



CDP Research Update -- October 22, 2015

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<http://content.govdelivery.com/accounts/USVHA/bulletins/120525d>

PTSD Monthly Update -- PTSD and Intimate Partner Violence

National Center for PTSD
October 2015

Intimate Partner Violence (IPV) refers specifically to violence and aggression between intimate partners. IPV can include physical, sexual or psychological abuse or stalking.

In the United States, about 1 in 4 women (or 27%) and 1 in 10 men (or 11%) report having been harmed by sexual or physical violence, or by stalking by an intimate partner at some point in their lives.

IPV can be life threatening and lead to PTSD. Symptoms of PTSD can sometimes increase individuals' risk for future IPV, so it can be important to recognize and treat PTSD symptoms among individuals who experience IPV.

<http://www.springerplus.com/content/4/1/606>

Acceptability of mental health stigma-reduction training and initial effects on awareness among military personnel.

Suzanne L. Hurtado, Cynthia M. Simon-Arndt, Jennifer McAnany and Jenny A. Crain

SpringerPlus 2015, 4:606
doi:10.1186/s40064-015-1402-z

The purpose of this paper is to report on the development of a mental health stigma reduction toolkit and training, and the acceptability and level of stigma awareness following the stigma-reduction training for military personnel. The overall aims of the training were to provide discussion tools highlighting the experiences of Marines seeking help for stress concerns, improve communication between leaders and their Marines around the issue of help seeking, and familiarize Marines with behavioral health treatment. Senior enlisted leaders and officers (N = 52) from a Marine Corps battalion participated in a pretest, 2-h stigma-reduction training and immediate posttest. Acceptability of the training was measured by querying participants about the usefulness and helpfulness of the training among other factors, and stigma awareness was measured with 10 items about mental health stigma. The stigma-reduction training and materials were well accepted by participants. In addition, there was a significant improvement in four of ten stigma-reduction awareness concepts measured before and immediately after the training, which included an increase in agreement that mental health treatments are usually effective in reducing stress reactions [$t(51) = -3.35, p = 0.002$], and an increase in disagreement that seeking counseling after a deployment will jeopardize future deployments [$t(51) = -3.05, p = 0.004$]. Level of agreement with several statements including those regarding perceptions of invincibility, and malingering, among others, did not change significantly after the training. The stigma-reduction training containing educational and contact strategies was highly acceptable to the leaders and may have promise for initially dispelling myths associated with seeking help for stress concerns among military service members; however, results indicate that there is clearly more work to be done in combatting stigma.

<http://www.ncbi.nlm.nih.gov/pubmed/25588794>

Addict Behav. 2015 Apr;43:89-96. doi: 10.1016/j.addbeh.2014.12.013. Epub 2014 Dec 24.

Stress exposure and the risk for the onset of alcohol use disorders and nicotine dependence in deployed military personnel: the role of prior internalizing disorders.

Trautmann S, Schönfeld S, Behrendt S, Heinrich A, Höfler M, Siegel S, Zimmermann P, Wittchen HU

OBJECTIVE:

This prospective study aimed to investigate whether prior internalizing disorders (PIDs) moderate the relationship between stress exposure (SE) and the onset of alcohol use disorders (AUDs) and nicotine dependence (ND) in deployed military personnel.

METHODS:

358 male soldiers were examined directly before and 12 months after return from deployment using standardized interviews. Combat experiences, concerns about family disruptions, and difficult living and working environment were assessed as different aspects of SE. PID diagnoses (mood disorders (PMDs), anxiety disorders (PADs)) and substance use disorders were defined according to the DSM-IV-TR.

RESULTS:

PMDs were related to a stronger association between concerns about family disruptions and the risk of AUD onset (OR=7.7, 95% CI 1.8-32.8, p=0.006). The number of PID diagnoses (OR per diagnosis: 1.7, 95% CI 1.0-2.8, p=0.036) and PADs (OR: 2.6, 95% CI 1.1-6.3, p=0.038) were further related to a stronger association between difficult living and working environment and the risk of AUD onset. With regard to ND, PMDs were related to a weaker association between difficult living and working environment and the risk of ND onset (OR=0.4, 95% CI 0.2-0.8, p=0.013).

CONCLUSIONS:

PIDs might be related to an increased risk for the onset of AUDs but not ND following SE. This effect is probably restricted to specific constellations of PADs, PMDs, comorbid PIDs and specific aspects of SE. These critical constellations of PIDs and SE might be a promising target for future research and could contribute to the development of preventive measures to reduce the risk of AUDs following SE. Copyright © 2014 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/25587819>

J Ment Health. 2015 Feb;24(1):54-9. doi: 10.3109/09638237.2014.971147.

Stigma, American military personnel and mental health care: challenges from Iraq and Afghanistan.

Schreiber M, McEnany GP

BACKGROUND:

Since 2001, more than 2.5 million United States military personnel have been deployed for combat. Over one million have served multiple deployments. Combat generally involved repeated exposure to highly traumatic events. Personnel were also victims of military sexual trauma (MST), a major risk factor for psychiatric illness. Most survivors do not seek or receive mental health care. Stigma is one of the main barriers to that care.

AIMS:

To explore the impact of stigma on personnel with psychiatric illness, and suggest some innovative ways to potentially reduce stigma and improve care.

METHODS:

Cinahl and PubMed databases were searched from 2001 to 2014.

RESULTS:

Anonymity, the use of non-stigmatizing language, peer-to-peer, and stigma-reduction programs help military personnel receive mental health care. Technology offers the opportunity for effective and appropriate education and treatment.

CONCLUSIONS:

Although stigma is formidable, several innovative services are available or being developed for military victims of trauma. Commitment of resources for program development and further research to explore which interventions offer the best clinical outcomes are needed to increase efforts to combat stigma and ensure quality care.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30218>

American Academy of Sleep Medicine (AASM) Position Paper for the Use of Telemedicine for the Diagnosis and Treatment of Sleep Disorders.

Singh J, Badr MS, Diebert W, Epstein L, Hwang D, Karres V, Khosla S, Mims KN, Shamim-Uzzaman A, Kirsch D, Heald JL, McCann K.

The American Academy of Sleep Medicine's (AASM) Taskforce on Sleep Telemedicine supports telemedicine as a means of advancing patient health by improving access to the expertise of Board-Certified Sleep Medicine Specialists. However, such access improvement needs to be anchored in attention to quality and value in diagnosing and treating sleep disorders. Telemedicine is also useful to promote professionalism through patient care coordination and communication between other specialties and sleep medicine. Many of the principles and key concepts adopted here are based on U.S. industry standards, with special consideration given to the body of work by the American Telemedicine Association (<http://www.americantelemed.org/>), and abide by standards endorsed by the American Medical Association (<http://www.ama-assn.org/>). Practitioners who wish to integrate sleep telemedicine into their practice should have a clear understanding of the salient issues, key terminology, and the following recommendations from the AASM.

The Taskforce recommends the following:

- Clinical care standards for telemedicine services should mirror those of live office visits, including all aspects of diagnosis and treatment decisions as would be reasonably expected in traditional office-based encounters.
- Clinical judgment should be exercised when determining the scope and extent of telemedicine applications in the diagnosis and treatment of specific patients and sleep disorders.
- Live Interactive Telemedicine for sleep disorders, if utilized in a manner consistent with the principles outlined in this document, should be recognized and reimbursed in a manner competitive or comparable with traditional in-person visits.
- Roles, expectations, and responsibilities of providers involved in the delivery of sleep telemedicine should be defined, including those at originating sites and distant sites.
- The practice of telemedicine should aim to promote a care model in which sleep specialists, patients, primary care providers, and other members of the healthcare team aim to improve the value of healthcare delivery in a coordinated fashion.
- Appropriate technical standards should be upheld throughout the telemedicine care delivery process, at both the originating and distant sites, and specifically meet the standards set forth by the Health Insurance Portability and Accountability Act (HIPAA).
- Methods that aim to improve the utility of telemedicine exist and should be explored, including the utilization of patient presenters, local resources and providers, adjunct testing, and add-on technologies.
- Quality Assurance processes should be in place for telemedicine care delivery models that aim to capture process measures, patient outcomes, and patient/provider experiences with the model(s) employed.
- Time for data management, quality processes, and other aspects of care delivery related to telemedicine encounters should be recognized in value-based care delivery models.
- The use of telemedicine services and its equipment should adhere to strict professional and ethical standards so as not to violate the intent of the telemedicine interaction while

aiming to improve overall patient access, quality, and/or value of care.

- When billing for telemedicine services, it is recommended that patients, providers, and others rendering services understand payor reimbursements, and that there be financial transparency throughout the process.
- Telemedicine utilization for sleep medicine is likely to rapidly expand, as are broader telehealth applications in general; further research into the impact and outcomes of these are needed.

This document serves as a resource by defining issues and terminology and explaining recommendations. However, it is not intended to supersede regulatory or credentialing recommendations and guidelines. It is intended to support and be consistent with professional and ethical standards of the profession.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30219>

Clinical Practice Guideline for the Treatment of Intrinsic Circadian Rhythm Sleep-Wake Disorders: Advanced Sleep-Wake Phase Disorder (ASWPD), Delayed Sleep-Wake Phase Disorder (DSWPD), Non-24-Hour Sleep-Wake Rhythm Disorder (N24SWD), and Irregular Sleep-Wake Rhythm Disorder (ISWRD). An Update for 2015.

Auger RR, Burgess HJ, Emens JS, Deriy LV, Thomas SM, Sharkey KM

Journal of Clinical Sleep Medicine 2015;11(10):1199–1236

<http://dx.doi.org/10.5664/jcsm.5100>

A systematic literature review and meta-analyses (where appropriate) were performed and the GRADE approach was used to update the previous American Academy of Sleep Medicine Practice Parameters on the treatment of intrinsic circadian rhythm sleep-wake disorders. Available data allowed for positive endorsement (at a second-tier degree of confidence) of strategically timed melatonin (for the treatment of DSWPD, blind adults with N24SWD, and children/ adolescents with ISWRD and comorbid neurological disorders), and light therapy with or without accompanying behavioral interventions (adults with ASWPD, children/adolescents with DSWPD, and elderly with dementia). Recommendations against the use of melatonin and discrete sleep-promoting medications are provided for demented elderly patients, at a second- and first-tier degree of confidence, respectively. No recommendations were provided for remaining treatments/ populations, due to either insufficient or absent data. Areas where further research is needed are discussed.

<http://psycnet.apa.org/psycinfo/2015-46262-001/>

Firing a Weapon and Killing in Combat Are Associated With Suicidal Ideation in OEF/OIF Veterans.

Tripp, Jessica C.; McDevitt-Murphy, Meghan E.; Henschel, Aisling V.

Psychological Trauma: Theory, Research, Practice, and Policy

Oct 12 , 2015

<http://dx.doi.org/10.1037/tra0000085>

Objective:

Combat veterans are at risk for several adverse outcomes such as posttraumatic stress disorder (PTSD), depression, hazardous alcohol use, and most critically, suicidal behaviors. The high rate of suicide in veterans has been understood as a correlate of PTSD and depression, but it is possible that certain specific types of combat experiences may lead to suicidal behaviors. Acts committed by veterans in the context of war such as killing may evoke a “moral injury,” which leads to thoughts of ending one’s life.

Method:

The present exploratory research examined relationships between combat experiences and suicidal ideation (SI) and PTSD in a sample of 68 Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) veterans (91% male, mean age = 32.31 years) who had screened positive for alcohol misuse. We examined firing a weapon/killing in combat (Firing/Killing) and killing in combat (Killing) alone as predictors of SI and PTSD severity in both the full sample and men only.

Results:

Firing/Killing were associated with SI for the full sample and men only, and Killing showed a trend toward significance in predicting SI. Hierarchical regression analyses suggested that Firing/Killing did not predict PTSD for the full sample or men only, but Killing was predictive of PTSD for both samples.

Conclusions:

These results indicate that there may be differences in Firing/Killing and Killing alone in OEF/OIF veterans who screened positive for alcohol misuse. Thorough screening of combat experiences and addressing moral injury in returning combat veterans may help reduce high rates of suicide and PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2015-42693-001/>

An Investigation of PTSD’s Core Dimensions and Relations With Anxiety and Depression.

Byllesby, Brianna M.; Durham, Tory A.; Forbes, David; Armour, Cherie; Elhai, Jon D.

Psychological Trauma: Theory, Research, Practice, and Policy

Sep 21 , 2015

<http://dx.doi.org/10.1037/tra0000081>

Objective:

Posttraumatic stress disorder (PTSD) is highly comorbid with anxiety and depressive disorders, which is suggestive of shared variance or common underlying dimensions. The purpose of the present study was to examine the relationship between the latent factors of PTSD with the constructs of anxiety and depression in order to increase understanding of the co-occurrence of these disorders.

Method:

Data were collected from a nonclinical sample of 186 trauma-exposed participants using the PTSD Checklist and Hospital Anxiety and Depression Scale. Confirmatory factor analyses were conducted to determine model fit comparing 3 PTSD factor structure models, followed by Wald tests comparing the relationships between PTSD factors and the core dimensions of anxiety and depression.

Results:

In model comparisons, the 5-factor dysphoric arousal model of PTSD provided the best fit for the data, compared to the emotional numbing and dysphoria models of PTSD. Compared to anxious arousal, the dysphoric arousal and numbing factors of PTSD were more related to depression severity. Numbing, anxious arousal, and dysphoric arousal were not differentially related to the latent anxiety factor.

Conclusions:

The underlying factors of PTSD contain aspects of the core dimensions of both anxiety and depression. The heterogeneity of PTSD's associations with anxiety and depressive constructs requires additional empirical exploration because clarification regarding these relationships will impact diagnostic classification as well as clinical practice. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

http://www.rand.org/pubs/research_reports/RR1054.html

Information and Communication Technologies in Behavioral Health: A Literature Review with Recommendations for the Air Force

Joshua Breslau, Charles C. Engel

RAND Corporation, 2015

The dramatic evolution in information and communication technologies (ICTs) online and on smartphones has led to rapid innovations in behavioral health care. To assist the U.S. Air Force in developing a strategy for use of ICTs, the authors reviewed the scientific literature on their use to prevent and treat behavioral health conditions, such as major depression, posttraumatic stress disorder, and alcohol misuse. There is currently little scientific evidence supporting additional investment in ICT-based psychosocial programs for resilience or prevention of posttraumatic stress symptoms, depression, or anxiety. Instead, preventive interventions might prioritize problems of alcohol misuse and intimate partner violence. ICT applications that play a role in the treatment process may be used for patient education and activation, to improve decisionmaking by clinicians, to provide a therapy, to improve adherence to treatment, or to maintain treatment gains over time. However, partly due to the rapid pace of development of the technology, there is little or no evidence in the literature regarding the efficacy of the most recently developed types of ICTs, in particular those using smartphones. Despite the lack of solid research evidence to date, ICTs hold promise in addressing the challenges of mental health care. One promising avenue is development of reliable methods for patient-clinician communication between therapy sessions; another is Internet-based cognitive behavioral therapy. The authors recommend that the Air Force should take an incremental approach to adopting the use of ICTs — one that involves a program of measurement-based implementation and process and outcome monitoring rather than urgent dissemination.

<http://afs.sagepub.com/content/early/2015/10/09/0095327X15610743.abstract>

Women Military Veterans, Disability, and Employment.

Anastasia Prokos, LeAnn N. Cabage

Armed Forces & Society

Published online before print October 16, 2015

doi: 10.1177/0095327X15610743

This study contributes to the growing body of literature about women veterans of the U.S. military by investigating how veteran status and disability are related to women's ability to work. The study uses nationally representative data to analyze labor market outcomes of women who served in the U.S. military since 1973, with a focus on findings about women who have served since 2001. Results indicate women who served after 2001 are more likely to have a disability when compared to men veterans and women nonveterans. Those women veterans who do not have a disability are more likely to be employed than their nonveteran counterparts, net of controls for demographic factors. Disability, including service-related disability, is strongly related to unemployment and being out of the labor force. The discussion considers the implications of women's military service for their ability to work.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302836>

Prevalence, Comorbidity, and Prognosis of Mental Health Among US Veterans.

Ranak B. Trivedi, PhD, Edward P. Post, MD, PhD, Haili Sun, PhD, Andrew Pomerantz, MD, Andrew J. Saxon, MD, John D. Piette, PhD, Charles Maynard, PhD, Bruce Arnow, PhD, Idamay Curtis, MS, Stephan D. Fihn, MD, MPH, and Karin Nelson, MD, MSHS

American Journal of Public Health

Published online ahead of print October 15, 2015

e1–e6. doi:10.2105/AJPH.2015.302836

Objectives.

We evaluated the association of mental illnesses with clinical outcomes among US veterans and evaluated the effects of Primary Care–Mental Health Integration (PCMHI).

Methods.

A total of 4 461 208 veterans were seen in the Veterans Health Administration's patient-centered medical homes called Patient Aligned Care Teams (PACT) in 2010 and 2011, of whom 1 147 022 had at least 1 diagnosis of depression, posttraumatic stress disorder (PTSD), substance use disorder (SUD), anxiety disorder, or serious mental illness (SMI; i.e., schizophrenia or bipolar disorder). We estimated 1-year risk of emergency department (ED) visits, hospitalizations, and mortality by mental illness category and by PCMHI involvement.

Results. A quarter of all PACT patients reported 1 or more mental illnesses. Depression, SMI, and SUD were associated with increased risk of hospitalization or death. PTSD was associated with lower odds of ED visits and mortality. Having 1 or more contact with PCMHI was associated with better outcomes.

Conclusions.

Mental illnesses are associated with poor outcomes, but integrating mental health treatment in primary care may be associated with lower risk of those outcomes.

<http://www.tandfonline.com/doi/abs/10.1080/87568225.2015.1074019>

University Counseling Center Use of Prolonged Exposure Therapy: In-Clinic Treatment for Students With PTSD.

Ted C. Bonar

Journal of College Student Psychotherapy
Volume 29, Issue 4, 2015, pages 271-288
DOI:10.1080/87568225.2015.1074019

Students utilize university counseling center services to address distress related to post-traumatic stress disorder (PTSD). Since counseling centers services such as group work or general psychotherapy may not address specific PTSD-symptom reduction, centers often give community referrals in such cases. Evidence-based therapies (EBTs), including Prolonged Exposure Therapy, have the potential to be offered within counseling center services, however. Prolonged exposure consistently provides significant symptom relief to patients with the most severe PTSD symptoms within 10–12 sessions. This article presents and examines two case examples of students who participated in a full prolonged exposure protocol within a counseling center clinic.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=2453293>

Prevalence of Posttraumatic Stress Disorder in Vietnam-Era Women Veterans: The Health of Vietnam-Era Women's Study (HealthVIEWS).

Kathryn Magruder, PhD, MPH; Tracey Serpi, PhD; Rachel Kimerling, PhD; Amy M. Kilbourne, PhD; Joseph F. Collins, ScD; Yasmin Cypel, PhD, MS; Susan M. Frayne, MD, MPH; Joan Furey, RN, MA; Grant D. Huang, MPH, PhD; Theresa Gleason, PhD; Matthew J. Reinhard, PsyD; Avron Spiro, PhD; Han Kang, DrPH

JAMA Psychiatry

Published online October 07, 2015

doi:10.1001/jamapsychiatry.2015.1786

Importance

Many Vietnam-era women veterans served in or near war zones and may have experienced stressful or traumatic events during their service. Although posttraumatic stress disorder (PTSD) is well studied among men who served in Vietnam, no major epidemiologic investigation of PTSD among women has been performed.

Objectives

To assess (1) the onset and prevalence of lifetime and current PTSD for women who served during the Vietnam era, stratified by wartime location (Vietnam, near Vietnam, or the United States), and (2) the extent to which wartime location was associated with PTSD, with adjustment for demographics, service characteristics, and wartime exposures.

Design, Setting, and Participants

Survey of 8742 women who were active-duty military personnel in the US Armed Forces at any time from July 4, 1965, through March 28, 1973, and alive as of survey receipt as part of Department of Veterans Affairs Cooperative Study 579, HealthVIEWS. Data were obtained from mailed and telephone surveys from May 16, 2011, through August 5, 2012, and analyzed from June 26, 2013, through July 30, 2015.

Main Outcomes and Measures

Lifetime and current PTSD as measured by the PTSD module of the Composite International Diagnostic Interview, version 3.0; onset of PTSD; and wartime experiences as measured by the Women's Wartime Exposure Scale–Revised.

Results

Among the 4219 women (48.3%) who completed the survey and a telephone interview, the weighted prevalence (95% CI) of lifetime PTSD was 20.1% (18.3%-21.8%), 11.5% (9.1%-13.9%), and 14.1% (12.4%-15.8%) for the Vietnam, near-Vietnam, and US cohorts, respectively. The weighted prevalence (95% CI) of current PTSD was 15.9% (14.3%-17.5%), 8.1% (6.0%-10.2%), and 9.1% (7.7%-10.5%) for the 3 cohorts, respectively. Few cases of PTSD among the Vietnam or near-Vietnam cohorts were attributable to premilitary onset (weighted prevalence, 2.9% [95% CI, 2.2%-3.7%] and 2.9% [95% CI, 1.7%-4.2%], respectively). Unadjusted models for lifetime and current PTSD indicated that women who served in Vietnam were more likely to meet PTSD criteria than women who mainly served in the United States (odds ratio [OR] for lifetime PTSD, 1.53 [95% CI, 1.28-1.83]; OR for current PTSD, 1.89 [95% CI, 1.53-2.33]). When we adjusted for wartime exposures, serving in Vietnam or near Vietnam did not increase the odds of having current PTSD (adjusted ORs, 1.05 [95% CI, 0.75-1.46] and 0.77 [95% CI, 0.52-1.14], respectively).

Conclusions and Relevance

The prevalence of PTSD for the Vietnam cohort was higher than previously documented. Vietnam service significantly increased the odds of PTSD relative to US service; this effect appears to be associated with wartime exposures, especially sexual discrimination or harassment and job performance pressures. Results suggest long-lasting mental health effects of Vietnam-era service among women veterans.

<http://www.tandf.net/books/details/9780415738385/>

New Book -- Cognitive Behavior Therapy for Insomnia in Those with Depression: A Guide for Clinicians.

Colleen E. Carney, Donn Posner

Routledge – 2016 – 226 pages

Cognitive Behavior Therapy for Insomnia in Those with Depression is the book for clinicians who recognize that insomnia is more often a comorbid condition that merits separate treatment attention. These clinicians know that two thirds of those who present for depression treatment also complain of significant insomnia and that one third of such patients are already taking sleep medication, and they may be familiar with the research showing that treating insomnia is often important in the management of depression. But what strategies should clinicians use for treating insomnia? How can motivation be enhanced? What about medications? Students and professionals alike will find the pages of Cognitive Behavior Therapy for Insomnia in Those with Depression replete with advanced tools to address the adherence problems often encountered in this group, and they'll come away from the book with a wealth of techniques for improving both sleep and overall symptom management as well as for treating the insomnia that occurs in comorbid disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/26487996>

Cureus. 2015 Sep 10;7(9):e320. doi: 10.7759/cureus.320.

Safety and Patient Acceptability of Stellate Ganglion Blockade as a Treatment Adjunct for Combat-Related Post-Traumatic Stress Disorder: A Quality Assurance Initiative.

McLean B

OBJECTIVE:

To perform a quality assurance and performance improvement project through review of our single center data on the safety and patient acceptability of the stellate ganglion blockade (SGB) procedure for the relief of symptoms related to chronic post-traumatic stress disorder.

BACKGROUND:

Our interventional pain management service has been offering trials of SGB therapy to assist with the management of the sympathetically mediated anxiety and hyperarousal symptoms of severe and treatment-refractory combat-related PTSD. There have been multiple case series in the literature describing the potential impact of this procedure for PTSD symptom management as well as the safety of image-guided procedures. We wished to ensure that we were performing this procedure safely and that patients were tolerating and accepting of this adjunctive treatment option.

METHODS:

We conducted a review of our quality assurance and performance improvement data over the past 18 months during which we performed 250 stellate ganglion blocks for the management of PTSD symptoms to detect any potential complications or unanticipated side effects. We also analyzed responses from an anonymous patient de-identified survey collected regarding the comfort and satisfaction associated with the procedure.

RESULTS:

We did not identify any immediate post-procedural complications or delayed complications from any of the 250 procedures performed from November 2013 to April 2015. Of the 110 surveys that were returned and tabulated, 100% of the patients surveyed were overall satisfied with our process and with the procedure, 100% said they would recommend the procedure to a friend, and 95% stated that they would be willing to undergo as many repeat procedures as necessary based on little discomfort and tolerable side effects.

CONCLUSION:

Our quality assurance assessment suggests that in our center the SGB procedure for PTSD is a safe, well-tolerated, and acceptable treatment adjunct in the management of severe symptoms associated with chronic treatment-refractory PTSD. Patient satisfaction responses are strongly suggestive of high therapeutic value, and further studies are indicated to determine the effectiveness, duration of action, and optimal treatment regimen.

<http://www.ncbi.nlm.nih.gov/pubmed/26479126>

Brain Inj. 2015 Oct 19:1-8. [Epub ahead of print]

Prevalence of mental health conditions after military blast exposure, their co-occurrence, and their relation to mild traumatic brain injury.

Walker WC, Franke LM1, McDonald SD, Sima AP, Keyser-Marcus L

PRIMARY OBJECTIVES:

To measure common psychiatric conditions after military deployment with blast exposure and test relationships to post-concussion syndrome (PCS) symptoms and mild traumatic brain injury (mTBI) history.

RESEARCH DESIGN:

Cross-sectional.

METHODS AND PROCEDURES:

Service members or Veterans (n = 107) within 2 years of blast exposure underwent structured interviews for mTBI, post-traumatic stress disorder (PTSD) and multiple mood and anxiety diagnoses.

MAIN OUTCOMES AND RESULTS:

mTBI history and active PTSD were both common, additionally 61% had at least one post-deployment mood or anxiety disorder episode. Psychiatric diagnoses had a high degree of comorbidity. Most dramatically, depression was 43-times (95% CI = 11-165) more likely if an

individual had PTSD. PCS symptoms were greater in those with post-deployment PTSD or mood diagnosis. However, neither mTBI nor blast exposure history had an effect on the odds of having PTSD, mood or anxiety condition.

CONCLUSIONS:

These findings support that psychiatric conditions beyond PTSD are common after military combat deployment with blast exposure. They also highlight the non-specificity of post-concussion type symptoms. While some researchers have implicated mTBI history as a contributor to post-deployment mental health conditions, no clear association was found. This may partly be due to the more rigorous method of retrospective mTBI diagnosis determination.

<http://www.ncbi.nlm.nih.gov/pubmed/26460570>

J Consult Clin Psychol. 2015 Oct 12. [Epub ahead of print]

Concurrent Treatment of Posttraumatic Stress Disorder and Alcohol Dependence: Predictors and Moderators of Outcome.

Zandberg LJ, Rosenfield D, McLean CP, Powers MB, Asnaani A, Foa EB.

OBJECTIVE:

The present study examined predictors and moderators of treatment response among 165 adults meeting Diagnostic and Statistical Manual of Mental Disorders, fourth edition criteria for comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD), who were randomized to 24 weeks of Naltrexone (NAL), NAL and prolonged exposure (PE), pill placebo, or pill placebo and PE. All participants received supportive counseling for alcohol use.

METHOD:

Six domains of predictors or moderators (23 variables) were evaluated using measures of PTSD (Posttraumatic Stress Symptom Scale Interview) and AD (days drinking from the timeline follow-back interview) collected every 4 weeks throughout treatment. Multilevel modeling with the Fournier approach was used to evaluate predictors and moderators of rates of symptom improvement and posttreatment outcomes.

RESULTS:

Combat trauma, sexual assault trauma, and higher baseline anxiety sensitivity predicted slower improvement and poorer PTSD outcome. Combat trauma, White race, and higher baseline drinking severity predicted poorer drinking outcome. PTSD severity moderated the efficacy of PE on PTSD outcomes, such that the benefit of PE over no-PE was greater for participants with higher baseline PTSD severity. Baseline depressive severity moderated the efficacy of PE on drinking outcomes, whereby the benefit of PE over no-PE was greater for participants with

higher depressive symptoms. NAL effects were most beneficial for those with the longest duration of AD.

CONCLUSION:

These results suggest that concurrent, trauma-focused treatment should be recommended for PTSD-AD patients who present with moderate or severe baseline PTSD and depressive symptoms. Future research should examine the mechanisms underlying poorer outcome among identified subgroups of PTSD-AD patients. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26347314>

Psychol Med. 2015 Sep 8:1-12. [Epub ahead of print]

Personality traits and combat exposure as predictors of psychopathology over time.

Koffel E, Kramer MD, Arbisi PA, Erbes CR, Kaler M, Polusny MA

BACKGROUND:

Research suggests that personality traits have both direct and indirect effects on the development of psychological symptoms, with indirect effects mediated by stressful or traumatic events. This study models the direct influence of personality traits on residualized changes in internalizing and externalizing symptoms following a stressful and potentially traumatic deployment, as well as the indirect influence of personality on symptom levels mediated by combat exposure.

METHOD:

We utilized structural equation modeling with a longitudinal prospective study of 522 US National Guard soldiers deployed to Iraq. Analyses were based on self-report measures of personality, combat exposure, and internalizing and externalizing symptoms.

RESULTS:

Both pre-deployment Disconstraint and externalizing symptoms predicted combat exposure, which in turn predicted internalizing and externalizing symptoms. There was a significant indirect effect for pre-deployment externalizing symptoms on post-deployment externalizing via combat exposure ($p < 0.01$). Negative Emotionality and pre-deployment internalizing symptoms directly predicted post-deployment internalizing symptoms, but both were unrelated to combat exposure. No direct effects of personality on residualized changes in externalizing symptoms were found.

CONCLUSIONS:

Baseline symptom dimensions had significant direct and indirect effects on post-deployment

symptoms. Controlling for both pre-exposure personality and symptoms, combat experiences remained positively related to both internalizing and externalizing symptoms. Implications for diagnostic classification are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/26310193>

Int J Eat Disord. 2015 Aug 27. doi: 10.1002/eat.22454. [Epub ahead of print]

Eating disorders in military and veteran men and women: A systematic review.

Bartlett BA, Mitchell KS

OBJECTIVE:

Eating disorders (EDs) have serious consequences for psychological and physical health. They have high mortality rates and are among the most costly disorders to treat. However, EDs remain understudied in military and veteran populations. The aim of this review was to examine prevalence estimates and associated symptomatology of EDs among military and veteran men and women and to identify factors that may put these individuals at risk for the development of an ED for the purposes of improving detection, intervention, and treatment.

METHOD:

A thorough literature review was conducted using the databases PsycINFO and PubMed. All articles with a focus on EDs in military/veteran samples were considered.

RESULTS:

Studies reveal high prevalence estimates of EDs among military/veteran men and women. Unique features of military life may increase the risk for development of an ED, including: military sexual trauma, strict weight and physical fitness requirements, and combat exposure. A history of trauma was common in individuals diagnosed with an ED in military and veteran samples.

DISCUSSION:

The high rates of EDs among military and veteran samples underscore the importance of further research, as well as the importance of screening and intervention efforts, in these understudied populations. © 2015 Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26213789>

Psychol Serv. 2015 Aug;12(3):199-212. doi: 10.1037/ser0000032.

Efficacy of structured approach therapy in reducing PTSD in returning veterans: A randomized clinical trial.

Sautter FJ, Glynn SM, Cretu JB, Senturk D, Vaught AS

The U.S. military deployed in support to Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) show high rates of posttraumatic stress disorder (PTSD) and relationship, partner, and parenting distress. Given the pervasive effect of combat-related PTSD on returning veterans and its effect on their loved ones, the investigators have developed a couples-based treatment, structured approach therapy (SAT), to reduce PTSD while simultaneously decreasing relationship and partner distress. This study presents treatment outcome data measuring PTSD and relationship outcomes from a randomized clinical trial (RCT) comparing SAT, a manualized 12-session novel couples-based PTSD treatment, to a manualized 12-session couples-based educational intervention (PTSD Family Education [PFE]). Data were collected from 57 returning veterans meeting Diagnostic and Statistical Manual of Mental Disorders (fourth edition, text revision; DSM-IV-TR) criteria for PTSD and their cohabiting partners; data collection was scheduled for pretreatment, posttreatment, and 3-month follow-up. Findings from an intent-to-treat analysis revealed that veterans receiving SAT showed significantly greater reductions in self-rated (PTSD Checklist; $p < .0006$) and Clinician-Administered PTSD Scale (CAPS)-rated PTSD ($p < .0001$) through the 3-month follow-up compared with veterans receiving PFE; 15 of 29 (52%) veterans receiving SAT and 2 of 28 (7%) receiving PFE no longer met DSM-IV-TR criteria for PTSD. Furthermore, SAT was associated with significant improvements in veteran relationship adjustment, attachment avoidance, and state anxiety. Partners showed significant reductions in attachment anxiety. This couples-based treatment for combat-related PTSD appears to have a strong therapeutic effect on combat-related PTSD in recently returned veterans. (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/25616497>

Anxiety Stress Coping. 2015 Nov;28(6):706-15. doi: 10.1080/10615806.2015.1006205. Epub 2015 Feb 16.

Family support, family stress, and suicidal ideation in a combat-exposed sample of Operation Enduring Freedom/Operation Iraqi Freedom veterans.

Gradus JL, Smith BN, Vogt D.

BACKGROUND AND OBJECTIVES:

Deployment-related risk factors for suicidal ideation among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans have received a great deal of attention. Studies show that mental health symptoms mediate the association between most deployment stressors and suicidal ideation; however, family-related factors during deployment are largely unexplored. We examined posttraumatic stress disorder (PTSD) and depression symptoms as mediators of the associations between deployment family support and stress and post-deployment suicidal ideation in combat-exposed OEF/OIF veterans.

DESIGN:

National cross-sectional mail survey.

METHODS:

1046 veterans responded to the survey. The sample for this study was 978 veterans who experienced combat. Regression-based path analyses were conducted.

RESULTS:

Family support and stress had direct associations with suicidal ideation. When PTSD and depression symptoms were examined as mediators of these associations, results revealed significant indirect paths through these symptoms.

CONCLUSIONS:

This study contributes to the literature on suicidal ideation risk factors among OEF/OIF veterans. Deployment family support and family stress are associated with suicidal ideation; however these associations occur primarily through mental health symptomatology, consistent with findings observed for other deployment factors. This research supports ongoing efforts to treat mental health symptomatology as a means of suicide prevention.

<http://www.sciencedirect.com/science/article/pii/S0306460315002075>

Family composition and symptom severity among Veterans with comorbid PTSD and substance use disorders.

Lisa Jobe-Shields, Julianne C. Flanagan, Therese Killeen, Sudie E. Back

Addictive Behaviors

Volume 50, November 2015, Pages 117–123

doi:10.1016/j.addbeh.2015.06.019

Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) frequently co-occur and affect a substantial proportion of military Veterans. Although the impact of parental PTSD and SUD on child development is well-documented, little is known about the influence of family

composition on PTSD/SUD symptom severity. The present study investigated children in the home as an independent risk factor for symptom severity in a sample of treatment-seeking Veterans (N = 94; 92% male) with comorbid PTSD/SUD. Twenty-seven percent of the sample had minor children (age 18 or younger) living in the home. Veterans with children in the home evidenced significantly higher PTSD symptomatology as measured by the Clinical Administered PTSD Scale (CAPS; M = 82.65 vs. M = 72.17; $t = -2.18$; $p < .05$), and reported using marijuana more frequently than Veterans without children in the home (34% vs. 13% of past 60 days; $t = -2.35$, $p < .05$). In a multivariate model, having children in the home accounted for unique variance ($\Delta R^2 = .07$) in PTSD severity after accounting for a range of covariates; however, having children in the home did not account for unique variance in substance use. Directions for future research as well as potential clinical implications for parents seeking treatment for PTSD/SUD are discussed.

<http://www.sciencedirect.com/science/article/pii/S0272735815000987>

The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis.

Joris F.G. Haagen, Geert E. Smid, Jeroen W. Knipscheer, Rolf J. Kleber

Clinical Psychology Review
Volume 40, August 2015, Pages 184–194
doi:10.1016/j.cpr.2015.06.008

Soldiers and veterans diagnosed with PTSD benefit less from psychotherapy than non-military populations. The current meta-analysis identified treatment predictors for traumatised soldiers and veterans, using data from studies examining guideline recommended interventions, namely: EMDR, exposure, cognitive, cognitive restructuring, cognitive processing, trauma-focused cognitive behavioural, and stress management therapies. A systematic search identified 57 eligible studies reporting on 69 treated samples. Exposure therapy and cognitive processing therapy were more effective than EMDR and stress management therapy. Group-only therapy formats performed worse compared with individual-only formats, or a combination of both formats. After controlling for study design variables, EMDR no longer negatively predicted treatment outcome. The number of trauma-focused sessions, unlike the total number of psychotherapy sessions, positively predicted treatment outcome. We found a relationship between PTSD pretreatment severity levels and treatment outcome, indicating lower treatment gains at low and high PTSD severity levels compared with moderate severity levels. Demographic variables did not influence treatment outcome. Consequently, soldiers and veterans are best served using exposure interventions to target PTSD. Our results did not support a group-only therapy format. Recommended interventions appear less effective at relatively low and high patient PTSD severity levels. Future high-quality studies are needed to determine the efficacy of EMDR.

<http://www.sciencedirect.com/science/article/pii/S0272735815000884>

Sleep disturbances, TBI and PTSD: Implications for treatment and recovery.

Karina Stavitsky Gilbert, Sarah M. Kark, Philip Gehrman, Yelena Bogdanova

Clinical Psychology Review

Volume 40, August 2015, Pages 195–212

doi:10.1016/j.cpr.2015.05.008

Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), and sleep problems significantly affect recovery and functional status in military personnel and Veterans returning from combat. Despite recent attention, sleep is understudied in the Veteran population. Few treatments and rehabilitation protocols target sleep, although poor sleep remains at clinical levels and continues to adversely impact functioning even after the resolution of PTSD or mild TBI symptoms. Recent developments in non-pharmacologic sleep treatments have proven efficacious as stand-alone interventions and have potential to improve treatment outcomes by augmenting traditional behavioral and cognitive therapies. This review discusses the extensive scope of work in the area of sleep as it relates to TBI and PTSD, including pathophysiology and neurobiology of sleep; existing and emerging treatment options; as well as methodological issues in sleep measurements for TBI and PTSD. Understanding sleep problems and their role in the development and maintenance of PTSD and TBI symptoms may lead to improvement in overall treatment outcomes while offering a non-stigmatizing entry in mental health services and make current treatments more comprehensive by helping to address a broader spectrum of difficulties.

<http://cmx.sagepub.com/content/20/3/183>

Web-Based Training for an Evidence-Supported Treatment: Training Completion and Knowledge Acquisition in a Global Sample of Learners.

Nicholas C. Heck, Benjamin E. Saunders, Daniel W. Smith

Child Maltreatment

August 2015 vol. 20 no. 3, 183-192

doi: 10.1177/1077559515586569

The purpose of this investigation is to describe the characteristics of professional and preprofessional learners who registered for and completed TF-CBTWeb, a modular, web-based training program designed to promote the dissemination of Trauma-Focused Cognitive

Behavioral Therapy (TF-CBT) and to demonstrate the feasibility of this method of dissemination. Between October 1, 2005, and October 1, 2012, a total of 123,848 learners registered for TF-CBTWeb, of whom 98,646 (79.7%) initiated the learning activities by beginning the first module pretest. Of those, 67,201 (68.1%) completed the full training. Registrants hailed from 130 countries worldwide, and they had varied educational backgrounds, professional identities (both professional and preprofessional), and a range of experience working with child trauma victims. Learners who were from the United States, students, those with master's degrees, and those with fewer years of experience working with child trauma victims tended to have the highest course completion rates. Learners displayed significant increases in knowledge about each component of TF-CBT, based on module pretest and posttest scores. The advantages and limitations of this web-based training program evaluation are discussed, while important implications for the use of web-based trainings are reviewed.

<http://www.ejpt.net/index.php/ejpt/article/view/28186>

Psychotherapies for PTSD: what do they have in common?

Ulrich Schnyder, Anke Ehlers, Thomas Elbert, Edna B. Foa, Berthold P. R. Gersons, Patricia A. Resick, Francine Shapiro and Marylene Cloitre

European Journal of Psychotraumatology, [S.l.], v. 6, aug. 2015.
<http://dx.doi.org/10.3402/ejpt.v6.28186>

Over the past three decades, research and clinical practice related to the field of traumatic stress have developed tremendously. In parallel with the steady accumulation of basic knowledge, therapeutic approaches have been developed to treat people suffering from posttraumatic stress disorder (PTSD) and other trauma-related psychological problems. Today, a number of evidence-based treatments are available. They differ in various ways; however, they also have a number of commonalities. Given this situation, clinicians may wonder which treatment program to use, or more specifically, which treatment components are critical for a successful therapy. In this article, seven pioneers who have developed empirically supported psychotherapies for trauma-related disorders were asked to compose an essay of three parts: first, to provide a brief summary of the treatment they have developed; second, to identify three key interventions that are common and critical in treating PTSD; and third, to suggest important topics and future directions for research. The paper ends with a summary highlighting the identified commonalities (psychoeducation; emotion regulation and coping skills; imaginal exposure; cognitive processing, restructuring, and/or meaning making; emotions; and memory processes), pointing to future directions such as trying to better understand the underlying mechanisms of action, and developing treatments that are tailored to the needs of different patient groups. [Author Abstract]

Links of Interest

VA addresses suicide by gun problem among female veterans

<https://www.washingtonpost.com/blogs/federal-eye/wp/2015/10/08/women-veterans-have-such-a-high-success-rate-in-committing-suicide-because-they-use-guns/>

Student creates app for vets to prevent night terrors

<http://www.usatoday.com/story/tech/nation-now/2015/10/15/app-vets-prevent-night-terrors-ptsd/73974488/>

Cognitive Behavioral Therapy Patients May Be Quitting Too Soon

<http://www.houstonpublicmedia.org/news/cognitive-behavioral-therapy-patients-may-be-quitting-too-soon/>

Heavy drinkers, drugs users underestimate their levels of consumption compared to others'

<http://www.sciencedaily.com/releases/2015/10/151019072040.htm>

When punishment doesn't fit the crime: New research reveals traumatic brain injury patients struggle with discipline in social, family and work life

<http://www.sciencedaily.com/releases/2015/10/151015115750.htm>

Can the Military Fully Integrate? Understanding Women in Combat Roles

<http://www.thepsychiatry.com/can-the-military-fully-integrate-understanding-women-in-combat-roles/>

Talk Therapy Found to Ease Schizophrenia

<http://www.nytimes.com/2015/10/20/health/talk-therapy-found-to-ease-schizophrenia.html>

Research May Help Spot Soldiers at Risk for Workplace Violence

https://www.nlm.nih.gov/medlineplus/news/fullstory_155052.html

No proof that 85 percent of depression treatment apps accredited by NHS actually work

<http://www.sciencedaily.com/releases/2015/10/151013102525.htm>

Sleep-deprived, medicated, suicidal and armed: Federal air marshals in disarray

<http://www.cnn.com/2015/08/13/us/federal-air-marshals-investigation/>

University of Maryland professor to study service dog therapy for PTSD

http://www.diamondbackonline.com/news/university-of-maryland-professor-to-study-service-dog-therapy-for/article_20773d1c-785a-11e5-bc85-bf427c2f7792.html

Resource of the Week: [Instances of Use of United States Armed Forces Abroad, 1798-2015](#) (Congressional Research Service; October 15, 2015)

This report lists hundreds of instances in which the United States has used its Armed Forces abroad in situations of military conflict or potential conflict or for other than normal peacetime purposes. It was compiled in part from various older lists and is intended primarily to provide a rough survey of past U.S. military ventures abroad, without reference to the magnitude of the given instance noted. The listing often contains references, especially from 1980 forward, to continuing military deployments, especially U.S. military participation in multinational operations associated with NATO or the United Nations. Most of these post-1980 instances are summaries based on presidential reports to Congress related to the War Powers Resolution. A comprehensive commentary regarding any of the instances listed is not undertaken here.

From a [military culture](#) standpoint, this is an excellent reference document. It contains historical information, but much more detailed info on contemporary military conflicts. Like all Congressional Research Service (CRS) reports, it is meticulously sourced and footnoted. While CRS reports continue to be withheld from the general public, several entities diligently collect as many as possible and make them freely available online. This one comes from the Federation of American Scientists [Project on Government Secrecy](#), which maintains a robust and continually updated [library of CRS reports](#).



Instances of Use of United States Armed Forces Abroad, 1798-2015

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Congressional Research Service
7-5700
www.crs.gov
R42738

CRS REPORT
Prepared for Members and
Committees of Congress