



CDP Research Update -- December 10, 2015

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http://www.rand.org/pubs/research_reports/RR1141.html

Demystifying the Citizen Soldier

Raphael S. Cohen

RAND Corporation, 2015

The National Guard is often portrayed as the modern heir to the colonial militia and retaining at least three of the latter's defining attributes — a key instrument of American national security, a check on federal power, and home of today's "citizen soldiers." This report explores how the term citizen soldier has been defined in academic literature — as compulsory, universal, legitimate service by civilians — and then looks at how the National Guard has evinced these attributes at various periods in its history. Since the United States' founding, the militia — and later, the National Guard — slowly evolved into an increasingly formidable warfighting force and increasingly important tool for national security. This evolution, however, has come at the expense of two other attributes of the colonial militia — serving as a check on federal power and filling its ranks with citizen soldiers. The report concludes that there are inherent and increasing tensions among being a warfighting force, serving as a check on federal power, and embodying the ideals of a citizen soldier, and it is not clear that the Guard — or any other force for that matter — can fully reconcile them. Ultimately, the Guard's transformation from citizen soldiers to a professional force may very well be inevitable and is likely a positive development for American national security. It is, however, important to realize that this trend is occurring, to demystify the citizen soldier, and to see the force for what it is.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2015.15101256?journalCode=ajp>

Finding the Balance Between Safety and Threat May Hold the Key to Success When Treating PTSD. (editorial)

Martin P. Paulus, M.D., Robin Aupperle, Ph.D.

The American Journal of Psychiatry
Volume 172 Issue 12, December 01, 2015, pp. 1173-1175
<http://dx.doi.org/10.1176/appi.ajp.2015.15101256>

Deployment stressors—most notably exposure to combat (1)—have profound effects on mental health (2). It is estimated that approximately 20% of military veterans develop posttraumatic stress disorder (PTSD) (3), while approximately 7%–10% develop alcohol use disorders and 17% experience major depressive disorder (4). These mental health issues have profound effects on social functioning and the ability to work, and they increase utilization of health care

services (5). Standardized behavioral treatments are helpful but have limited effect size (6), and exposure-based interventions seem best suited for combat-related PTSD (7). Yet a significant gap between treatment need and availability remains. Computerized treatment techniques might be able to address this gap. These methods are firmly rooted in cognitive science and provide a useful approach to specifically treat basic cognitive processing dysfunctions in PTSD. In this issue, Badura-Brack and colleagues (8) address a critical question, i.e., For individuals with PTSD, is it better to train paying attention to safe instead of threat stimuli or to increase control of attention to both safe and threat stimuli? and provide a provocative answer.

<http://psycnet.apa.org/journals/cfp/4/4/212/>

An exploration of army wives' responses to spousal deployment: Stressors and protective factors.

Larsen, Jessica L.; Clauss-Ehlers, Caroline S.; Cosden, Merith A.

Couple and Family Psychology: Research and Practice

Vol 4(4), Dec 2015, 212-228

<http://dx.doi.org/10.1037/cfp0000049>

This study empirically developed a theoretical model of army wives' resilience amid deployment. A sample of 18 women, representing army bases in Southern and Western parts of the United States, were interviewed about their experience of spousal wartime deployment. Through the use of grounded theory methods, findings revealed that stress unfolds across the deployment cycle. Adaptation in response to stress was found to occur through the dynamic engagement of resilience processes across individual (e.g., acculturation, purpose/meaning, emotional expression), family (e.g., communication, role flexibility, emotion regulation, problem solving, and coconstructing meaning), and sociocultural (e.g., information, belongingness, shared beliefs, practical support) levels. Implications for clinical training, assessment, prevention, intervention, and future research in couples and family psychology domains are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0272735815001543>

Internet-based interventions for posttraumatic stress: A meta-analysis of randomized controlled trials.

Annika Kuester, Helen Niemeyer, Christine Knaevelsrud

Clinical Psychology Review

Posttraumatic stress disorder (PTSD) is a prevalent and highly distressing affliction, but access to trauma-focused psychotherapy is limited. Internet-based interventions (IBIs) could improve the delivery of and access to specialized mental health care. Currently, no meta-analytical evidence is available on IBIs for PTSD. We conducted a meta-analysis of 20 randomized controlled studies, including 21 comparisons, in order to summarize the current state of efficacy for the treatment of PTSD and to identify moderator variables. Studies tested internet-based cognitive behavioral therapy (CBT) and expressive writing (EW) against active or passive comparison conditions, including subclinical and clinical samples. Results show that at post-assessment CBT-IBIs are significantly more efficacious than passive controls, resulting in medium to large effects on the PTSD sum and all sub-symptom scores ($0.66 < g < 0.83$), but both EW and CBT are not superior to active controls. EW differed from controls only at follow-up in reducing intrusions and hyperarousal, but based on merely two studies. Subgroup analyses reveal that for CBT none of the program components such as provision of therapeutic support, reminders, or number of sessions serves as a moderator. Overall, results for CBT-IBIs are promising, but the number of includable studies for subgroup analyses was low, limiting statistical power. Future research is necessary to systematically investigate the impact of treatment components and test against active controls with optimal power.

<http://wjn.sagepub.com/content/early/2015/11/23/0193945915615869.abstract>

Chronic Pain and Cognitive Behavioral Therapy: An Integrative Review.

Robert Knoerl, Ellen M. Lavoie Smith, James Weisberg

Western Journal of Nursing Research
November 24, 2015
DOI:0193945915615869

Cognitive behavioral therapy (CBT) is often used to treat chronic pain; however, more information is needed about what are the most efficacious dose and delivery methods. The aims of this review were to determine (a) which CBT doses, delivery methods, strategies, and follow-up periods have been explored in recent intervention studies of individuals with chronic pain and (b) whether the outcomes described in the selected studies were consistent with recommendations by the Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials. The CINAHL, EMBASE, PubMed, PsycInfo, and SCOPUS databases were searched for randomized controlled trials published from 2009 to 2015 testing CBT for adults with chronic pain. Thirty-five studies were included in this review. Results revealed that CBT reduced pain intensity in 43% of trials, the efficacy of online and in-person formats were comparable, and military veterans and individuals with cancer-related chronic pain were understudied.

<http://www.sciencedirect.com/science/article/pii/S1936657415002010>

Risk Factors for Disability Discharge in Enlisted Active Duty Army Soldiers.

Amanda L. Piccirillo, Elizabeth R. Packnett, David N. Cowan, Michael R. Boivin

Disability and Health Journal

Available online 23 November 2015

Background

The rate of permanent disability retirement in U.S. Army soldiers and the prevalence of combat-related disabilities have significantly increased over time. Prior research on risk factors associated with disability retirement included soldiers retired prior to conflicts in Iraq and Afghanistan.

Objective

To identify risk factors for disability discharge among soldiers enlisted in the U.S. Army during military operations in Iraq and Afghanistan.

Methods

In this case-control study, cases included active duty soldiers evaluated for disability discharge. Controls, randomly selected from soldiers with no history of disability evaluation, were matched to cases based on enlistment year and sex. Conditional logistic regression models calculated odds of disability discharge. Attributable fractions estimated burden of disability for specific pre-existing condition categories. Poisson regression models compared risk of disability discharge related to common disability types by deployment and combat status.

Results

Characteristics at military enlistment with increased odds of disability discharge included a pre-existing condition, increased age or body mass index, white race, and being divorced. Musculoskeletal conditions and overweight contributed the largest proportion of disabilities. Deployment was protective against disability discharge or receiving a musculoskeletal-related disability, but significantly increased the risk of disability related to a psychiatric or neurological condition.

Conclusions

Soldiers with a pre-existing condition at enlistment, particularly a musculoskeletal condition, had increased odds of disability discharge. Risk of disability was dependent on condition category when stratified by deployment and combat status. Additional research examining conditions during pre-disability hospitalizations could provide insight on specific conditions that commonly lead to disability discharge.

<http://www.sciencedirect.com/science/article/pii/S0740547215002883>

Integrated Cognitive Behavioral Therapy versus Cognitive Processing Therapy for Adults with Depression, Substance Use Disorder, and Trauma.

Moira Haller, Sonya Norman, Kevin Cummins, Ryan S. Trim, Xiaomin Xu, Ruifeng Cui, Carolyn B. Allard, Sandra A. Brown, Susan R. Tate

Journal of Substance Abuse Treatment
Available online 26 November 2015
doi:10.1016/j.jsat.2015.11.005

The comorbidity of substance use disorder (SUD), depression, and PTSD is common among veterans. Prior research has shown that among veterans with SUD and depression, those with PTSD did not maintain cognitive-behavioral treatment gains as well as those without PTSD. Thus, the current study was designed to evaluate whether adding trauma-focused treatment following an initial group-based integrated cognitive behavioral treatment (ICBT) for SUD and depression improved treatment outcomes. Participants were 123 veterans (89% male) recruited from the VA San Diego Healthcare System. All participants received ICBT in twice weekly, group-delivered sessions for 12 weeks (Phase 1). Participants were then randomized to receive 12 sessions of individual follow-up sessions (Phase 2) utilizing either ICBT or cognitive processing therapy that was modified to integrate SUD treatment (CPT-M). Results indicated that PTSD and depression symptoms slightly improved at the end of Phase 1 group ICBT and further improved through Phase 2 individual treatment (except for participants without PTSD who received CPT-M), with treatment gains maintained one year later. Substance use significantly improved at the end of Phase 1 group ICBT and these improvements were maintained through Phase 2 and the one year follow-up. Participants in the trauma-focused Phase 2 treatment (CPT-M) exhibited similar levels of symptom reduction and maintenance of treatment gains as those in the non-trauma-focused Phase 2 treatment (ICBT). However, there was a slight advantage for Phase 2 CPT-M over Phase 2 ICBT with respect to heavy drinking outcomes for individuals with PTSD. Overall, the combination of group ICBT followed by either CPT-M or ICBT individual therapy appears to be effective treatments for veterans with depression, SUD, and trauma history.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22059/abstract>

The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and Initial Psychometric Evaluation.

Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K. and Domino, J. L.

Journal of Traumatic Stress

Volume 28, Issue 6, pages 489–498, December 2015

DOI: 10.1002/jts.22059

The Posttraumatic Stress Disorder Checklist (PCL) is a widely used DSM-correspondent self-report measure of PTSD symptoms. The PCL was recently revised to reflect DSM-5 changes to the PTSD criteria. In this article, the authors describe the development and initial psychometric evaluation of the PCL for DSM-5 (PCL-5). Psychometric properties of the PCL-5 were examined in 2 studies involving trauma-exposed college students. In Study 1 (N = 278), PCL-5 scores exhibited strong internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$), and convergent ($r_s = .74$ to $.85$) and discriminant ($r_s = .31$ to $.60$) validity. In addition, confirmatory factor analyses indicated adequate fit with the DSM-5 4-factor model, $\chi^2(164) = 455.83$, $p < .001$, standardized root mean square residual (SRMR) = $.07$, root mean squared error of approximation (RMSEA) = $.08$, comparative fit index (CFI) = $.86$, and Tucker-Lewis index (TLI) = $.84$, and superior fit with recently proposed 6-factor, $\chi^2(164) = 318.37$, $p < .001$, SRMR = $.05$, RMSEA = $.06$, CFI = $.92$, and TLI = $.90$, and 7-factor, $\chi^2(164) = 291.32$, $p < .001$, SRMR = $.05$, RMSEA = $.06$, CFI = $.93$, and TLI = $.91$, models. In Study 2 (N = 558), PCL-5 scores demonstrated similarly strong reliability and validity. Overall, results indicate that the PCL-5 is a psychometrically sound measure of PTSD symptoms. Implications for use of the PCL-5 in a variety of assessment contexts are discussed.

<http://www.psychiatrist.com/JCP/article/Pages/2015/v76n11/v76n1101.aspx>

Preliminary Outcomes of Implementing Cognitive Processing Therapy for Posttraumatic Stress Disorder Across a National Veterans' Treatment Service.

Delyth Lloyd, MPH; Anne-Laure Couineau, MA; Katherine Hawkins, MA; Dzenana Kartal, PGDipPSYCH; Reginald D. V. Nixon, PhD; Desmond Perry, PhD; and David Forbes, PhD

Journal of Clinical Psychiatry

2015;76(11):e1405–e1409

DOI:10.4088/JCP.14m09139

Background:

Posttraumatic stress disorder (PTSD) is a significant problem for military veterans. There is an international imperative to improve access to effective treatments, but more research is needed to ascertain the extent to which treatments found to be efficacious in research settings translate to successful national implementation efforts.

Method:

This study reports the clinical outcomes for the first 100 clients treated following the implementation of cognitive processing therapy (CPT) across a national community-based veterans' mental health service that commenced in May 2012. The implementation included training and ongoing clinical supervision, leadership support, and updates to the service's data collection and intake system to support the delivery of CPT. The service implemented an intake screen (the Primary Care PTSD) that was used to allocate clients who screened positive for PTSD to CPT-trained therapists. An outcome measure for PTSD (the PTSD Checklist) was incorporated into the services' computerized records system. Clients who received CPT were assessed pretreatment and posttreatment.

Results:

Statistically significant and clinically large improvements were found for self-reported PTSD (effect size = 1.01, $P < .001$). In addition, the study obtained high levels of treatment fidelity in the delivery of the CPT treatment.

Conclusions:

There is relatively little published research supporting the effectiveness of evidence-based PTSD treatments following national implementation efforts. This is the first study to systematically report CPT treatment outcomes from a national implementation effort, using service-based outcome monitoring data. Results indicate that when administered as part of routine clinical practice, CPT achieves large clinically significant improvements for PTSD comparable with those found in randomized controlled trials.

<http://link.springer.com/article/10.1007/s10865-015-9697-3>

The relation of PTSD symptoms to migraine and headache-related disability among substance dependent inpatients.

Michael J. McDermott, Joshua C. Fulwiler, Todd A. Smitherman, Kim L. Gratz, Kevin M. Connolly, Matthew T. Tull

Journal of Behavioral Medicine

First online: 26 November 2015

DOI:10.1007/s10865-015-9697-3

Despite emerging evidence for the comorbidity of posttraumatic stress disorder (PTSD) and migraine, few studies have examined the relation of PTSD and migraine, particularly among clinical populations at-risk for both conditions (e.g., substance-dependent patients). This study examined the role of PTSD symptoms in migraine and headache-related disability within a sample of 153 substance-dependent inpatients (37.25 % female, Mean age 36.46). PTSD symptoms predicted both migraine and headache-related disability above and beyond gender,

depression and anxiety symptoms, the experience of a Criterion A traumatic event, and current alcohol use disorder. Findings highlight the strong association between migraine and PTSD symptoms in a unique population at risk for both conditions.

<http://www.sciencedirect.com/science/article/pii/S1755458615300682>

Helping traumatized warriors: Mobilizing emotions, unsettling orders.

Pamela Moss, Michael J. Prince

Emotion, Space and Society
Available online 27 November 2015
doi:10.1016/j.emospa.2015.11.001

Within the span of a week in late November 2013, three Canadian Forces members committed suicide. Another suicide was reported in early December. This spate of soldiers taking their own lives caused uproar among military families and suicide survivors. Our interest in these suicides is the discourses around helping traumatized warriors and veterans that seem to be circulating both in tandem and at odds with one another. We draw on Michel Foucault's ideas about discourse, truth games, and parrhēsia to unravel some of the complicated connections within the discourse of helping traumatized soldiers. Using the analytical method of audiography, we make the case for understanding these discourses as parts of authoritative narratives and echoed narratives. We pay close attention to the embeddedness of emotion in the discursive practices of help-seeking and help-offering and to the mobilization of emotion within the asymmetries in the practice of power. We close with comments about the mediated effects of military and state hierarchies in discourses of helping traumatized warriors.

<http://www.sciencedirect.com/science/article/pii/S0165032715307047>

Prevalence of antipsychotic prescriptions among patients with anxiety disorders treated in inpatient and outpatient psychiatric settings.

Samuel R. Webera, Allison M. Wehrb, Anne-Marie Duchemin

Journal of Affective Disorders
Available online 26 November 2015
doi:10.1016/j.jad.2015.11.031

Background

An increasing number of prescribers are using antipsychotics for treatment of anxiety disorders,

despite lack of FDA-approved indications and mixed efficacy results from clinical trials. The objective of this study was to examine the prevalence of antipsychotics prescription in psychiatric inpatients and outpatients with anxiety disorders.

Methods

This is a retrospective study of de-identified data from patients with a DSMIV-TR anxiety disorder diagnosis in an academic psychiatric setting in 2013. The final cohort of patients, after exclusion of bipolar/psychotic comorbidity, includes 1699 patients. Logistic regression models were used to explore associations between antipsychotic prescription and patient characteristics.

Results

Among non-psychotic/non-bipolar patients with anxiety disorder, 53.6% of inpatients and 16.6% of outpatients received antipsychotic medication. Rates varied with the disorder. Outpatients with post-traumatic stress disorder (OR: 2.24, 95% CI: 1.66–3.01) and obsessive compulsive disorder (OR: 2.80, 95% CI: 1.86–4.19) received antipsychotic prescriptions more often than those without these diagnoses. Comorbidity with depression was common while comorbidity with borderline personality disorder was rare; both increased odds of receiving prescription of antipsychotics (OR: 1.57, 95% CI: 1.16–2.12 for depression; OR: 2.63, 95% CI 1.42–4.88 for borderline personality disorder, respectively). Additionally, age was significantly associated with increased odds of being on an antipsychotic. Quetiapine and aripipazole were the most prescribed antipsychotics and very few patients received rescue medication for extrapyramidal symptoms.

Limitations

Lack of specific indications for the psychotropic prescriptions.

Conclusions

A substantial percentage of patients with anxiety disorders are prescribed antipsychotics, especially among inpatients. This practice may reflect the severity of the anxiety disorder or the high prevalence of comorbidity. Based on frequency of rescue medication prescription, treatment seemed well tolerated for extra-pyramidal neurological side-effects.

<http://www.tandfonline.com/doi/abs/10.1080/09602011.2015.1114499>

A biopsychosocial investigation of changes in self-concept on the Head Injury Semantic Differential Scale.

Avneel Reddy, Tamara Ownsworth, Joshua King, Cassandra Shields

Neuropsychological Rehabilitation
Published online: 25 Nov 2015

DOI:10.1080/09602011.2015.1114499

This study aimed to investigate the influence of the “good-old-days” bias, neuropsychological functioning and cued recall of life events on self-concept change. Forty seven adults with TBI (70% male, 1–5 years post-injury) and 47 matched controls rated their past and present self-concept on the Head Injury Semantic Differential Scale (HISD) III. TBI participants also completed a battery of neuropsychological tests. The matched control group of 47 were from a sample of 78 uninjured participants who were randomised to complete either the Social Readjustment Rating Scale—Revised (cued recall) or HISD (non-cued recall) first. Consistent with the good-old-days bias, participants with TBI rated their pre-injury self-concept as more positive than their present self-concept and the present self-concept of controls ($p < .05$). More positive pre-injury self-concept ratings were related to lower estimated premorbid IQ and poorer verbal fluency and delayed memory ($p < .05$). For uninjured participants, cued recall, life events and event appraisals each accounted for unique variance in self-concept change ($p < .01$) after controlling for negative affect. The cued recall group rated their past self-concept as significantly more negative than the non-cued group ($p < .01$). Overall, the good-old-days bias, neuropsychological functioning and cued recall influenced reports of self-concept change by affecting retrospective ratings of past self-concept. Further research is needed to investigate the impact of contextual cues on self-concept change after TBI.

<http://psycnet.apa.org/journals/rep/60/4/335/>

Factors related to satisfaction with life in veterans with mild traumatic brain injury.

Seidl, Jennifer N. Travis; Pastorek, Nicholas J.; Lillie, Rema; Rosenblatt, Andrew; Troyanskaya, Maya; Miller, Brian I.; Romesser, Jennifer; Lippa, Sara; Sim, Anita H.; Linck, John

Rehabilitation Psychology

Vol 60(4), Nov 2015, 335-343

<http://dx.doi.org/10.1037/rep0000064>

Purpose/Objective:

Satisfaction with life (SWL) is an important measure of outcome in rehabilitation. Previous research suggests that those with a history of traumatic brain injury (TBI), even mild TBI, report lower levels of life satisfaction when compared with the noninjured population. Although it is possible that TBI has a direct effect on SWL, various medical and psychosocial factors commonly affecting those recovering from TBI likely contribute to SWL. Research

Method/Design:

The present study aimed to identify factors related to SWL in 95 veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) with a history of mild TBI.

Results:

Regression analyses indicated that headache impact, pain interference, sleep quality, posttraumatic stress symptom severity, and social support were all significantly related to SWL. However, when secondary analyses were conducted including posttraumatic stress symptom severity as a covariate before the entry of other predictors, only sleep quality and social support remained significantly associated with SWL.

Conclusions/Implications:

These results indicate the importance of properly identifying and treating symptoms of posttraumatic stress in veterans with a history of mTBI, as posttraumatic stress symptoms appear to be strongly related to SWL in those with a history of mild TBI. Optimizing sleep quality and social support may also be important in improving SWL. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1082986>

Home-based clinical video teleconferencing care: Clinical considerations and future directions.

Leslie A. Morland , Jeffrey M. Poizner , Kathryn E. Williams , Tonya T. Masino , Steven R. Thorp

International Review of Psychiatry

Vol. 27, Iss. 6, 2015

DOI:10.3109/09540261.2015.1082986

Clinical video teleconferencing (CVT) is a treatment delivery modality that can be used to provide services to clinical populations that experience barriers to accessing mental health care. Recently, home-based CVT (HBCVT) has been developed in order to deliver treatment via CVT to patients in their homes. A number of clinical considerations, including the appropriate clinical population and individual patient factors, need to be taken into account when delivering CVT. Particular challenges can exist when setting up the home environment for HBCVT. Concerns about maintaining patient privacy while living in shared spaces, ensuring adequate CVT technology in the patient's home, and conducting risk management remotely are important to consider when delivering treatment via CVT. Since treatments delivered via CVT are often conducted across state lines, novel ethical and legal issues such as privacy laws, licensing of providers, prescribing practices, and insurance reimbursements need to be addressed when conducting services via these modalities. Future research on HBCVT will provide researchers and clinicians with information regarding which patients are most appropriate for treatment delivered via this modality and help further develop evidence for the cost-effectiveness of CVT and HBCVT clinical practice guidelines.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400532?journalCode=ps>

Implementing Computer-Based Psychotherapy Among Veterans in Outpatient Treatment for Substance Use Disorders.

Eric D. A. Hermes, M.D., Robert A. Rosenheck, M.D.

Psychiatric Services

<http://dx.doi.org/10.1176/appi.ps.201400532>

Objective:

Computer-based psychotherapy interventions (CBPIs) are increasingly offered as first-level access to evidence-based mental health treatment. However, their implementation has not been evaluated in public-sector outpatient settings.

Methods:

An evidence-based CBPI for insomnia was implemented with provider and patient education sessions, on-site Internet access, and clinician telephone support. Persons receiving care at a Veterans Health Administration substance abuse treatment clinic were screened for chronic insomnia and offered CBPI access. The feasibility of this strategy was evaluated in a pre-post design, which assessed engagement and completion rates, participant-reported acceptability, and clinical outcomes.

Results:

Of 100 veterans referred, 51 enrolled in the program, of whom 22 (43%) completed all sessions, 13 (26%) partially completed the program, and 16 (31%) did not engage. There were no statistically significant differences between these three groups in baseline characteristics. In the total sample, Insomnia Severity Index (ISI) scores decreased (improved) by 32% (mean \pm SD of 6.3 \pm 6.2 points, $t=6.82$, $df=44$, $p<.001$). Veterans who completed all six sessions displayed clinically and statistically significant improvements on the ISI compared with those who did not engage, as shown in a regression analysis that controlled for baseline insomnia severity, time between assessments, and sedative-hypnotic medication use ($F=3.87$, $df=4$ and 40 , $p\leq.004$). Among all participants, 67% agreed that they would engage in another CBPI in the future. When questioned about potential barriers, 36% of the full sample endorsed a preference for face-to-face therapy.

Conclusions:

A strategy of brief provider and patient education, on-site Internet access, and telephone support was feasible and effective for implementing CBPIs in outpatient substance abuse treatment settings for veterans.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00601>

Research on U.S. Military Women: Recruitment and Retention Challenges and Strategies.

CDR Lisa A. Braun , NC USN; COL Holly P. Kennedy , AN USA (Ret.); Lois S. Sadler , PhD, PNP-BC, FAAN; Jane Dixon , PhD

Military Medicine

Volume 180, Issue 12

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DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00601>

Objectives:

To examine literature on recruitment and retention of military women in research studies as an underrepresented, and potentially marginalized, population.

Methods:

A literature search was conducted to examine challenges, identify potential barriers and facilitators, and to inform strategies for recruitment and retention of military women in research studies. This search was supplemented by findings in military-specific databases and discussions with Military Women's Health Research Interest Group subject matter experts.

Results:

Ten articles addressed research recruitment and retention challenges and strategies in marginalized/underrepresented populations, providing an effective context to inform research recruitment and retention in military settings. Research with military women is often challenged by logistical, cultural, social, ethical, and methodological issues, which may hinder exploration of potentially sensitive issues.

Discussion:

Researchers must consider military-specific challenges to conducting research that include lengthy deployments, unpredictable military exercises, and foreign assignments, in accessing research participants. A case example shows strategies used in a military cervical cancer screening study.

Conclusion:

There are few published articles specific to research recruitment and retention in female military populations. Available resources broadly address recruitment challenges for Veterans, marginalized, hard-to-access, and transient research participants, which may provide guidance and strategies for success when applied to military populations.

<http://psycnet.apa.org/psycinfo/2015-54036-001/>

Who Are We Missing? Nondisclosure in Online Suicide Risk Screening Questionnaires.

Podlogar, Matthew C.; Rogers, Megan L.; Chiurliza, Bruno; Hom, Melanie A.; Tzoneva, Mirela; Joiner, Thomas

Psychological Assessment, Nov 30 , 2015
<http://dx.doi.org/10.1037/pas0000242>

The use of self-report surveys for suicide risk screening is a key first step in identifying currently suicidal individuals and connecting them with appropriate follow-up assessment and care. Online methods for suicide risk screening are becoming more common, yet they present a number of complexities compared with traditional methods. This study aimed to assess whether forcing item responses may unintentionally hide or misrepresent otherwise useful missing suicide risk data. We investigated in secondary analyses of 3 independent samples of undergraduates ($n_s = 1,306; 694; 172$) whether participants who chose not to respond specifically to current suicide risk screening items (i.e., Nondisclosers) scored significantly different from other risk response groups (i.e., Deniers, Lower-Risk Endorsers, and Higher-Risk Endorsers) on auxiliary measures related to suicidality. Multivariate Analysis of Variance (MANOVA) tests for each sample revealed that Nondisclosers were rare ($n_s = 7, 6, 7$) and scored significantly higher than Deniers and similarly to Endorsers on suicide risk related measures. In 1 sample, Nondisclosers tended to score higher than all groups on suicide risk related measures. These findings suggest that nondisclosure for suicide risk screening questions is a preferred option for a distinct group of respondents who are likely at elevated suicide risk. Allowing for and flagging Nondisclosers for follow-up suicide risk assessment may be an ethical and feasible way to enhance the sensitivity of online suicide risk screenings for weary respondents, who if forced, may choose to underreport their suicide risk and misrepresent data. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.jgme.org/doi/full/10.4300/JGME-D-14-00568.1>

A Greater Mission: Understanding Military Culture as a Tool for Serving Those Who Have Served.

Paula T. Ross, PhD, Divy Ravindranath, MD, MS, Michael Clay, MD, and Monica L. Lybson, MD, MHPE

Journal of Graduate Medical Education
Volume 7, Issue 4 (December 2015); pp. 519-522
doi: <http://dx.doi.org/10.4300/JGME-D-14-00568.1>

The number of veterans who have served in Iraq and Afghanistan has grown over the past decade, and it is important to provide high-quality health care for this population. Unlike previous generations of veterans, contemporary veterans often have been deployed in multiple conflicts, have been exposed to close proximity explosions, and have had longer tours of duty, making their military histories and medical needs more complex. To address this issue at the national level, the White House's Joining Forces initiative pledged its commitment to meet the needs of veterans and their families. Shortly after the announcement of this initiative, the Association of American Medical Colleges (AAMC) initiated a nationwide survey of more than 100 medical schools and health systems to determine the extent to which future physicians were being trained to care for military personnel. Nearly all medical schools indicated that their curriculum included training in posttraumatic stress disorder (PTSD) and traumatic brain injury; however, only 31% indicated that their curriculum provided training in military cultural competency.

<http://aje.oxfordjournals.org/content/early/2015/11/25/aje.kwv217.abstract>

A Prospective Study of Mortality and Trauma-Related Risk Factors Among a Nationally Representative Sample of Vietnam Veterans.

William E. Schlenger, Nida H. Corry*, Christianna S. Williams, Richard A. Kulka, Norah Mulvaney-Day, Samar DeBakey, Catherine M. Murphy and Charles R. Marmar

American Journal of Epidemiology

First published online: December 2, 2015

doi: 10.1093/aje/kwv217

Because Vietnam veterans comprise the majority of all living veterans and most are now older adults, the urgency and potential value of studying the long-term health effects of service in the Vietnam War, including effects on mortality, is increasing. The present study is the first prospective mortality assessment of a representative sample of Vietnam veterans. We used one of the longest follow-up periods to date (spanning older adulthood) and conducted one of the most comprehensive assessments of potential risk factors. Vital status and cause of death were ascertained for the 1,632 veterans who fought in the Vietnam theater (hereafter referred to as theater veterans) and for 716 Vietnam War–era veterans (hereafter referred to as era veterans) who participated in the National Vietnam Veterans Readjustment Study (1987–2011). As of April 2011, 16.0% (95% confidence interval: 13.1, 19.0) of all Vietnam veterans who were alive in the 1980s were deceased. Male theater veterans with a high probability of posttraumatic stress disorder (PTSD) were nearly 2 times more likely to have died than were those without PTSD, even after adjustment for sociodemographic and other characteristics. A high level of exposure to war zone stress was independently associated with mortality for both male and female theater veterans after adjustment for sociodemographic characteristics, PTSD, and physical comorbid conditions. Theater veterans with a high level of exposure to war zone stress and a

high probability of PTSD had the greatest mortality risk (adjusted hazard ratio = 2.34, 95% confidence interval: 1.24, 4.43).

<http://www.ncbi.nlm.nih.gov/pubmed/26636426>

Depress Anxiety. 2015 Dec 4. doi: 10.1002/da.22456. [Epub ahead of print]

Evaluating potential iatrogenic suicide risk in trauma-focused group cognitive behavioral therapy for the treatment of PTSD in active duty military personnel.

Bryan CJ, Clemans TA, Hernandez AM, Mintz J, Peterson AL, Yarvis JS, Resick PA; STRONG STAR Consortium.

OBJECTIVE:

To determine whether group cognitive processing therapy-cognitive only version (CPT-C) is associated with iatrogenic suicide risk in a sample of active duty US Army personnel diagnosed with posttraumatic stress disorder (PTSD). Possible iatrogenic effects considered include the incidence and severity of suicide ideation, worsening of preexisting suicide ideation, incidence of new-onset suicide ideation, and incidence of suicide attempts among soldiers receiving group CPT-C. Comparison with group present-centered therapy (PCT) was made to contextualize findings.

METHOD:

One hundred eight soldiers (100 men, eight women) diagnosed with PTSD were randomized to receive either group CPT-C or group PCT. PTSD diagnosis was confirmed via structured clinician interview. Suicide ideation, depression severity, and PTSD severity were assessed at pretreatment, weekly during treatment, and 2 weeks, 6 months, and 12 months posttreatment.

RESULTS:

Rates of suicide ideation significantly decreased across both treatments. Among soldiers with pretreatment suicide ideation, severity of suicide ideation significantly decreased across both treatments and was maintained for up to 12 months posttreatment. Exacerbation of preexisting suicide ideation was uncommon in both treatments. New-onset suicide ideation was rare and similar across both treatments (<16%). There were no suicide attempts during treatment or follow-up in either group. Change in depression symptoms predicted change in suicide risk.

CONCLUSIONS:

Suicide-related outcomes were similar across both treatments and primarily associated with comorbid depression. Suicide-related outcomes in group CPT-C were rare and comparable to patterns observed in an active, nontrauma-focused therapy, even among soldiers who entered treatment with suicide ideation.

CLINICAL TRIALS. GOV IDENTIFIER:
NCT01286415, <https://clinicaltrials.gov/ct2/show/NCT01286415>.
© 2015 Wiley Periodicals, Inc.

<http://www.sciencedirect.com/science/article/pii/S106474811500305X>

Age Differences in the Association of Social Support and Mental Health in Male U.S. Veterans: Results From the National Health and Resilience in Veterans Study.

Melissa R. Weiner, Joan K. Monin, Natalie Mota, Robert H. Pietrzak

The American Journal of Geriatric Psychiatry
Available online 2 December 2015
doi:10.1016/j.jagp.2015.11.007

Objective

To examine the associations between multiple aspects of social support—perceived support, structural support, and community integration—and mental health difficulties in younger and older male veterans. Drawing from Socioemotional Selectivity Theory (SST), we hypothesized that greater support would be more strongly negatively related to mental health difficulties in older than younger veterans.

Design

Cross-sectional web survey of younger and older male veterans drawn from a contemporary, nationally representative sample of veterans residing in the United States.

Setting

Data were drawn from the National Health and Resilience in Veterans Study (NHRVS).

Participants

Participants were 290 younger male veterans (mean age=37.0, SD=6.9, range=21-46) and 326 older male veterans (mean age=81.7, SD=3.2, range=78-96).

Measurements

Participants completed measures of socio-demographic and military characteristics, perceived and structural social support, community integration, and mental health difficulties.

Results

In contrast to SST, higher perceived support was associated with fewer mental health difficulties in younger but not older veterans. In line with SST, community integration was associated with fewer mental health difficulties in older but not younger veterans. Structural support was not associated with mental health difficulties in either group.

Conclusion

Results of this study provide mixed support for SST and suggest that different aspects of social support may help promote the mental health of younger and older male U.S. veterans.

Promotion of community engagement may protect mental health in older veterans, while promotion of functional social support may protect mental health in younger veterans.

<http://www.sciencedirect.com/science/article/pii/S0277953615302471>

“Heroes’ Invisible Wounds of War:” Constructions of Posttraumatic Stress Disorder in the Text of US Federal Legislation.

Jonathan Purtle

Social Science & Medicine

Available online 2 December 2015

doi:10.1016/j.socscimed.2015.11.039

Public policies contribute to the social construction of mental health problems. In this study, I use social constructivist theories of policy design and the methodology of ethnographic content analysis to qualitatively explore how posttraumatic stress disorder (PTSD) has been constructed as a problem in US federal legislation. I analyzed the text of 166 bills introduced between 1989 and 2009 and found that PTSD has been constructed as a problem unique to combat exposures and military populations. These constructions were produced through combat-related language and imagery (e.g., wounds, war, heroism), narratives describing PTSD as a military-specific phenomenon, and reinforced by the absence of PTSD in trauma-focused legislation targeting civilians. These constructions do not reflect the epidemiology of PTSD—the vast majority of people who develop the disorder have not experienced combat and many non-combat traumas (e.g., sexual assault) carry higher PTSD risk—and might constrain public and political discourse about the disorder and reify sociocultural barriers to the access of mental health services.

<http://www.ncbi.nlm.nih.gov/pubmed/26184439>

Ann Epidemiol. 2015 Sep;25(9):661-7. doi: 10.1016/j.annepidem.2015.06.001. Epub 2015 Jun 19.

Associations of sexual and gender minority status with health indicators, health risk factors, and social stressors in a national sample of young adults with military experience.

Blosnich JR, Gordon AJ, Fine MJ

PURPOSE:

To assess the associations of self-identified lesbian, gay, bisexual, and questioning sexual orientation or transgender status (LGBTQ) and military experience with health indicators.

METHODS:

We used data from the Fall 2012 National College Health Assessment. The survey included self-identified sociodemographic characteristics, mental (e.g., depression) and physical (e.g., human immunodeficiency virus) conditions, health risk behaviors (e.g., smoking), and social stressors (e.g., victimization). We used modified Poisson regression models, stratified by self-reported military service, to examine LGBTQ-related differences in health indicators, whereas adjusting for sociodemographic characteristics.

RESULTS:

Of 27,176 in the sample, among the military-experienced group, LGBTQ individuals had increased adjusted risks of reporting a past-year suicide attempt (adjusted risk ratio [aRR] = 4.37; 95% confidence interval [CI] = 1.39-13.67), human immunodeficiency virus (aRR = 9.90; 95% CI = 1.04-79.67), and discrimination (aRR = 4.67; 95% CI = 2.05-10.66) than their non-LGBTQ peers. Among LGBTQ individuals, military experience was associated with a nearly four-fold increased risk of reporting a past-year suicide attempt (aRR = 3.61; 95% CI = 1.46-8.91) adjusting for age, sex, race and ethnicity, marital status, depression, and other psychiatric diagnoses.

CONCLUSIONS:

Military experience may moderate health indicators among LGBTQ populations, and likewise, LGBTQ status likely modifies health conditions among military-experienced populations. Results suggest that agencies serving military populations should assess how and if the health needs of LGBTQ individuals are met. Published by Elsevier Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/26489352>

Soc Work. 2015 Oct;60(4):315-23.

Why Women Join the Military: Enlistment Decisions and Postdeployment Experiences of Service Members and Veterans.

Mankowski M, Tower LE, Brandt CA, Mattocks K

Over the past three decades women's enlistment has continued to increase. In an effort to help social workers better meet the needs of female veterans, this study sought to learn women's enlistment motivations and postdeployment experiences. This qualitative study was nested

within the Women Veterans Cohort Study. Using a semistructured interview guide, authors interviewed 18 enlisted female service members and veterans. The themes that emerged, based on grounded theory, included not only opportunity and calling, but also outcomes. Unexpectedly, enlistment resulted in a professional military career, with over half of the participants making the military their life's work. Further study on the motivation, retention, and the reintegration needs of women postmilitary is necessary, particularly with military recruitment targets of 20 percent women by the year 2020 and the increased awareness of the military as a potentially hostile work environment for women.

<http://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1085838>

Telepsychiatry integration of mental health services into rural primary care settings.

John C. Fortney , Jeffrey M. Pyne , Eric E. Turner , Kellee M. Farris , Tre M. Normoyle , Marc D. Avery , Donald M. Hilty , Jürgen Unützer

International Review of Psychiatry

Vol. 27, Iss. 6, 2015

DOI:10.3109/09540261.2015.1085838

From a population health perspective, the mental health care system in the USA faces two fundamental challenges: (1) a lack of capacity and (2) an inequitable geographic distribution of services. Telepsychiatry can help address the equity problem, and if applied thoughtfully, can also help address the capacity problem. In this paper we describe how telepsychiatry can be used to address the capacity and equity challenges related to the delivery of mental health services in rural areas. Five models of telepsychiatry are described, including (1) the traditional telepsychiatry referral model, (2) The telepsychiatry collaborative care model, (3) the telepsychiatry behavioural health consultant model, (4) the telepsychiatry consultation–liaison model, and (5) the telepsychiatry curbside consultation model. The strong empirical evidence for the telepsychiatry collaborative care model is presented along with two case studies of telepsychiatry consultation in the context of the telepsychiatry collaborative care model. By placing telepsychiatrists and tele-therapists in consultation roles, telepsychiatry collaborative care has the potential to leverage scarce specialist mental health resources to reach more patients, thereby allowing these providers to have a greater population level impact compared to traditional referral models of care. Comparative effectiveness trials are needed to identify which models of telepsychiatry are the most appropriate for patients with complex psychiatric disorders.

<http://www.tandfonline.com/doi/abs/10.3109/01612840.2015.1055020>

Post-Traumatic Stress, Trauma-Informed Care, and Compassion Fatigue in Psychiatric Hospital Staff: A Correlational Study.

William Jacobowitz , Christine Moran , Cheryl Best , Lucy Mensah

Issues in Mental Health Nursing

Vol. 36, Iss. 11, 2015

DOI:10.3109/01612840.2015.1055020

Assault of staff in psychiatric hospitals is a frequent occurrence, and studies indicate that hospital staff are at risk of developing post-traumatic stress disorder (PTSD). We performed a correlational study with a convenience sample of 172 staff in a psychiatric hospital and compared the rate of traumatic events (TEs), resilience, confidence, and compassion fatigue to PTSD symptoms (PTSS). Regression analyses identified two variables that were unique predictors of PTSS: (1) trauma-informed care (TIC) meeting attendance and (2) burnout symptoms. Severe TEs, age, and compassion satisfaction also contributed to the model. Attention to these factors may help reduce PTSS in psychiatric staff.

<http://fisherpub.sjfc.edu/dnpforum/vol1/iss1/7/>

The Epigenetics of Post-Traumatic Stress Disorder in Women and PTSD in Women Veterans: Implications for Health Policy.

Brubaker, Cheryl R. MSN, sDNP, FNP-BC and Milner, Judith PsyD

DNP Forum

Vol. 1: Iss. 1, Article 7

Women have long served in the military during war whether recognized or unrecognized, whether praised or unpraised, whether there by choice or not there by choice. Men and women both feel the wounds of war. So many times those wounds are very hard to ignore, and often those wounds are not so visible yet take their toll. Post-traumatic stress disorder (PTSD) is commonly associated with combat, with war, and with being a veteran (Fischer, 2014). Our understanding of women formally deployed as soldiers into combat and the consequences for these women is less well defined. Through a meta-synthesis of published studies we find that both war trauma and sexual trauma contribute to PTSD among female service members. We find the experience of war is different for women but this has changed from the experience of previous wars to the present. We have made gains in understanding PTSD in women, and in how epigenetics modulates the genetic expression of in-born tendencies and traits. We have seen evidence that epigenetic changes may even be passed on to future generations, either for

good or for bad (Yehuda, Bell, Bierer, & Schmeidler, 2008). These pieces of information, and information gleaned in additional research that is needed must be synthesized into a new understanding that can be brought to defining intervention and health policy for our female soldiers who will need care based on the best of what we know for today, and tomorrow's generations.

<http://www.sciencedirect.com/science/article/pii/S0924933815006458>

An effective suicide prevention program in the Israeli Defense Forces: A cohort study.

L. Shelef, L. Tatsa-Laur, E. Derazne, J.J. Mann, E. Fruchter

European Psychiatry

Volume 31, January 2016, Pages 37–43

doi:10.1016/j.eurpsy.2015.10.004

Objective

To evaluate the effectiveness of the IDF Suicide Prevention Program, implemented since 2006.

Design

Quasi-experimental (before and after) cohort study.

Participants

Two cohorts of IDF mandatory service soldiers: the first inducted prior to (1992–2005, n = 766,107) and the second subsequent to (2006–2012, n = 405,252) the launching of the intervention program.

Exposure

The IDF Suicide Prevention Program is a population-based program, incorporating: reducing weapon availability, de-stigmatizing help-seeking behavior, integrating mental health officers into service units, and training commanders and soldiers to recognize suicide risk factors and warning signs.

Main outcome measure

Suicide rate and time to suicide in cohorts before and after exposure to the Suicide Prevention Program.

Results

Trend analysis showed lower suicide rates in the cohort after intervention. The hazard ratio for the intervention effect on time to suicide was 0.44 (95% CI = 0.34–0.56, $P < .001$) among males. Lower risk was associated with: male gender; born in Israel; higher socio-economic status; higher intelligence score; and serving in a combat unit (HR = 0.43: 95% CI = 0.33–0.55).

Conclusions

There was a 57% decrease in the suicide rate following the administration of the IDF Suicide Prevention Program. The effect of the intervention appears to be related to use of a weapon, and being able to benefit from improved help-seeking and de-stigmatization. Future efforts should seek to extend the program's prevention reach to other demographic groups of soldiers. The success of the IDF program may inform suicide prevention in other military organizations and in the civilian sector.

Links of Interest

Exposure Therapy: A Surprisingly Effective Treatment for Depression

<http://www.everydayhealth.com/news/exposure-therapy-depression-ptsd-more/>

Army suicide prevention takes on new, data-driven form

<http://federalnewsradio.com/army/2015/11/army-suicide-prevention-takes-new-data-driven-form/>

Combat experience is factor in death penalty cases, experts say

<http://www.militarytimes.com/story/military/crime/2015/11/22/combat-experience-factor-death-penalty-cases-experts-say/76056106/>

Posttraumatic stress disorder reveals an imbalance between signalling systems in the brain

<http://www.sciencedaily.com/releases/2015/12/151201093515.htm>

Psychiatric assessments for predicting violence are ineffective

<http://www.sciencedaily.com/releases/2015/11/151112091649.htm>

Lack of sleep tampers with your emotions

<http://www.sciencedaily.com/releases/2015/12/151208133618.htm>

Media's death grip on holiday suicide myth eases

<http://www.philly.com/philly/blogs/healthcare/Medias-death-grip-on-holiday-suicide-myth-eases.html>

Resource of the Week -- [One-Stop Shopping: Contact Information for Government Agencies and Officials](#)

Bookmark this one, folks. Brought to you by the General Services Administration (GSA).

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