) score. Both groups were compared on outcomes of depression, PTSD, HRQOL, BDNF, and IGF-1.

RESULTS:

Paired t-tests of the sleep improved group revealed significant declines in depression (p = 0.005) and posttraumatic arousal (p = 0.006) symptoms, and a significant increase in concentrations of IGF-1 (p = 0.009). The sleep declined group had no relevant change in psychiatric symptoms or trophic factors, and had further declines on five of eight dimensions of HRQOL. Between-group change score differences were significant at p < 0.05.

CONCLUSIONS:

These findings suggest that interventions, which successfully improve sleep quality, are an effective means to reduce the depression and posttraumatic arousal symptoms common to military personnel, as well as increase protective trophic factors implicated in these conditions. Copyright © 2015 American Academy of Sleep Medicine. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25767985>

Med Care. 2015 Apr;53(4 Suppl 1):S97-S104. doi: 10.1097/MLR.0000000000000272.

Access to Mental Health Care Among Women Veterans: Is VA Meeting Women's Needs?

Kimerling R, Pavao J, Greene L, Karpenko J, Rodriguez A, Saweikis M, Washington DL

BACKGROUND:

Patient-centered access to mental health describes the fit between patient needs and resources of the system. To date, little data are available to guide implementation of services to women veterans, an underrepresented minority within Department of Veteran Affairs (VA) health care. The current study examines access to mental health care among women veterans, and identifies gender-related indicators of perceived access to mental health care.

METHODS:

A population-based sample of 6287 women veterans using VA primary care services participated in a survey of past year perceived need for mental health care, mental health utilization, and gender-related mental health care experiences. Subjective rating of how well mental health care met their needs was used as an indicator of perceived access.

RESULTS:

Half of all women reported perceived mental health need; 84.3% of those women received care. Nearly all mental health users (90.9%) used VA services, although only about half (48.8%) reported that their mental health care met their needs completely or very well. Gender related experiences (availability of female providers, women-only treatment settings, women-only treatment groups, and gender-related comfort) were each associated with 2-fold increased odds of perceived access, and associations remained after adjusting for ease of getting care.

CONCLUSIONS:

Women VA users demonstrate very good objective access to mental health services. Desire for, and access to specialized mental health services for women varies across the population and are important aspects of shared decision making in referral and treatment planning for women using VA primary care.

<http://www.ncbi.nlm.nih.gov/pubmed/25767966>

Med Care. 2015 Apr;53(4 Suppl 1):S128-35. doi: 10.1097/MLR.0000000000000300.

Associations Between Race-based and Sex-based Discrimination, Health, and Functioning: A Longitudinal Study of Marines.

Foynes MM, Smith BN, Shipherd JC

BACKGROUND:

Only a few studies have examined race-based discrimination (RBD) and sex-based discrimination (SBD) in military samples and all are cross-sectional.

OBJECTIVES:

The current study examined associations between both RBD and SBD experienced during Marine recruit training and several health and functioning outcomes 11 years later in a racially/ethnically diverse sample of men and women.

RESEARCH DESIGN:

Linear multiple regression models were used to examine associations between sex, race/ethnicity, RBD and SBD, and later outcomes (physical health, self-esteem, and occupational/vocational functioning), accounting for baseline levels and covariates.

SUBJECTS:

Data were drawn from a larger longitudinal investigation of US Marine Corps recruits. The sample (N=471) was comprised of white men (34.6%), white women (37.6%), racial/ethnic minority men (12.7%), and racial/ethnic minority women (15.1%).

MEASURES:

Self-report measures of sex and race (T1), RBD and SBD (T2), social support (T2), mental health (T2), physical health (T2 and T5), self-esteem (T2 and T5), and occupational/vocational functioning (T5) were included. **RESULTS:** Over a decade later, experiences of RBD were negatively associated with physical health and self-esteem. Social support was the strongest predictor of occupational/vocational functioning. Effects of sex, SBD, and minority status were not significant in regressions after accounting for other variables.

CONCLUSIONS:

Health care providers can play a key role in tailoring care to the needs of these important subpopulations of veterans by assessing and acknowledging experiences of discrimination and remaining aware of the potential negative associations between discrimination and health and functioning above and beyond the contributions of sex and race/ethnicity.

<http://www.ncbi.nlm.nih.gov/pubmed/25767965>

Med Care. 2015 Apr;53(4 Suppl 1):S120-7. doi: 10.1097/MLR.0000000000000284.

The Effect of Medical Comorbidities on Male and Female Veterans' Use of Psychotherapy for PTSD.

Breland JY, Greenbaum MA, Zulman DM, Rosen CS

BACKGROUND:

Posttraumatic stress disorder (PTSD) is associated with an increased risk for medical comorbidities that may prevent participation in psychotherapy. The present study investigated whether medical comorbidities were associated with lower initiation rates and fewer psychotherapy visits for PTSD. Because women are more likely to initiate psychotherapy after traumatic events, we also assessed whether relationships were weaker among women.

METHODS:

Veterans (N=482, 47% women) recently diagnosed with PTSD completed a survey assessing demographics, mood, functional status, and interest in treatment. Data on medical comorbidities, psychotherapy visits, antidepressant prescriptions, and service connection were assessed longitudinally through administrative files. Logistic and negative binomial regressions assessed associations between number of medical comorbidities in the 2 years before the survey and the initiation and number of psychotherapy visits for PTSD in the year after the survey. All analyses were stratified by sex and controlled for survey and administrative variables.

RESULTS:

The relationship between medical comorbidities and number of psychotherapy visits was stronger among women than among men. A greater number of medical comorbidities was associated with significantly fewer psychotherapy visits in the total sample [incidence rate ratio: 0.91; 95% confidence interval (CI): 0.83, 1.00] and among women (incidence rate ratio: 0.87; 95% CI: 0.77, 0.99), but not among men (95% CI: 0.75, 1.01). Medical comorbidities were not associated with the initiation of psychotherapy among men or women.

CONCLUSIONS:

Addressing medical comorbidities may help individuals remain in psychotherapy for PTSD. Medical comorbidities may play a larger role in the number of psychotherapy visits among women than men.

<http://www.ncbi.nlm.nih.gov/pubmed/25767964>

Med Care. 2015 Apr;53(4 Suppl 1):S112-9. doi: 10.1097/MLR.000000000000263.

Traumatic brain injury among women veterans: an invisible wound of intimate partner violence.

Iverson KM, Pogoda TK

BACKGROUND:

Intimate partner violence (IPV) is prevalent among women Veterans and is known to increase women's risk for traumatic brain injury (TBI). IPV-related TBI has not been examined in the women Veteran population.

OBJECTIVES:

To identify the occurrence of IPV-related TBI in a sample of women Veterans and examine the associations of IPV-related TBI with sociodemographic characteristics, health symptoms, health care utilization, and IPV experiences.

RESEARCH DESIGN:

Cross-sectional mail survey conducted in 2013. **SUBJECTS:** The sample comprised 176 New England Department of Veterans Affairs (VA) women Veteran patients.

MEASURES:

Self-reported IPV-related TBI was assessed with a modified VA TBI screening tool. The survey included validated measures of depression (Center for Epidemiologic Studies Depression Scale) and posttraumatic stress disorder (PTSD; Posttraumatic Disorder Checklist) symptoms, as well as overall mental and physical health (SF-12), and IPV (Conflict Tactics Scales-Revised-2). Questions assessed past-year VA and non-VA health care use.

RESULTS:

A total of 18.8% (n=33) met screening criteria for IPV-related TBI history. Women who experienced IPV-related TBI reported significantly higher depression (mean Center for Epidemiologic Studies Depression Scale scores: 26.6 vs. 20.7, $P<0.0001$) and PTSD (mean Posttraumatic Disorder Checklist scores: 53.2 vs. 34.1, $P<0.0001$) symptoms, and poorer perceptions of physical health (mean SF-12 34.6 vs. 42.3, $P<0.01$) than women who experienced IPV to the head without TBI. IPV-related TBI was also associated with poorer perceptions of mental health, as well as more frequent VA health care utilization and overall IPV.

CONCLUSIONS:

IPV-related TBI is associated with poorer mental and physical health in women Veterans. This invisible injury is associated with greater VA health care utilization and IPV exposure. Implications for VA practice and policy are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/25767963>

Med Care. 2015 Apr;53(4 Suppl 1):S105-11. doi: 10.1097/MLR.0000000000000271.

Sex Differences in Mental Health and Substance Use Disorders and Treatment Entry Among Justice-involved Veterans in the Veterans Health Administration.

Finlay AK, Binswanger IA, Smelson D, Sawh L, McGuire J, Rosenthal J, Blue-Howells J, Timko C, Blodgett JC, Harris AH, Asch SM, Frayne S

BACKGROUND:

Over half of veterans in the criminal justice system have mental health or substance use disorders. However, there is a critical lack of information about female veterans in the criminal justice system and how diagnosis prevalence and treatment entry differ by sex. **OBJECTIVES:** To document prevalence of mental health and substance use disorder diagnoses and treatment entry rates among female veterans compared with male veterans in the justice system.

RESEARCH DESIGN:

Retrospective cohort study using national Veterans Health Administration clinical/administrative data from veterans seen by Veterans Justice Outreach Specialists in fiscal years 2010-2012.

SUBJECTS:

A total of 1535 females and 30,478 male veterans were included.

MEASURES:

Demographic characteristics (eg, sex, age, residence, homeless status), mental health disorders (eg, depression, post-traumatic stress disorder), substance use disorders (eg, alcohol and opioid use disorders), and treatment entry (eg, outpatient, residential, pharmacotherapy).

RESULTS:

Among female veterans, prevalence of mental health and substance use disorders was 88% and 58%, respectively, compared with 76% and 72% among male veterans. Women had higher odds of being diagnosed with a mental health disorder [adjusted odds ratio (AOR)=1.98; 95% confidence interval (CI), 1.68-2.34] and lower odds of being diagnosed with a substance use disorder (AOR=0.50; 95% CI, 0.45-0.56) compared with men. Women had lower odds of entering mental health residential treatment (AOR=0.69; 95% CI, 0.57-0.83).

CONCLUSIONS:

Female veterans involved in the justice system have a high burden of mental health disorders (88%) and more than half have substance use disorders (58%). Entry to mental health residential treatment for women is an important quality improvement target.

<http://www.ncbi.nlm.nih.gov/pubmed/25767060>

Biol Res Nurs. 2015 Mar 12. pii: 1099800415575343. [Epub ahead of print]

A Diagnosis of Insomnia Is Associated With Differential Expression of Sleep-Regulating Genes in Military Personnel.

Gill JM, Lee H, Baxter T, Barr T, Kim HS, Wang D, Mysliwiec V

Sleep disturbance is a common and disturbing symptom in military personnel, with many individuals progressing to the development of insomnia, which is characterized by increased arousals, wakefulness after sleep onset, and distorted sleep architecture. The molecular mechanisms underlying insomnia remain elusive, limiting future therapeutic development to address this critical issue. We examined whole gene expression profiles associated with insomnia. We compared subjects with insomnia (n = 25) to controls (n = 13) without insomnia using microarray gene expression profiles obtained from peripheral samples of whole blood obtained from military personnel. Compared to controls, participants with insomnia had differential expression of 44 transcripts from 43 identified genes. Among the identified genes, urotensin 2 was downregulated by more than 6 times in insomnia participants, and the fold-change remained significant after controlling for depression, posttraumatic stress disorder, and medication use. Urotensin 2 is involved in regulation of orexin A and B activity and rapid eye movement during sleep. These findings suggest that differential expression of these sleep-regulating genes contributes to symptoms of insomnia and, specifically, that switching between rapid eye movement and nonrapid eye movement sleep stages underlies insomnia symptoms. Future work to identify therapeutic agents that are able to regulate these pathways may provide novel treatments for insomnia. © The Author(s) 2015.

<http://www.ncbi.nlm.nih.gov/pubmed/25764398>

J Neurotrauma. 2015 Mar 12. [Epub ahead of print]

Resilience is Associated with Outcome from Mild Traumatic Brain Injury.

Losoi H, Silverberg N, Wäljas M, Turunen S, Rosti-Otajärvi E, Helminen M, Luoto TM, Julkunen J, Öhman J, Iverson GL

Resilient individuals manifest adaptive behavior and are better able to recover from adversity. The association between resilience and outcome from mild traumatic brain injury (MTBI) is examined, and the reliability and validity of the Resilience Scale and its short form in MTBI

research is evaluated. Patients with MTBI (n=74) and orthopedic controls (n=39) completed the Resilience Scale at 1, 6, and 12 months after injury. Additionally, self-reported post-concussion symptoms, fatigue, insomnia, pain, posttraumatic stress, and depression, as well as quality of life, were evaluated. The internal consistency of the Resilience Scale and the short form ranged from .91 to .93 for the MTBI group and from 0.86 to .95 for the controls. The test-retest reliability ranged from .70 to .82. Patients with MTBI and moderate to high resilience reported significantly fewer post-concussion symptoms, less fatigue, insomnia, traumatic stress, and depressive symptoms, and better quality of life, than the patients with low resilience. No association between resilience and time to return to work was found. Resilience was associated with self-reported outcome from MTBI and based on this preliminary study can be reliably evaluated with Resilience Scale and its short form in those with MTBIs.

<http://www.ncbi.nlm.nih.gov/pubmed/25764266>

Telemed J E Health. 2015 Mar 12. [Epub ahead of print]

Utilizing Telehealth to Support Treatment of Acute Stress Disorder in a Theater of War: Prolonged Exposure via Clinical Videoconferencing.

Pelton D, Wangelin B, Tuerk P

BACKGROUND:

osttraumatic stress disorder (PTSD) and acute stress disorder are prevalent mental health diagnoses associated with the military operations in Iraq and Afghanistan and are especially significant in service members returning from combat. Prolonged exposure (PE) therapy is a highly effective behavioral treatment for these symptoms, and providing this treatment as soon as possible, even in the midst of a soldier's combat deployment, has strong potential benefits.

MATERIALS AND METHODS:

In the current case study, telehealth technology was used to support the delivery of PE therapy to treat a service member diagnosed with acute stress disorder in a war zone. PE was conducted face-to-face on the relatively secure Forward Operating Base for the first half of therapy and via clinical videoconferencing (CV) to the service member's remote combat outpost during the later stages of therapy. The service member exhibited marked improvements in symptoms over 10 sessions.

RESULTS:

Results are consistent with previous empirical findings and highlight the potential benefits of using telehealth to deliver evidenced-based treatment for traumatic stress disorders in a war zone. This case study provides a preliminary working model for delivering PE in a combat environment using multiple delivery systems.

CONCLUSIONS:

Benefits and clinical utility of CV-delivered exposure therapy are discussed, particularly for providers pending future operational deployments (e.g., including members of the military, independent government agencies, and first responders) and for those treating patients in remote locations.

<http://www.ncbi.nlm.nih.gov/pubmed/25763565>

J Neurotrauma. 2015 Mar 12. [Epub ahead of print]

Multiple Past Concussions are Associated with Ongoing Post-Concussive Symptoms but Not Cognitive Impairment in Active-Duty Army Soldiers.

Dretsch M, Silverberg N, Iverson GL

The extent to which multiple past concussions are associated with lingering symptoms or mental health problems in military service members is not well understood. The purpose of this study was to examine the association between lifetime concussion history, cognitive functioning, general health, and psychological health in a large sample of fit-for-duty U.S. Army soldiers preparing for deployment. Data on 458 active-duty Soldiers were collected and analyzed. A computerized cognitive screening battery (CNS-Vital Signs®) was used to assess complex attention, reaction time, processing speed, cognitive flexibility, and memory. Health questionnaires included the Neurobehavioral Symptom Inventory (NSI), PTSD Checklist-Military Version, Zung Depression and Anxiety Scales, Perceived Stress Scale, Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale, and the Alcohol Use and Dependency Identification Test. Soldiers with a history of multiple concussions (i.e., ≥ 3 concussions) had significantly greater post-concussive symptom scores compared to those with zero ($d = 1.83$, large effect), one ($d = 0.64$, medium effect), and two ($d = 0.64$, medium effect) prior concussions. Although group with >3 concussions also reported more traumatic stress symptoms, the results revealed that traumatic stress was a mediator between concussions and post-concussive symptom severity. There were no significant differences on neurocognitive testing between the number of concussions. These results add to the accumulating evidence suggesting that most individuals recover from one or two prior concussions, but there is a greater risk for ongoing symptoms if one exceeds this number of injuries.

<http://www.ncbi.nlm.nih.gov/pubmed/25782761>

J Psychiatr Pract. 2015 Mar;21(2):107-13. doi: 10.1097/01.pra.0000462603.71983.15.

Is Immediate Adjunctive CBT More Beneficial than Delayed CBT in Treating Depression?: A Pilot Study.

Rizvi SJ, Zaretsky A, Schaffer A, Levitt A

Cognitive-behavioral therapy (CBT) is an efficacious first-line therapy for patients with major depressive disorder (MDD). Due to the limited accessibility of CBT, long wait lists result in delayed treatment, which may affect treatment outcomes. The goal of this pilot study was to obtain preliminary data from a randomized controlled trial to determine whether delayed CBT reduces the effectiveness of the therapy compared to immediate CBT in patients with MDD receiving pharmacotherapy. Patients were randomized to receive immediate CBT (n=18) or to begin CBT after 6 months (n=20) and received 14 weekly sessions, followed by two additional booster sessions. During the active treatment months, patients in the immediate group demonstrated reductions in scores on the Beck Depression Inventory II (BDI-II) that were similar to those in the delayed CBT group. However, when the analysis was performed using only data from patients in the delayed group who were still in a depressive episode, there was an overall greater decrease in BDI-II scores in the immediate group vs. the delayed group over the active treatment months, but not specifically at the 6-month endpoint. These findings suggest delays in depression treatment, similar to what occurs with real-world wait list times, may not have a significant impact on the effectiveness of CBT in patients who are already receiving treatment as usual. However, such delays may affect the effectiveness of CBT in those patients who remain depressed during the time delay. A larger trial is necessary to confirm these findings. (Journal of Psychiatric Practice 2015;21:107-113).

<http://www.ncbi.nlm.nih.gov/pubmed/25784306>

J Nerv Ment Dis. 2015 Mar 16. [Epub ahead of print]

Correlates of Cognitive Flexibility in Veterans Seeking Treatment for Posttraumatic Stress Disorder.

Keith J, Velezmoro R, O'Brien C

This study examined the association between cognitive flexibility and variables that may be associated with treatment outcome for 579 veterans seeking Veterans Health Administration treatment for posttraumatic stress disorder (PTSD) secondary to combat or sexual trauma. Factors associated with severity of PTSD (level of PTSD symptoms and guilt cognitions) and with PTSD prognosis (posttraumatic growth and optimistic expectations for the future) were

examined. Regression analyses revealed that cognitive flexibility was associated with lower levels of PTSD symptoms and fewer guilt cognitions. Cognitive flexibility was positively associated with posttraumatic growth and optimistic expectations for the future, even when controlling for PTSD severity. These results suggest that interventions designed to increase cognitive flexibility in veterans may be a worthwhile adjunct to treatment for PTSD as we continue efforts to improve treatment outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/25782709>

J Trauma Stress. 2015 Mar 17. doi: 10.1002/jts.21990. [Epub ahead of print]

Equine-Assisted Therapy for Anxiety and Posttraumatic Stress Symptoms.

Earles JL, Vernon LL, Yetz JP

We tested the efficacy of the Equine Partnering Naturally© approach to equine-assisted therapy for treating anxiety and posttraumatic stress disorder (PTSD) symptoms. Participants were 16 volunteers who had experienced a Criterion A traumatic event, such as a rape or serious accident, and had current PTSD symptoms above 31 on the PTSD Checklist (PCL-S; Weathers, Litz, Herman, Huska, & Keane,). Participants engaged in tasks with horses for 6 weekly 2-hour sessions. Immediately following the final session, participants reported significantly reduced posttraumatic stress symptoms, $d = 1.21$, less severe emotional responses to trauma, $d = 0.60$, less generalized anxiety, $d = 1.01$, and fewer symptoms of depression, $d = 0.54$. As well, participants significantly increased mindfulness strategies, $d = 1.28$, and decreased alcohol use, $d = 0.58$. There was no significant effect of the treatment on physical health, proactive coping, self-efficacy, social support, or life satisfaction. Thus, we found evidence that the Equine Partnering Naturally© approach to equine-assisted therapy may be an effective treatment for anxiety and posttraumatic stress symptoms. Future research should include larger groups, random assignment, and longer term follow-up. Copyright © 2015 International Society for Traumatic Stress Studies.

<http://www.ncbi.nlm.nih.gov/pubmed/25776806>

Obesity (Silver Spring). 2015 Mar 16. doi: 10.1002/oby.21025. [Epub ahead of print]

Post-traumatic stress disorder predicts future weight change in the Millennium Cohort Study.

LeardMann CA, Woodall KA, Littman AJ, Jacobson IG, Boyko EJ, Smith B, Wells TS, Crum-Cianflone NF

OBJECTIVE:

To prospectively examine the association between post-traumatic stress disorder (PTSD) and weight change.

METHODS:

Longitudinal analysis techniques were used to examine data (2001-2008) from Millennium Cohort Study participants, consisting of U.S. service members and veterans. Using the PTSD Checklist-Civilian Version, PTSD was assessed as none, resolved, new onset, or persistent. Subsequent weight change was assessed as stable ($\leq 3\%$ loss or gain), $>3\%$ weight loss, $>3\%$ but $<10\%$ weight gain, and $\geq 10\%$ weight gain.

RESULTS:

Of the 38,352 participants, 2391 (6.2%) had PTSD (838 resolved, 1024 new onset, and 529 persistent), and 11% of participants subsequently had $\geq 10\%$ weight gain. In multivariable models, PTSD was associated with higher odds of $\geq 10\%$ weight gain (new onset OR: 1.44 [95% CI: 1.20-1.73]; persistent OR: 1.51 [CI: 1.17-1.96]; resolved OR: 1.30 [CI: 1.05-1.60]) compared with those without PTSD. New-onset and persistent PTSD were also associated with higher odds of $>3\%$ weight loss (OR: 1.41 [CI: 1.17-1.71]; OR: 1.42 [CI: 1.09-1.86], respectively).

CONCLUSIONS:

PTSD is independently associated with a higher risk of weight gain and loss, the former of which leads to a higher prevalence of overweight and obesity and a higher risk of comorbidities associated with excessive body adiposity. © 2015 The Obesity Society.

Links of Interest

NICoE Integration into Walter Reed Improves Care After TBI

<http://www.health.mil/News/Articles/2015/03/12/NICoE-Integration-into-Walter-Reed-Improves-Care-After-TBI>

MSMR Analysis Examines TBI and PTSD Diagnoses among Service Members from Active War Service and Increased Detection Capabilities

<http://www.newswise.com/articles/msmr-analysis-examines-tbi-and-ptsd-diagnoses-among-service-members-from-active-war-service-and-increased-detection-capabilities>

Department of Defense Releases Third Quarter 2014 Suicide Information

<http://www.defense.gov/releases/release.aspx?releaseid=17168>

A chilling new post-traumatic stress disorder: Why drone pilots are quitting in record numbers

http://www.salon.com/2015/03/06/a_chilling_new_post_traumatic_stress_disorder_why_drone_pilots_are_quitting_in_record_numbers_partner/

Reducing worry with CBT improves persecutory delusions

<http://www.healio.com/psychiatry/schizophrenia/news/online/%7Ba26af9e2-1f7d-4453-9e9d-21038f505993%7D/reducing-worry-with-cbt-improves-persecutory-delusions>

Closing the Gap: Research on the Impact of Creative Arts in Military Populations

<https://nccih.nih.gov/research/blog/creative-arts-in-military-populations>

Banks to Soldiers: Thanks for Serving your Country; Now Give us your Car...The Mandatory Arbitration Trick

<http://www.allgov.com/news/controversies/banks-to-soldiers-thanks-for-serving-your-country-now-give-us-your-carthe-mandatory-arbitration-trick?news=855985>

U.S. Army Research Institute, Harvard team up against PTSD, mTBI

http://www.army.mil/article/144320/U_S_Army_Research_Institute_Harvard_team_up_against_PTSD_mTBI/

Risk patterns identified that make people more vulnerable to PTSD

http://www.eurekalert.org/pub_releases/2015-03/nlmc-rpi031215.php

Failed by Law and Courts, Troops Come Home to Repossessions

<http://www.nytimes.com/2015/03/17/business/wronged-troops-are-denied-recourse-by-arbitration-clauses.html>

Resource of the Week: [Federal Practitioner 2015 Directory of VA and DoD Health Care Facilities](#)

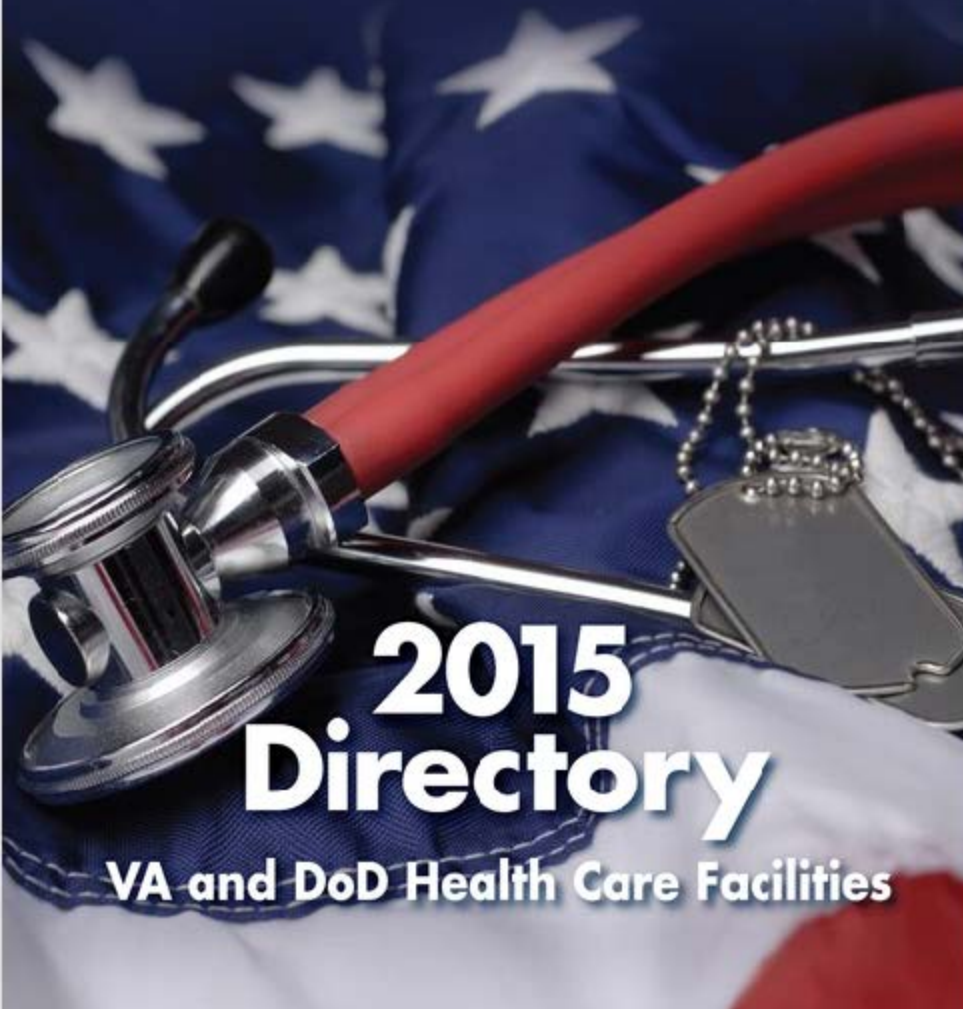
This is a comprehensive directory of DoD and VA health facilities, including a Veterans Integrated Service Network Guide and a Tricare Region Guide. Detailed contact information -- including URLs for facility websites -- is available, and hospital leadership and department heads are listed by name.

You can print pages from the directory, but you cannot download or print the whole thing as a single document.

Note that free registration is required to access the directory.

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2015 Directory

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