



CDP Research Update -- May 5, 2016

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<http://archpsyc.jamanetwork.com/article.aspx?articleID=2491947>

True Evidence-Based Care for Posttraumatic Stress Disorder in Military Personnel and Veterans.

Maria M. Steenkamp, PhD

JAMA Psychiatry
2016;73(5):431-432
doi:10.1001/jamapsychiatry.2015.2879

This Viewpoint discusses true evidence-based practice and using it to personalize treatment for military veterans and servicemembers with posttraumatic stress disorder.

As the longest wars in US history draw to a close, treating the psychosocial sequelae of military trauma has become an important public health challenge. In contrast to previous wars, mental health care is for the first time leveraging science to treat deployment-related conditions such as posttraumatic stress disorder (PTSD). Evidence-based practice has become a driving principle behind the treatment of military-related PTSD and is considered a necessary safeguard against the use of unproven and ineffective interventions. However, a truly evidence-based approach to treating military-related PTSD differs from what it has come to mean in the recent clinical and research literature.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2491946>

The Meaning of Evidence-Based Treatments for Veterans With Posttraumatic Stress Disorder.

Rachel Yehuda, PhD; Charles W. Hoge, MD

JAMA Psychiatry
2016;73(5):433-434
doi:10.1001/jamapsychiatry.2015.2878

This Viewpoint suggests that the assertion that prolonged exposure or cognitive processing therapy should be the dominant evidence-based treatments for war-related PTSD is simplistic and may at times be unhelpful or contraindicated.

Steenkamp's Viewpoint reminds us that "evidence-based" psychotherapy for posttraumatic stress disorder (PTSD) encompasses clinical judgment and patient preferences as much as it does evidence from randomized clinical trials. This is a welcome perspective for clinicians working in settings such as Veterans Affairs (VA), where they are mandated by policy to provide

prolonged exposure or cognitive processing therapy (CPT) as first-line treatments for veterans with PTSD.

<http://archpsyc.jamanetwork.com/article.aspx?articleID=2498838>

Changing the Direction of Suicide Prevention Research: A Necessity for True Population Impact.

Helen Christensen, PhD; Pim Cuijpers, PhD; Charles F. Reynolds III, MD

JAMA Psychiatry
2016;73(5):435-436
doi:10.1001/jamapsychiatry.2016.0001

This Viewpoint reports that the direction of suicide prevention research must change if more lives are to be saved.

Suicide rates in most Western countries have not decreased in the last decade, a finding that compares unfavorably with the progress made in other areas, such as breast and skin cancers, human immunodeficiency virus, and automobile accidents, for which the rates have decreased by 40% to 80%. Preventing suicide is not easy. The base rate of suicide is low, making it hard to determine which individuals are at risk. Our current approach to the epidemiologic risk factors has failed because prediction studies have no clinical utility—even the highest odds ratio is not informative at the individual level. Decades of research on predicting suicides failed to identify any new predictors, despite the large numbers of studies. A previous suicide attempt is our best marker of a future attempt, but 60% of suicides are by persons who had made no previous attempts. Although recent studies in cognitive neuroscience have shed light on the cognitive “lesions” that underlie suicide risk, especially deficits in executive functioning, we have no biological markers of suicide risk, or indeed of any mental illness.

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v10n2.pdf

CLINICIAN'S TRAUMA UPDATE Online
Issue 10(2), April 2016

National Center for PTSD

CTU-Online contains summaries of clinically relevant research articles.

<http://www.gao.gov/products/GAO-16-416>

Defense Health Care: DOD Is Meeting Most Mental Health Care Access Standards, but It Needs a Standard for Follow-up Appointments

Government Accountability Office

GAO-16-416: Published: Apr 28, 2016. Publicly Released: Apr 28, 2016

Why GAO Did This Study

DOD reports that between 2005 and 2013, the number of individuals who received mental health care through DOD's MHS grew by 32 percent. MHS mental health care is provided free to active duty servicemembers. Reservists and DOD civilians are eligible for MHS care under certain circumstances.

The National Defense Authorization Act for Fiscal Year 2015 contains a provision for GAO to assess the availability and accessibility of mental health care in DOD's MHS for military servicemembers. This report examines, among other things, (1) the mental health care DOD makes available to servicemembers domestically and overseas and (2) the accessibility of mental health care provided to servicemembers domestically and overseas. GAO analyzed recent, available data on MHS mental health utilization, staffing, and appointment access and compared access data to relevant DOD standards. GAO reviewed mental health data from several DOD surveys as well as documents related to MHS mental health care. GAO also interviewed DOD and service officials and representatives from servicemember and provider associations.

What GAO Recommends

GAO recommends that DOD establish an access standard for mental health follow-up appointments and regularly monitor data on these appointments. DOD concurred with GAO's recommendation.

<http://online.liebertpub.com/doi/abs/10.1089/tmj.2015.0047>

Impact of Sleep Telemedicine Protocol in Management of Sleep Apnea: A 5-Year VA Experience.

Baig Mirza M., Antonescu-Turcu Andrea, and Ratarasarn Kavita

Telemedicine and e-Health
April 2016, 22(5): 458-462
doi:10.1089/tmj.2015.0047

Background:

There is growing evidence that demonstrates an important role for telemedicine technologies in enhancing healthcare delivery. A comprehensive sleep telemedicine protocol was implemented at the Veterans Administration Medical Center (VAMC), Milwaukee, WI, in 2008 in an effort to improve access to sleep specialty care. The telemedicine protocol relied heavily on sleep specialist interventions based on chart review (electronic consult [e-consult]). This was done in response to long wait time for sleep clinic visits as well as delayed sleep study appointments. Since 2008 all consults are screened by sleep service to determine the next step in intervention. Based on chart review, the following steps are undertaken: (1) eligibility for portable versus in-lab sleep study is determined, and a sleep study order is placed accordingly, (2) positive airway pressure (PAP) therapy is prescribed for confirmed sleep apnea, and (3) need for in-person evaluation in the sleep clinic is determined, and the visit is scheduled. This study summarizes the 5-year trend in various aspects of access to sleep care after implementation of sleep telemedicine protocol at the Milwaukee VAMC. Patients and

Methods:

This is a retrospective system efficiency study. The electronic medical record was interrogated 5 years after starting the sleep telemedicine protocol to study annual trends in the following outcomes: (1) interval between sleep consult and prescription of PAP equipment, (2) total sleep consults, and (3) sleep clinic wait time.

Results:

Two part-time sleep physicians provided sleep-related care at the Milwaukee VAMC between 2008 and 2012. During this period, the interval between sleep consult and PAP prescription decreased from ≥ 60 days to ≤ 7 days. This occurred in spite of an increase in total sleep consults and sleep studies. There was also a significant increase in data downloads, indicating overall improved follow-up. There was no change in clinic wait time of ≥ 60 days.

Conclusions:

Implementation of a sleep telemedicine protocol at the Milwaukee VAMC was associated with increased efficiency of sleep services. Timeliness of sleep management interventions for sleep apnea improved in spite of the increased volume of service.

<http://psycnet.apa.org/journals/ccp/84/5/415>

Changes in temporal attention inhibition following prolonged exposure and sertraline in the treatment of PTSD.

Echiverri-Cohen, Aileen; Zoellner, Lori A.; Gallop, Robert; Feeny, Norah; Jaeger, Jeffrey; Bedard-Gilligan, Michele

Objective:

Attentional inhibitory deficits expressed as difficulty ignoring irrelevant stimuli in the pursuit of goal-directed behavior may serve as a fundamental mechanism of posttraumatic stress disorder (PTSD). Evidence of inhibitory processes as central to extinction suggests that exposure-based treatments may act more directly on the inhibitory deficits implicated in PTSD, whereas, in facilitating serotonergic neurotransmission, selective serotonin reuptake inhibitors (SSRIs) may be less direct and bring about general neurochemical changes in the fear circuitry. If these inhibitory deficits underlie PTSD, then inhibition should improve with successful treatment, with those treated with prolonged exposure (PE) potentially resulting in greater changes in inhibition than those treated with sertraline.

Method:

Changes in temporal attentional inhibition, using an attentional blink (AB) paradigm, were examined at pre- and posttreatment in 49 individuals (74.5% female, 66.7% Caucasian, age $M = 37.69$, $SD = 12.8$ years) with chronic PTSD. Participants completed 10 weeks of either PE or sertraline.

Results:

Individuals who made greater improvements with PE showed faster improvements in temporal inhibition on the critical inhibitory lag of AB than those who made greater improvements with sertraline ($d = 0.94$). These changes could not be accounted for by basic attention.

Conclusions:

Greater improvement in fundamental attentional inhibitory processes with better treatment response to PE, compared with sertraline, suggests potential specificity in how PTSD treatments normalize inhibitory processes, such that exposure-based treatments like PE may target inhibitory processes and improve basic inhibitory functioning. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22304/abstract>

No Way Out: Entrapment as a Moderator of Suicide Ideation Among Military Personnel.

Shelef, L., Levi-Belz, Y., Fruchter, E., Santo, Y. and Dahan, E.

Objective

Suicide is a leading and growing cause of death in the military during peacetime. This study sought to examine the psychological mechanisms relating to entrapment, stress, and psychological protective factors facilitating suicide ideation among military personnel.

Method

The study population comprised 168 soldiers (aged 18–21) divided into 3 groups: suicide attempters (n = 58), those receiving treatment by a mental health professional, reporting no suicidal behavior (n = 58), and controls (n = 50).

Results

In general, the suicidal group scored higher than the 2 other groups in stress levels and entrapment but lower than the other 2 groups in perceived problem-solving abilities and perceived social support. Moreover, the interaction of stress and entrapment predict suicide ideation beyond stress, protective factors, and entrapment alone.

Conclusion

Entrapment is an important predictor of suicide ideation and can serve as a moderator, in that its presence may exacerbate the harsh situation of subjective stress within the military context and intensify it into a suicide risk.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22301/abstract>

Relationship Functioning in Vietnam Veteran Couples: The Roles of PTSD and Anger.

Roberge, E. M., Allen, N. J., Taylor, J. W. and Bryan, C. J.

Journal of Clinical Psychology

Article first published online: 20 APR 2016

DOI: 10.1002/jclp.22301

Objective

Posttraumatic stress disorder (PTSD) and anger have been implicated separately in relationship dysfunction for veterans; however, no studies have simultaneously examined the roles of each of these constructs.

Method

This study examined the roles of PTSD and anger in the relationships of Vietnam veterans and their partners (n = 33 couples) with actor–partner interdependence modeling (APIM). Couples in which the veteran was diagnosed with PTSD (PTSD-positive; n = 20) were compared to couples

in which the veteran did not have PTSD (PTSD-negative; n = 13) on measures of frequency of anger and relationship functioning.

Results

PTSD-positive and PTSD-negative couples reported similar levels of relationship functioning, yet PTSD-positive veterans reported experiencing anger significantly more often than PTSD-negative veterans. Across groups, anger was predictive of relationship functioning, but PTSD severity was not.

Conclusions

Trait anger may have a more deleterious effect on relationship functioning than PTSD symptoms. Theoretical and clinical implications are discussed.

<http://link.springer.com/article/10.1007/s10943-016-0231-x>

Moral Injury, Spiritual Care and the Role of Chaplains: An Exploratory Scoping Review of Literature and Resources.

Lindsay B. Carey, Timothy J. Hodgson, Lillian Krikheli, Rachel Y. Soh, Annie-Rose Armour, Taranjeet K. Singh, Cassandra G. Impiombato

Journal of Religion and Health

First online: 19 April 2016

DOI 10.1007/s10943-016-0231-x

This scoping review considered the role of chaplains with regard to ‘moral injury’. Moral injury is gaining increasing notoriety. This is due to greater recognition that trauma (in its various forms) can cause much deeper inflictions and afflictions than just physiological or psychological harm, for there may also be wounds affecting the ‘soul’ that are far more difficult to heal—if at all. As part of a larger research program exploring moral injury, a scoping review of literature and other resources was implemented utilising Arksey and O’Malley’s scoping method (Int J Soc Res Methodol 8(1):19–32, 2005) to focus upon moral injury, spirituality (including religion) and chaplaincy. Of the total number of articles and/or resources noting the term ‘moral injury’ in relation to spiritual/religious issues (n = 482), the results revealed 60 resources that specifically noted moral injury and chaplains (or other similar bestowed title). The majority of these resources were clearly positive about the role (or the potential role) of chaplains with regard to mental health issues and/or moral injury. The World Health Organization International Classification of Diseases: Australian Modification of Health Interventions to the International Statistical Classification of Diseases and related Health problems (10th revision, vol 3—WHO ICD-10-AM, Geneva, 2002), was utilised as a coding framework to classify and identify distinct chaplaincy roles and interventions with regard to assisting people with moral injury. Several

recommendations are made concerning moral injury and chaplaincy, most particularly the need for greater research to be conducted.

<http://link.springer.com/article/10.1007/s11920-016-0695-0>

Lesbian, Gay, Bisexual, and Transgender (LGBT) Service Members: Life After Don't Ask, Don't Tell.

Jeremy T. Goldbach, Carl Andrew Castro

Current Psychiatry Reports
June 2016, 18:56

Lesbian, gay, and bisexual service members can serve openly in the military with the repeal of the Don't Ask, Don't Tell policy. The fate of transgender service members remains uncertain as the policy preventing them from serving in the military remains under review. The health care needs of these populations remain for the most part unknown, with total acceptance and integration in the military yet to be achieved. In this paper, we review the literature on the health care needs of lesbian, gay, bisexual, and transgender (LGBT) service members, relying heavily on what is known about LGBT civilian and veteran populations. Significant research gaps about the health care needs of LGBT service members are identified, along with recommendations for closing those gaps. In addition, recommendations for improving LGBT acceptance and integration within the military are provided.

<http://www.sciencedirect.com/science/article/pii/S0022395616300668>

Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data.

Raffaella Calati, Philippe Courtet

Journal of Psychiatric Research
Volume 79, August 2016, Pages 8–20
doi:10.1016/j.jpsychires.2016.04.003

Objective

To determine the efficacy of psychotherapy interventions for reducing suicidal attempts (SA) and non-suicidal self-injury (NSSI).

Methods

Meta-analysis of randomized controlled trials (RCTs) comparing psychotherapy interventions and treatment as usual (TAU; including also enhanced usual care, psychotropic treatment alone, cognitive remediation, short-term problem-oriented approach, supportive relationship treatment, community treatment by non-behavioral psychotherapy experts, emergency care enhanced by provider education, no treatment) for SA/NSSI. RCTs were extracted from MEDLINE, EMBASE, PsycINFO and Cochrane Library and analyzed using the Cochrane Collaboration Review Manager Software and Comprehensive Meta-analysis.

Results

In the 32 included RCTs, 4114 patients were randomly assigned to receive psychotherapy (n = 2106) or TAU (n = 2008). Patients who received psychotherapy were less likely to attempt suicide during the follow-up. The pooled risk difference for SA was -0.08 (95% confidence intervals = -0.04 to -0.11). The absolute risk reduction was 6.59% (psychotherapy: 9.12%; TAU: 15.71%), yielding an estimated number needed to treat of 15. Sensitivity analyses showed that psychotherapy was effective for SA mainly in adults, outpatients, patients with borderline personality disorder, previously and non-previously suicidal patients (heterogeneous variable that included past history of SA, NSSI, deliberate self-harm, imminent suicidal risk or suicidal ideation), long- and short-term therapies, TAU only as a control condition, and mentalization-based treatment (MBT). No evidence of efficacy was found for NSSI, with the exception of MBT. Between-study heterogeneity and publication bias were detected. In the presence of publication bias, the Duval and Tweedie's "trim and fill" method was applied.

Conclusion

Psychotherapy seems to be effective for SA treatment. However, trials with lower risk of bias, more homogeneous outcome measures and longer follow-up are needed.

<http://link.springer.com/article/10.1007/s11136-016-1295-5>

The relationships of posttraumatic stress disorder and depression symptoms with health-related quality of life and the role of social support among Veterans.

Janelle M. Painter, Kristen Gray, Meghan M. McGinn, Sheeva Mostoufi, Katherine D. Hoerster

Quality of Life Research

First online: 16 April 2016

DOI 10.1007/s11136-016-1295-5

Purpose

The presence of posttraumatic stress disorder (PTSD) or depression symptoms is associated with poor quality of life. Social support buffers against developing symptoms of PTSD and depression and is associated with greater quality of life. We examined the relationships between

PTSD and depression symptom severity with physical (PCS) and mental (MCS) health-related quality of life (HRQoL), and whether social support moderated these relationships.

Methods

Randomly selected Veterans with at least one Primary Care or PTSD Clinical Team visit received a mailed survey including self-report measures of health and wellness. Among the 717 respondents, we examined the association between symptom severity and HRQoL using linear regression. We included interaction terms between symptom severity and social support to examine whether social support moderated these associations.

Results

Social support did not moderate the association between symptom severity and mental HRQoL. Higher PTSD and depression symptom severity were associated with lower MCS scores, whereas higher social support was associated with higher MCS scores. When examining physical HRQoL, social support moderated the association with PTSD and depression symptom severity. Among individuals with high social support, there was a negative association between symptom severity and PCS scores, whereas there was no association among those with low social support.

Conclusions

Although there are contexts in which social support is helpful, in some cases it may interfere with HRQoL among those with mental health conditions. Thus, it is important to educate support providers about behaviors that enhance the benefits and minimize the costs of social support.

<http://link.springer.com/article/10.1007/s13665-016-0147-7>

Sleep disorders related to deployment in active duty service members and veterans.

Shannon N. Foster, Matthew S. Brock, Shana Hansen, Jacob F. Collen, Robert Walter, Peter O'Connor, Patricia Wall, Vincent Mysliwiec

Current Pulmonology Reports

First online: 20 April 2016

DOI 10.1007/s13665-016-0147-7

Active duty service members (ADSM) are a unique population at risk for complex health issues; among the most frequent are sleep disorders. Sleep disturbances are prevalent, debilitating, and persistent in ADSM following combat deployments. Multiple factors associated with deployment and combat operations place ADSM at risk for acute sleep disturbances. If untreated, acute sleep disturbances can become chronic sleep disorders that result in physical and mental impairments and decreased military readiness. Sleep disorders are frequently comorbid with posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). However,

they are independent clinical disorders which require specific therapy. The consequences of sleep disorders are increasingly recognized in both AD/SM and veterans and pose an unprecedented challenge to medical providers who care for these populations.

<http://www.sciencedirect.com/science/article/pii/S0165178116306394>

The impact of proposed changes to ICD-11 on estimates of PTSD prevalence and comorbidity.

Blair E. Wisco, Mark W. Miller, Erika J. Wolf, Dean Kilpatrick, Heidi S. Resnick, Christal L. Badour, Brian P. Marx, Terence M. Keane, Raymond C. Rosen, Matthew J. Friedman

Psychiatry Research
Volume 240, 30 June 2016, Pages 226–233
doi:10.1016/j.psychres.2016.04.043

The World Health Organization's posttraumatic stress disorder (PTSD) work group has published a proposal for the forthcoming edition of the International Classification of Diseases (ICD-11) that would yield a very different diagnosis relative to DSM-5. This study examined the impact of the proposed ICD-11 changes on PTSD prevalence relative to the ICD-10 and DSM-5 definitions and also evaluated the extent to which these changes would accomplish the stated aim of reducing the comorbidity associated with PTSD. Diagnostic prevalence estimates were compared using a U.S. national community sample and two U.S. Department of Veterans Affairs clinical samples. The ICD-11 definition yielded prevalence estimates 10–30% lower than DSM-5 and 25% and 50% lower than ICD-10 with no reduction in the prevalence of common comorbidities. Findings suggest that by constraining the diagnosis to a narrower set of symptoms, the proposed ICD-11 criteria set would substantially reduce the number of individuals with the disorder. These findings raise doubt about the extent to which the ICD-11 proposal would achieve the aim of reducing comorbidity associated with PTSD and highlight the public health and policy implications of such a redefinition.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12255/abstract>

Effects of a Military Parenting Program on Parental Distress and Suicidal Ideation: After Deployment Adaptive Parenting Tools.

Gewirtz, A. H., DeGarmo, D. S. and Zamir, O.

Suicide and Life-Threatening Behavior
Volume 46, Issue Supplement S1, pages S23–S31, April 2016

DOI: 10.1111/sltb.12255

Few studies have examined whether parenting prevention programs might mitigate risk for suicidality in parents, yet parent suicidality is a strong risk factor for offspring suicidality. We report results from a randomized controlled trial of a parenting program for deployed National Guard and Reserve families with a school-aged child. Intent-to-treat analyses showed that random assignment to the parenting program (ADAPT) was associated with improved parenting locus of control (LOC). Improved parenting LOC was concurrently associated with strengthened emotion regulation which predicted reductions in psychological distress and suicidal ideation at 12 months postbaseline. Results are discussed in the context of ongoing efforts to reduce suicide rates in military populations.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181580>

Bridging the Research to Application Divide: Recommendations for Community-Based Participatory Research in a Military Setting.

Jessica M. Shenberger-Trujillo , Courtney A. Kurinec

Military Behavioral Health

Accepted author version posted online: 22 Apr 2016

DOI:10.1080/21635781.2016.1181580

Of 100 servicemembers needing behavioral health care, it is estimated that around 50 would receive any care and only 30–50 would be provided “minimally adequate” care according to clinical, evidence-based standards. The current essay will discuss the existing gap between research and application and proposed reasons for this disparity. We will briefly highlight existing research approaches developed by various disciplines (e.g., public health, psychology, and social work) to address the research to application gap and provide example opportunities for the military's use of a community-based participatory approach. We will also provide recommendations for a way forward to promote a research approach that utilizes both cutting-edge research methods and the richness of the applied expertise provided by military personnel. The recommended research approach aims to empower those individuals who provide or receive social, behavioral, or mental health services by creating an opportunity to shape the research from inception to implementation.

<http://www.sciencedirect.com/science/article/pii/S0272735815301744>

A systematic review of the predictions of the Interpersonal-Psychological Theory of Suicidal Behaviour.

Jennifer Ma, Philip J. Batterham, Alison L. Calear, Jin Han

Clinical Psychology Review
Available online 20 April 2016
doi:10.1016/j.cpr.2016.04.008

Objective

The aim of this review was to identify support for the IPTS, and critical gaps in the evidence base, by systematically reviewing current evidence testing the effects of thwarted belongingness, perceived burdensomeness, and acquired capability on suicide ideation and attempt.

Methods

PsycInfo and PubMed databases were electronically searched for articles published between January 2005 and July 2015. Articles were included if they directly assessed the IPTS constructs as predictors of suicidal ideation or suicide attempt.

Results

Fifty-eight articles reporting on 66 studies were identified. Contrary to expectations, the studies provided mixed evidence across the theory's main predictions. The effect of perceived burdensomeness on suicide ideation was the most tested and supported relationship. The theory's other predictions, particularly in terms of critical interaction effects, were less strongly supported.

Conclusions

Future research focused on expanding the availability of valid measurement approaches for the interpersonal risk factors, and further elaborating upon their mixed relationships with suicide ideation and attempt across multiple populations is important to advance theoretical and clinical progress in the field.

<http://www.ncbi.nlm.nih.gov/pubmed/27091538>

Sleep. 2016 Apr 12. pii: sp-00726-15. [Epub ahead of print]

The National Veteran Sleep Disorder Study: Descriptive Epidemiology and Secular Trends, 2000-2010.

Alexander M, Ray MA, Hébert JR, Youngstedt SD, Zhang H, Steck SE, Bogan RK, Burch JB.
STUDY OBJECTIVES:

A large proportion of individuals affected by sleep disorders are untreated and susceptible to accidents, injuries, long-term sequelae (e.g., risk of cardiovascular disease, cancer, psychiatric

disorders), and increased mortality risk. Few studies have examined the scope and magnitude of sleep disorder diagnoses in the United States (US) or factors influencing them. Veterans are particularly vulnerable to factors that elicit or exacerbate sleep disorders.

METHODS:

This serial cross-sectional study characterized secular trends in diagnosed sleep disorders among veterans seeking care in US Veterans Health Administration facilities over an eleven-year span (FY2000-2010, N = 9,798,034). Electronic medical records from the national Veterans Administration Informatics and Computing Infrastructure database were accessed. Cases were defined using diagnostic codes specified by the American Academy of Sleep Medicine. Age-adjusted annual prevalence was summarized by sex, race, combat exposure, body mass index, and comorbid diagnoses (cardiovascular disease, cancer, mental disorders).

RESULTS:

Sleep apnea (47%) and insomnia (26%) were the most common diagnoses among patients with any sleep disorder. There was a six-fold relative increase in total sleep disorder prevalence over the study period. Post-traumatic stress disorder, which tripled over the same time period, was associated with the highest prevalence of sleep disorders (16%) among the comorbid conditions evaluated.

CONCLUSIONS:

The results indicate a growing need for integration of sleep disorder management with patient care and health care planning among US veterans.

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<http://www.ncbi.nlm.nih.gov/pubmed/26938826>

Psychiatr Danub. 2016 Mar;28(1):77-81.

Personal space of war veterans with PTSD - some characteristics and comparison with healthy individuals.

Bogović A1, Ivezić E, Filipčić I.

BACKGROUND:

The aim of this study was to determine the size of personal space among war veterans with PTSD, compared to healthy individuals, and to examine its associations with some sociodemographic and clinical characteristics.

SUBJECTS AND METHODS:

Participants were 83 male war veterans with chronic PTSD and 85 healthy male employees of the medical institutions. Preferred interpersonal distances were assessed by using a stop-

distance technique, where male and female research assistants approached the participants from four directions (front, behind, left, right). The patients filled out The Mississippi Scale for Combat-Related Posttraumatic Stress Disorder (M-PTSD).

RESULTS:

War veterans with PTSD preferred significantly larger interpersonal distances compared to healthy participants. Larger personal space size was preferred by those who had children, and the largest preferred distances were observed for the approaches from behind. Both samples preferred larger distances when approached by a male person.

CONCLUSION:

The findings of this study contribute to increased understanding of the personal space in patients with PTSD, and may be implemented into prevention of aggressive behavior during psychiatric treatment, and into development of more effective therapeutic strategies.

<http://www.ncbi.nlm.nih.gov/pubmed/26562128>

Am J Public Health. 2016 Jan;106(1):153-8. doi: 10.2105/AJPH.2015.302874. Epub 2015 Nov 12.

Differential Child Maltreatment Risk Across Deployment Periods of US Army Soldiers.

Taylor CM, Ross ME, Wood JN, Griffis HM, Harb GC, Mi L, Song L, Strane D, Lynch KG, Rubin DM

OBJECTIVES:

We described the risk for maltreatment among toddlers of US Army soldiers over different deployment cycles to develop a systematic response within the US Army to provide families appropriate supports.

METHODS:

We conducted a person-time analysis of substantiated maltreatment reports and medical diagnoses among children of 112,325 deployed US Army soldiers between 2001 and 2007.

RESULTS:

Risk of maltreatment was elevated after deployment for children of soldiers deployed once but not for children of soldiers deployed twice. During the 6 months after deployment, children of soldiers deployed once had 4.43 substantiated maltreatment reports and 4.96 medical diagnoses per 10,000 child-months. The highest maltreatment rate among children of soldiers deployed twice occurred during the second deployment for substantiated maltreatment (4.83 episodes per 10,000 child-months) and before the first deployment for medical diagnoses of maltreatment (3.78 episodes per 10,000 child-months).

CONCLUSIONS:

We confirmed an elevated risk for child maltreatment during deployment but also found a previously unidentified high-risk period during the 6 months following deployment, indicating elevated stress within families of deployed and returning soldiers. These findings can inform efforts by the military to initiate and standardize support and preparation to families during periods of elevated risk.

<http://www.tandfonline.com/doi/abs/10.1080/1068316X.2016.1181175>

Soldier, civilian, criminal: identifying pathways to offending of ex-armed forces personnel in prison.

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Psychology, Crime & Law

Accepted author version posted online: 21 Apr 2016

DOI:10.1080/1068316X.2016.1181175

Little is known about why some ex-armed forces personnel become involved in the Criminal Justice System, however they represent the largest known occupational group in prison. In-depth interviews were employed to explore possible pathways to offending. Twenty ex-armed forces personnel in prison were recruited from five prisons in England. Data were analysed using a combination of thematic analysis and constant comparison methods rooted in grounded theory. Four predominant themes were identified: experiences of trauma and adversity; belonging; impulsivity; and creating a soldier. Participants had experienced a number of traumatic incidents and adversity in their lives, encompassing pre, during and post- service but felt a sense of belonging in the armed forces. Participants demonstrated impulsivity in a number of areas with links to both their service in the armed forces and offending behaviour. The creation of the identity of 'soldier' was perceived to impact participants' lives in a number of ways, including their offending, alcohol use, and coping with trauma. The interplay of these themes and their potential impact on participants' pathways to offending are discussed.

<http://www.sciencedirect.com/science/article/pii/S0306460316301563>

Roles of inter-individual differences and intra-individual acute elevations in early smoking lapse in people with posttraumatic stress disorder.

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Addictive Behaviors

Available online 20 April 2016

doi:10.1016/j.addbeh.2016.04.007

Existing models of the role of posttraumatic stress disorder (PTSD) symptoms and smoking have almost exclusively examined mean symptom levels, rather than the acute elevations that might trigger smoking lapse immediately or increase risk of a smoking lapse in the next few hours. We examined ecological momentary assessments (EMA) of PTSD symptom clusters and smoking in the first week of a quit attempt in 52 people with PTSD. In multilevel models including PTSD symptom means, acute elevations, and lagged acute elevations together as simultaneous predictors of odds of smoking in the same models, pre-quit smoking occasions were significantly related to acute elevations in symptoms, including PTSD totals (OR = 1.20; 95% CI, 1.10 to 1.31), PTSD re-experiencing symptoms (OR = 1.16; 95% CI, 1.06 to 1.27), PTSD avoidance symptoms (OR = 1.20; 95% CI, 1.10 to 1.31), PTSD numbing symptoms (OR = 1.14; 95% CI, 1.04 to 1.24), and PTSD hyperarousal symptoms (OR = 1.20; 95% CI, 1.09 to 1.31). In contrast, post-quit smoking was related to lagged acute elevations in PTSD re-experiencing (OR = 1.24, 95% CI, 1.03 to 1.50) avoidance (OR = 1.27, 95% CI, 1.05 to 1.53), and numbing symptoms (OR = 1.24, 95% CI, 1.02 to 1.51). During a quit attempt, individuals with PTSD delayed smoking in response to acute elevations in PTSD re-experiencing and Avoidance. This period presents an opportunity to use mobile health interventions to prevent smoking lapse and to use coping skills acquired in trauma-focused therapy to respond to acute PTSD symptom elevation.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181586>

When Does Child Maltreatment Occur? Daily Variations in Child Maltreatment Among Families Served by the United States Air Force Family Advocacy Program.

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Military Behavioral Health

Accepted author version posted online: 22 Apr 2016

DOI:10.1080/21635781.2016.1181586

The current study examined temporal variations in child maltreatment within a United States Air Force database. Relative to comparison days, child maltreatment rates generally decreased on weekends, Thanksgiving, and the first days of a month, whereas rates of specific maltreatment types differed on some holidays: Physical abuse decreased on New Year's Eve and Memorial Day; neglect decreased on Christmas Eve, Christmas Day, and Independence Day; and emotional abuse decreased on Memorial Day and increased on Super Bowl Sunday. Future

research should explore the factors responsible for these patterns of child maltreatment to inform policies aimed at reducing child maltreatment.

<http://onlinelibrary.wiley.com/doi/10.1002/ajcp.12030/abstract>

The Willingness of Military Members to Seek Help: The Role of Social Involvement and Social Responsibility.

Bowen, G. L., Jensen, T. M., Martin, J. A. and Mancini, J. A.

American Journal of Community Psychology

57: 203–215

doi: 10.1002/ajcp.12030

Anchored in the social organization theory of action and change, we use data from a large sample of active-duty Air Force members to examine the direct and indirect influence of social involvement and social responsibility on willingness to seek help in times of need via trust in formal systems and informal supports. Group comparisons are conducted between junior male, junior female, senior male, and senior female service members. The key mediational path in the model for all groups is the connection between social involvement and willingness to seek help via trust in formal systems. These results can inform both unit- and community-level interventions intended to increase the likelihood that active-duty AF members will seek help in times of need.

<http://www.tandfonline.com/doi/abs/10.1080/1462317X.2015.1104205>

Moral Injury as Inherent Political Critique: The Prophetic Possibilities of a New Term.

Joseph Wiinikka-Lydon

Political Theology

Published online: 20 Apr 2016

DOI:10.1080/1462317X.2015.1104205

Moral injury is a term developed specifically to highlight the moral harm accrued by U.S. veterans during war, the salience of which seems to exceed the analytical range of terms such as “trauma.” Veterans can feel that they violated fundamental moral ideals, leaving some to feel they have lost the ability to be “good.” Moral injury as a term originally had an important political dimension, however, one that has been lost in a turn to a more clinical approach. I argue that the experience of moral injury can lend itself to potential, prophetic insights into the effects of

one's culture on the wider world. Instead of seeing moral injury as a disorder in need of clinical treatment, it can be the basis of a religiously informed social ethic empowering veterans to engage the broader social conditions and policies that lead to war in the first place.

J Inj Violence Res. 2016 Apr 19;8(2). doi: 10.5249/jivr.v8i2.808. [Epub ahead of print]

Sleep disturbances in veterans with chronic war-induced PTSD.

Khazaie H, Ghadami MR, Masoudi M

Post-traumatic stress disorder is related to a wide range of medical problems, with a majority of neurological, psychological, cardiovascular, respiratory, gastrointestinal disorders, diabetes, as well as sleep disorders. Although the majority of studies reveal the association between PTSD and sleep disturbances, there are few studies on the assessment of sleep disruption among veterans with PTSD. In this article, we attempt to study the sleep disorders including insomnia, nightmare, sleep-related breathing disorders, sleep-related movement disorders and parasomnias among veterans with chronic war-induced PTSD. It is an important area for further research among veterans with PTSD.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22300/abstract>

Sequential Treatment of Comorbid Insomnia and Generalized Anxiety Disorder.

Belleville, G., Ivers, H., Bélanger, L., Blais, F. C. and Morin, C. M.

Journal of Clinical Psychology

Article first published online: 25 APR 2016

DOI: 10.1002/jclp.22300

Objective

To explore the efficacy of cognitive-behavior therapy (CBT) for patients with comorbid generalized anxiety disorder (GAD) and insomnia using 2 sequential treatments.

Method

Using a single-case methodology, 10 women (mean age = 45) with chronic insomnia and GAD were randomly assigned to CBT for GAD followed by CBT for insomnia, or to CBT for insomnia followed by CBT for GAD. Sleep and anxiety were measured via diagnostic interviews, daily diaries, and self-report questionnaires.

Results

Time series analyses, group effect sizes, and indications of clinically significant change revealed improvements on anxiety, worry, and sleep after CBT for GAD. Following CBT for insomnia, positive changes were observed on sleep and, to a lesser extent, anxiety and worry.

Conclusions

In the presence of comorbid GAD and insomnia, initiating treatment for GAD first produced superior clinical benefits in anxiety and sleep. The addition of insomnia-specific treatment led to additional improvements in worry and sleep quality.

<http://ebmh.bmj.com/content/19/2/39.short>

Are all psychotherapies equally effective in the treatment of adult depression? The lack of statistical power of comparative outcome studies.

Pim Cuijpers

Evidence-Based Mental Health

2016;19:39-42

doi:10.1136/eb-2016-102341

More than 100 comparative outcome trials, directly comparing 2 or more psychotherapies for adult depression, have been published. We first examined whether these comparative trials had sufficient statistical power to detect clinically relevant differences between therapies of $d=0.24$. In order to detect such an effect size, power calculations showed that a trial would need to include 548 patients. We selected 3 recent meta-analyses of psychotherapies for adult depression (cognitive behaviour therapy (CBT), interpersonal psychotherapy and non-directive counselling) and examined the number of patients included in the trials directly comparing other psychotherapies. The largest trial comparing CBT with another therapy included 178 patients, and had enough power to detect a differential effect size of only $d=0.42$. None of the trials in the 3 meta-analyses had enough power to detect effect sizes smaller than $d=0.34$, but some came close to the threshold for detecting a clinically relevant effect size of $d=0.24$. Meta-analyses may be able to solve the problem of the low power of individual trials. However, many of these studies have considerable risk of bias, and if we only focused on trials with low risk of bias, there would no longer be enough studies to detect clinically relevant effects. We conclude that individual trials are heavily underpowered and do not even come close to having sufficient power for detecting clinically relevant effect sizes. Despite this large number of trials, it is still not clear whether there are clinically relevant differences between these therapies.

Prevalence and Consequences of Sleep Problems in Military Wives.

Stephanie Brooks Holliday, PhD, Ann Haas, MS, MPH, Regina A. Shih, PhD, Wendy M. Troxel, PhD

Sleep Health

Available online 26 April 2016

doi:10.1016/j.sleh.2016.03.004

Study Objectives

Despite the prevalence of sleep problems among service members, few prior studies have examined the rate of sleep problems among military spouses, who also face the stresses of deployment and military life. This is the first study of spouses of US service members to examine the prevalence of sleep disturbances, effect of service member deployment, and associated physical and psychosocial outcomes.

Design

Cross-sectional analysis of RAND Deployment Life Study data.

Setting

Self-report measures administered via telephone and web-based surveys in Fall 2012.

Participants

Female military spouses (n = 1805) aged 19 to 65 years (M = 33.5 [8.3]), married to service members across branches and components (73% previously, 10% currently, and 16% never deployed).

Measurements

Spouses self-reported sleep duration, sleep quality, daytime fatigue, and daytime impairment. Outcomes included self-rated health, marital satisfaction, and depressive symptoms.

Results

Eighteen percent of spouses reported extreme short sleep duration, which is higher than rates reported in the general population. Spouses indicated worse sleep when the service member was currently or previously deployed, although deployment status was not associated with sleep duration or daytime impairment. Greater sleep disturbances were significantly associated with all three outcomes, with the strongest association observed with greater depressive symptoms.

Conclusions

This is the first report to document high rates of short sleep duration and poor sleep quality among spouses of service members. Furthermore, sleep problems were independent correlates

of poor mental and physical health. Findings highlight the importance of addressing sleep issues in military families as well as in service members.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181585>

The Impact of Insufficient Sleep on Combat Mission Performance.

Matthew L. LoPresti , James A. Anderson , Kristin N. Saboe , Dennis L. McGurk , Thomas J. Balkin , Maurice L. Sipos

Military Behavioral Health

Accepted author version posted online: 25 Apr 2016

DOI:10.1080/21635781.2016.1181585

A significant concern for the U.S. military is the inability of service members to obtain sufficient sleep during combat deployments as it directly affects the health and readiness of the force. The performance deficits that result from sleep loss are well known and the implications of such deficits include increased risk for accidents and mistakes. This study assessed the relationship between average daily sleep duration and combat mission performance. Anonymous survey data were collected from U.S. Army combat platoons deployed to Afghanistan in 2013. Participants reported getting between five and six hours of sleep per day, and 14.6% of soldiers reported accidents that affected the mission, with half of these (51%) attributed to sleepiness. A logistic regression showed a significant association between the number of hours of sleep and the incidence of accidents or mistakes that affected the mission. In addition, 34.1% of soldiers reported falling asleep on guard duty, which was also significantly associated with the number of hours of sleep per day. This is the first report to our knowledge on the relationship between sleep and performance in a deployed environment and confirms that soldiers obtain significantly less sleep than the recommended seven to eight hours per day.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181582>

The Impact of Parental Operational Stress Injury on Child Mental Health and Well-Being: A Scoping Review.

Heidi Cramm , Linna Tam-Seto , Deborah Norris , Maya Eichler , Kim Smith-Evans

Military Behavioral Health

Accepted author version posted online: 26 Apr 2016

DOI:10.1080/21635781.2016.1181582

Recognizing the impact of parental mental health on child development, the purpose of this scoping review was to identify and synthesize the research literature describing the impact of parental OSI on children and youth from military and veteran families. Arksey and O'Malley's 2005 guidelines for conducting scoping reviews were followed. 18 separate databases were searched, in addition to 3 university-based discovery platforms. 506 potential sources were identified; 64 proceeded to full data extraction and analysis. This study identified two significant themes in the current literature. First, there are multiple ways in which parental operational stress injuries can impact children and youth. Families need to renegotiate parenting roles and responsibilities, experience changes in spousal relationships that can cascade into parenting, and face shifting family dynamics. Children and youth can experience secondary traumatization, be at risk for child maltreatment, and manifest general impacts on their mental health and development. Second, responding to the impacts through collaboration and innovation. Future directions include informing research with the voices of all members of the family. Knowledge translation strategies are necessary for collaboration across all areas to support this population.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1181584>

Still in Uniform: Treating Active Military Members in a Civilian Psychiatric Facility.

Gwen A. Levitt , Jennifer Weller , Felicitas Koster , James Palmer

Military Behavioral Health

Accepted author version posted online: 25 Apr 2016

DOI:10.1080/21635781.2016.1181584

Admissions of military members (MMs) to community psychiatric hospitals are increasingly common, bringing unfamiliar challenges to civilian providers. To broaden the knowledge base on psychiatric issues facing MMs, investigators collected demographic and clinical variables from medical records of inpatients treated on a community hospital unit that specializes in MM treatment. Military members in this study had high rates of PTSD, depression, anxiety, and substance use disorders. Future research and information focusing on the psychiatric needs of MMs is greatly needed. Educating community mental health providers in order to help them better understand the unique challenges of working with active duty MMs will improve care and outcomes.

Links of Interest

Officials Cite Research as Key to Progress in PTSD, TBI Diagnosis, Treatment

<http://www.defense.gov/News-Article-View/Article/742469/officials-cite-research-as-key-to-progress-in-ptsd-tbi-diagnosis-treatment>

Gut Feeling: ONR Research Examines Link Between Stomach Bacteria, PTSD

<http://science.dodlive.mil/2016/05/02/gut-feeling-onr-research-examines-link-between-stomach-bacteria-ptsd/>

Take the first step toward better mental health

<http://www.health.mil/News/Articles/2016/05/02/Take-the-first-step-toward-better-mental-health>

New Resource Helps Sexual Assault Patients Understand Options

http://www.dcoe.mil/MediaCenter/News/details/16-04-25/New_Resource_Helps_Sexual_Assault_Patients_Understand_Options.aspx

Cognitive Therapy Improves PTSD in Some, But Not All

<http://www.neurologyadvisor.com/neurobehavioral-disorders/cognitive-behavioral-therapy-helps-some-ptsd-patients-symptoms/article/492036/>

Mindfulness-Based Cognitive Behavioral Therapy Curbs Depression Relapse

<http://www.psychiatryadvisor.com/mood-disorders/mcbs-effective-at-reducing-risk-of-depression-relapse/article/492966/>

An Online Program May Help Prevent Depression In Some People

<http://www.npr.org/sections/health-shots/2016/05/03/476591196/online-depression-prevention-programs>

Sexual assault in military tied to veterans' homelessness

<http://www.militarytimes.com/story/veterans/2016/04/21/sexual-assault-military-tied-veterans-homelessness/83337634/>

Mindfulness in the Military

<http://blogs.discovermagazine.com/crux/2016/04/14/meditation-in-the-military-ptsd/>

Resource of the Week: [Understanding Treatment of Mild Traumatic Brain Injury in the Military Health System](#)

Traumatic brain injury (TBI) is considered a signature injury of modern warfare, though TBIs can also result from training accidents, falls, sports, and motor vehicle accidents. Among service members diagnosed with a TBI, the majority of cases are mild TBIs (mTBIs), also known as concussions. Many of these service members receive care through the Military Health System, but the amount, type, and quality of care they receive has been largely unknown. A RAND study, the first to examine the mTBI care of a census of patients in the Military Health System, assessed the number and characteristics (including deployment history and history of TBI) of nondeployed, active-

duty service members who received an mTBI diagnosis in 2012, the locations of their diagnoses and next health care visits, the types of care they received in the six months following their mTBI diagnosis, co-occurring conditions, and the duration of their treatment. While the majority of service members with mTBI recover quickly, the study further examined a subset of service members with mTBI who received care for longer than three months following their diagnosis. Diagnosing and treating mTBI can be especially challenging because of variations in symptoms and other factors. The research revealed inconsistencies in the diagnostic coding, as well as areas for improvement in coordinating care across providers and care settings. The results and recommendations provide a foundation to guide future clinical studies to improve the quality of care and subsequent outcomes for service members diagnosed with mTBI.

The screenshot shows the RAND Corporation website interface. At the top, there is a navigation bar with the RAND logo and tagline 'OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.' followed by menu items: 'About', 'Support RAND', 'Press Room', and 'Events'. Below this is a secondary navigation bar with 'RESEARCH', 'LATEST INSIGHTS', 'POLICY EXPERTS', 'CAPABILITIES', and 'GRADUATE SCHOOL'. A search bar is on the right. The main content area features the title 'Understanding Treatment of Mild Traumatic Brain Injury in the Military Health System' by Carrie M. Farmer, Heather Krull, Thomas W. Concannon, Molly Simmons, Francesca Pillemer, Teague Ruder, Andrew M. Parker, Maulik P. Purohit, Liisa Hiatt, Benjamin Batorsky, and Kimberly A. Hepner. It includes a 'Download' button, a 'Purchase' button, and a 'DOWNLOAD EBOOK FOR FREE' section with a 'PDF file' option (0.7 MB) and a 'Read Online' button. Social media icons for Facebook (24 shares) and LinkedIn (67 shares) are present. A 'Citation' button and 'View related products' link are also visible. At the bottom, there are sections for 'Research Questions' (with a question 'How many active-duty...') and 'Document Details' (Copyright: RAND Corporation, Availability: Available).

See also: Characteristics and Treatment Patterns of Service Members with Mild Traumatic Brain Injury (Research Brief)

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