



## CDP Research Update -- May 19, 2016

### What's Here:

- Psychological and Behavioral Interventions for Managing Insomnia Disorder: An Evidence Report for a Clinical Practice Guideline by the American College of Physicians.
- Occupational outcomes following mild traumatic brain injury in Canadian military personnel deployed in support of the mission in Afghanistan: a retrospective cohort study.
- Resilience and Other Possible Outcomes After Mild Traumatic Brain Injury: a Systematic Review.
- Preventing Student Veteran Attrition: What More Can We Do?
- Changes in Mindfulness and Posttraumatic Stress Disorder Symptoms Among Veterans Enrolled in Mindfulness-Based Stress Reduction.
- Borderline personality features in depressed or anxious patients.
- Psychological Characteristics in Acute Mild Traumatic Brain Injury: An MMPI-2 Study.
- PTSD and Romantic Relationship Satisfaction: Cluster- and Symptom-Level Analyses.
- Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change (National Academies Press)
- Current State of Research, Diagnosis, and Treatment for Post-traumatic Stress Disorder and Traumatic Brain Injury (hearing - U.S. Senate Armed Services Committee)
- Integrating Two Theoretical Models to Understand and Prevent Military and Veteran Suicide.
- Single-session emotion regulation skills training to reduce aggression in combat veterans: A clinical innovation case study.
- Rates and correlates of tobacco cessation service use nationally in the Veterans Health Administration.
- Links of Interest
- Resource of the Week -- Health Care for Veterans: Answers to Frequently Asked Questions (updated Congressional Research Service report)

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<http://annals.org/article.aspx?articleid=2519966>

**Psychological and Behavioral Interventions for Managing Insomnia Disorder: An Evidence Report for a Clinical Practice Guideline by the American College of Physicians.**

Michelle Brasure, PhD, MSPH, MLIS; Erika Fuchs, MPH, PhD; Roderick MacDonald, MS; Victoria A. Nelson, MSc; Erin Koffel, PhD; Carin M. Olson, MD, MS; Imran S. Khawaja, MD; Susan Diem, MD, MPH; Maureen Carlyle, MPH; Timothy J. Wilt, MD, MPH; Jeannine Ouellette; Mary Butler, PhD; and Robert L. Kane, MD

Annals of Internal Medicine  
Published online 3 May 2016  
doi:10.7326/M15-1782

**Background:**

Psychological and behavioral interventions are frequently used for insomnia disorder.

**Purpose:**

To assess benefits and harms of psychological and behavioral interventions for insomnia disorder in adults.

**Data Sources:**

Ovid MEDLINE, Embase, the Cochrane Central Register of Controlled Trials, and PsycINFO through September 2015, supplemented with hand searching.

**Study Selection:**

Randomized, controlled trials of psychological or behavioral interventions that were published in English and enrolled adults with insomnia disorder lasting 4 or more weeks.

**Data Extraction:**

Data extraction by single investigator confirmed by a second reviewer; dual investigator assessment of risk of bias; consensus determination of strength of evidence.

**Data Synthesis:**

Sixty trials with low to moderate risk of bias compared psychological and behavioral interventions with inactive controls or other psychological and behavioral interventions. Cognitive behavioral therapy for insomnia (CBT-I) improved posttreatment global and most sleep outcomes, often compared with information or waitlist controls (moderate-strength evidence). Use of CBT-I improved several sleep outcomes in older adults (low- to moderate-strength evidence). Multicomponent behavioral therapy improved several sleep outcomes in older adults (low- to moderate-strength evidence). Stimulus control improved 1 or 2 sleep

outcomes (low-strength evidence). Evidence for other comparisons and for harms was insufficient to permit conclusions.

#### Limitations:

A wide variety of comparisons limited the ability to pool data. Trials did not always report global outcomes and infrequently conducted remitter or responder analysis. Comparisons were often information or waitlist groups, and publication bias was possible.

#### Conclusion:

Use of CBT-I improves most outcomes compared with inactive controls. Multicomponent behavioral therapy and stimulus control may improve some sleep outcomes. Evidence on other outcomes, comparisons, and long-term efficacy were limited.

Primary Funding Source: Agency for Healthcare Research and Quality.

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<http://bmjopen.bmj.com/content/6/5/e010780.abstract>

### **Occupational outcomes following mild traumatic brain injury in Canadian military personnel deployed in support of the mission in Afghanistan: a retrospective cohort study.**

Bryan G Garber, Corneliu Rusu, Mark A Zamorski, David Boulos

BMJ Open 2016;6:e010780

doi:10.1136/bmjopen-2015-010780

#### Objective

Deployment-related mild traumatic brain injury (MTBI) occurs in a significant number of military personnel but its long-term impacts are unclear. This study explores the impact of deployment-related MTBI on continued fitness-for-duty, with the ultimate intent of identifying potential targets for intervention to attenuate its effects.

#### Participants

Consisted of 16 193 Canadian Armed Forces (CAF) personnel who deployed in support of the mission in Afghanistan and completed an enhanced postdeployment screening (EPDS) questionnaire over the period January 2009–July 2012.

#### Primary outcome

The primary outcome was development of permanent medical unfitness defined as a 'career-limiting medical condition' (CL-MC). The secondary outcome was the diagnostic categories recorded for each individual at the time a CL-MC was established.

#### Design

This study used a retrospective cohort design. Linked administrative and health data provided the primary outcome and the diagnoses responsible for it. Survival analysis was used to estimate the risk of a CL-MC and Cox regression provided adjusted HRs (aHRs) for the association between a CL-MC and MTBI, accounting for key covariates and confounders. Diagnostic categories associated with CL-MCs were identified.

## Results

Over a median follow-up period of 3.42 years, 6.57% of the study population developed a CL-MC. MTBI was independently associated with CL-MCs (aHR=1.65, 95% CI 1.35 to 2.03). Mental disorders and musculoskeletal conditions were the primary diagnoses associated with CL-MCs (identified as the primary diagnosis in 55.4% and 25.9%, respectively), and a neurological condition was only documented in 5.8% of those with MTBI who developed a CL-MC

## Conclusions

Deployment-related MTBI was associated with adverse occupational outcome but mental disorders and musculoskeletal conditions primarily drove subsequent medical unfitness. These findings support a diagnostic and treatment approach focusing on these comorbidities as the most promising strategy to minimise the burden of disability in MTBI-exposed military personnel.

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<http://link.springer.com/article/10.1007/s11065-016-9317-1>

## **Resilience and Other Possible Outcomes After Mild Traumatic Brain Injury: a Systematic Review.**

Karen A. Sullivan, Chloe B. Kempe, Shannon L. Edmed, George A. Bonanno

Neuropsychology Review

First online: 06 May 2016

DOI 10.1007/s11065-016-9317-1

The relation between resilience and mild traumatic brain injury (TBI) outcome has been theorized but empirical studies have been scarce. This systematic review aimed to describe the research in this area. Electronic databases (Medline, CINAHL, PsychINFO, SPORTdiscus, and PILOTS) were searched from inception to August 2015 for studies in which resilience was measured following TBI. The search terms included 'TBI' 'concussion' 'postconcussion' 'resilience' and 'hardiness'. Inclusion criteria were peer reviewed original research reports published in English, human participants aged 18 years and over with brain injury, and an accepted definition of mild TBI. Hand searching of identified articles was also undertaken. Of the 71 studies identified, five studies were accepted for review. These studies were formally assessed for risk of bias by two independent reviewers. Each study carried a risk of bias, most commonly a detection bias, but none were excluded on this basis. A narrative interpretation of

the findings was used because the studies reflected fundamental differences in the conceptualization of resilience. No studies employed a trajectory based approach to measure a resilient outcome. In most cases, the eligible studies assessed trait resilience with a scale and used it as a predictor of outcome (postconcussion symptoms). Three of these studies showed that greater trait resilience was associated with better mild TBI outcomes (fewer symptoms). Future research of the adult mild TBI response that predicts a resilient outcome is encouraged. These studies could yield empirical evidence for a resilient, and other possible mild TBI outcomes.

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<http://csr.sagepub.com/content/early/2016/04/28/1521025116646382.abstract>

### **Preventing Student Veteran Attrition: What More Can We Do?**

Mari Alschuler and Jessica Yarab

Journal of College Student Retention: Research, Theory & Practice

First published on April 29, 2016

doi:10.1177/1521025116646382

Student veterans face many challenges when transitioning to college. This two-phase study first examined their retention and persistence through the use of archival data at one Midwestern public university. Results indicated a 50% graduation rate, comparable to the national average and above that for nonveterans at the same university. The second, phenomenological study entailed interviewing degree-seeking student veterans about personal, administrative, or academic issues related to college success. Emerging themes included (a) transitioning to civilian life; (b) managing multiple identities; (c) attitudes about civilian peers, faculty, and staff; and (d) medical or psychiatric issues that may interfere with retention or persistence. Interviewees recommended the university might help student veterans succeed by offering a faculty and student orientation on military culture, increasing interdepartmental communication within student affairs' various offices, and expanding services provided by the campus veteran's resource center.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22323/abstract>

### **Changes in Mindfulness and Posttraumatic Stress Disorder Symptoms Among Veterans Enrolled in Mindfulness-Based Stress Reduction.**

Stephenson, K. R., Simpson, T. L., Martinez, M. E. and Kearney, D. J.

Journal of Clinical Psychology  
Article first published online: 6 MAY 2016  
DOI: 10.1002/jclp.22323

### Objectives

The current study assessed associations between changes in 5 facets of mindfulness (Acting With Awareness, Observing, Describing, Non-Reactivity, and Nonjudgment) and changes in 4 posttraumatic stress disorder (PTSD) symptom clusters (Re-Experiencing, Avoidance, Emotional Numbing, and Hyperarousal symptoms) among veterans participating in mindfulness-based stress reduction (MBSR).

### Method

Secondary analyses were performed with a combined data set consisting of 2 published and 2 unpublished trials of MBSR conducted at a large Veterans Affairs hospital. The combined sample included 113 veterans enrolled in MBSR who screened positive for PTSD and completed measures of mindfulness and PTSD symptoms before and after the 8-week intervention.

### Results

Increases in mindfulness were significantly associated with reduced PTSD symptoms. Increases in Acting With Awareness and Non-Reactivity were the facets of mindfulness most strongly and consistently associated with reduced PTSD symptoms. Increases in mindfulness were most strongly related to decreases in Hyperarousal and Emotional Numbing.

### Conclusions

These results extend previous research, provide preliminary support for changes in mindfulness as a viable mechanism of treatment, and have a number of potential practical and theoretical implications.

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[http://www.psy-journal.com/article/S0165-1781\(15\)30379-6/abstract](http://www.psy-journal.com/article/S0165-1781(15)30379-6/abstract)

### **Borderline personality features in depressed or anxious patients.**

Marijn A. Distel, Johannes H. Smit, Philip Spinhoven, Brenda W.J.H. Penninx

Psychiatry Research

DOI: <http://dx.doi.org/10.1016/j.psychres.2016.05.007>

Anxiety and depression frequently co-occur with borderline personality disorder. Relatively little research examined the presence of borderline personality features and its main domains (affective instability, identity problems, negative relationships and self-harm) in individuals with remitted and current anxiety and depression. Participants with current (n =597) or remitted (n

=1115) anxiety and/or depression and healthy controls (n=431) were selected from the Netherlands Study of Depression and Anxiety. Assessments included the Personality Assessment Inventory - Borderline Features Scale and several clinical characteristics of anxiety and depression.

Borderline personality features were more common in depression than in anxiety. Current comorbid anxiety and depression was associated with most borderline personality features. Anxiety and depression status explained 29.7% of the variance in borderline personality features and 3.8% (self-harm) to 31% (identity problems) of the variance in the four domains. A large part of the variance was shared between anxiety and depression but both disorders also explained a significant amount of unique variance. The severity of anxiety and depression and the level of daily dysfunctioning was positively associated with borderline personality features. Individuals with a longer duration of anxiety and depression showed more affective instability and identity problems. These findings suggest that patients with anxiety and depression may benefit from an assessment of personality pathology as it may have implications for psychological and pharmacological treatment.

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<http://www.tandfonline.com/doi/abs/10.1080/23279095.2015.1107563>

### **Psychological Characteristics in Acute Mild Traumatic Brain Injury: An MMPI-2 Study.**

Carlton S. Gass , David Rogers , Erica Kinne

Applied Neuropsychology: Adult

Published online: 04 May 2016

DOI:10.1080/23279095.2015.1107563

The psychological characteristics of acute traumatic brain injury (TBI) have received limited research focus, despite empirical evidence of their relevance for subsequent psychological adjustment and early therapeutic intervention. This study addressed a wide range of psychological features in 47 individuals who were hospitalized as a result of acute mild TBI (mTBI). Participants were screened from amongst consecutive TBI admissions for moderate to severe brain injury, and for pre-injury neurological, psychiatric, or substance abuse histories. Clinical and content scale scores on the MMPI-2 were explored in relation to patient gender, age, level of education, and extent of cognitive complaints. The results revealed diverse psychosocial problem areas across the sample, the most common of which were somatic and cognitive complaints, compromised insight, and a naively optimistic self-perception. The mediating roles of injury severity and demographic variables are discussed. Clinical implications and specific recommendations are presented.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22100/abstract>

## **PTSD and Romantic Relationship Satisfaction: Cluster- and Symptom-Level Analyses.**

LeBlanc, N. J., Dixon, L., Robinaugh, D. J., Valentine, S. E., Bosley, H. G., Gerber, M. W. and Marques, L.

Journal of Traumatic Stress

Article first published online: 9 MAY 2016

DOI: 10.1002/jts.22100

Previous studies have demonstrated bidirectional associations between posttraumatic stress disorder (PTSD) and romantic relationship dissatisfaction. Most of these studies were focused at the level of the disorder, examining the association between relationship dissatisfaction and having a diagnosis of PTSD or the total of PTSD symptoms endorsed. This disorder-level approach is problematic for trauma theorists who posit symptom-level mechanisms for these effects. In the present study, we examined the prospective, bidirectional associations between PTSD symptom clusters (e.g., reexperiencing) and relationship satisfaction using the data from 101 previously studied individuals who had had a recent motor vehicle accident. We also conducted exploratory analyses examining the prospective, bidirectional associations between individual PTSD symptoms and relationship satisfaction. Participants had completed the PTSD Checklist-Civilian Version and the Relationship Assessment Scale at 4, 10, and 16 weeks after the MVA. We performed time-lagged mixed-effects regressions to examine the effect of lagged relationship satisfaction on PTSD clusters and symptoms, and vice versa. No cluster effects were significant after controlling for a false discovery rate. Relationship satisfaction predicted prospective decreases in reliving the trauma ( $d = 0.42$ ), emotional numbness ( $d = 0.46$ ), and irritability ( $d = 0.49$ ). These findings were consistent with the position that relationship satisfaction affects PTSD through symptom-level mechanisms.

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<http://www.nap.edu/catalog/23442/ending-discrimination-against-people-with-mental-and-substance-use-disorders>

## **Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change**

Committee on the Science of Changing Behavioral Health Social Norms; Board on Behavioral, Cognitive, and Sensory Sciences; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine

2016

DOI: 10.17226/23442

Estimates indicate that as many as 1 in 4 Americans will experience a mental health problem or will misuse alcohol or drugs in their lifetimes. These disorders are among the most highly stigmatized health conditions in the United States, and they remain barriers to full participation in society in areas as basic as education, housing, and employment. Improving the lives of people with mental health and substance abuse disorders has been a priority in the United States for more than 50 years. The Community Mental Health Act of 1963 is considered a major turning point in America's efforts to improve behavioral healthcare. It ushered in an era of optimism and hope and laid the groundwork for the consumer movement and new models of recovery. The consumer movement gave voice to people with mental and substance use disorders and brought their perspectives and experience into national discussions about mental health.

However over the same 50-year period, positive change in American public attitudes and beliefs about mental and substance use disorders has lagged behind these advances. Stigma is a complex social phenomenon based on a relationship between an attribute and a stereotype that assigns undesirable labels, qualities, and behaviors to a person with that attribute. Labeled individuals are then socially devalued, which leads to inequality and discrimination. This report contributes to national efforts to understand and change attitudes, beliefs and behaviors that can lead to stigma and discrimination. Changing stigma in a lasting way will require coordinated efforts, which are based on the best possible evidence, supported at the national level with multiyear funding, and planned and implemented by an effective coalition of representative stakeholders.

Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change explores stigma and discrimination faced by individuals with mental or substance use disorders and recommends effective strategies for reducing stigma and encouraging people to seek treatment and other supportive services. It offers a set of conclusions and recommendations about successful stigma change strategies and the research needed to inform and evaluate these efforts in the United States.

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<http://www.armed-services.senate.gov/hearings/16-04-20-current-state-of-research-diagnosis-and-treatment-for-post-traumatic-stress-disorder-and-traumatic-brain-injury>

### **Current State of Research, Diagnosis, and Treatment for Post-traumatic Stress Disorder and Traumatic Brain Injury**

U.S. Senate Committee on Armed Services, Subcommittee on Personnel  
Wednesday, April 20, 2016

Witnesses:

- Captain Walter M. Greenhalgh, MC, USN

Director For The National Intrepid Center Of Excellence Directorate, Walter Reed National Military Medical Center

- Captain Michael J. Colston, MC, USN

Director, Defense Centers Of Excellence For Psychological Health And Traumatic Brain Injury

- Dr. Amy E. Street

Deputy Director, Women's Health Sciences Division, National Center For Posttraumatic Stress Disorder

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<http://afs.sagepub.com/content/early/2016/05/04/0095327X16646645.abstract>

### **Integrating Two Theoretical Models to Understand and Prevent Military and Veteran Suicide.**

Andrea L. Wolfe-Clark, Craig J. Bryan

Armed Forces & Society

May 6, 2016

doi: 10.1177/0095327X16646645

Despite increasing prevention efforts, military suicide rates have surpassed those of the general population. This trend may reflect a deficit in our understanding of suicide, historically atheoretical and based on decreasing risk factors of suicide. The interpersonal–psychological theory of suicide (IPTs) provides a theoretical foundation to understand suicide but only assesses three risk factors of suicide and is primarily aimed at explaining who may die by suicide, but not when. The fluid vulnerability theory (FVT) provides a broad theoretical framework to understand and organize risk and protective factors of suicide in order to understand the process of suicide risk over time. Overlaying the IPTs's constructs of thwarted belongingness, perceived burdensomeness, and the acquired capability for suicide within the FVT framework provides a robust model to understand not only who is at risk for suicide but also when suicide risk is likely to emerge.

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<http://psycnet.apa.org/journals/ser/13/2/170/>

### **Single-session emotion regulation skills training to reduce aggression in combat veterans: A clinical innovation case study.**

Miles, Shannon R.; Thompson, Karin E.; Stanley, Melinda A.; Kent, Thomas A.

Psychological Services  
Vol 13(2), May 2016, 170-177  
<http://dx.doi.org/10.1037/ser0000071>

Posttraumatic stress disorder (PTSD) is common among returning veterans, and aggression frequently co-occurs with PTSD. Veterans with PTSD most commonly engage in impulsive aggression, or aggression that is emotionally charged, unplanned, and uncontrolled, rather than premeditated aggression, which is planned and controlled. Previous research demonstrated a variety of emotions can result in aggression, rather than the traditional conceptualization that only anger leads to aggression. In a veteran sample, deficiencies in the ability to regulate emotions (emotion dysregulation) mediated the relationship between PTSD and impulsive aggression. These results suggest that teaching veterans with PTSD and impulsive aggression how to regulate emotions may decrease aggression. The cases presented illustrate the use of an innovative, single-session emotion regulation treatment for combat veterans with PTSD. Two cases are presented to generate hypotheses on who might benefit from this treatment in the future. The two male veterans treated with this protocol differed in how frequently they used the emotion regulation skills after the treatment and in their treatment outcomes. Teaching veterans how to regulate their emotions in a condensed time frame may be beneficial for certain veterans, and further research on this brief treatment is warranted. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/journals/ser/13/2/183/>

### **Rates and correlates of tobacco cessation service use nationally in the Veterans Health Administration.**

Kelly, Megan M.; Sido, Hannah; Rosenheck, Robert

Psychological Services  
Vol 13(2), May 2016, 183-192  
<http://dx.doi.org/10.1037/ser0000076>

Tobacco use is a substantial problem for veterans using Veterans Health Administration (VHA) services, but relatively little is known about the association of specific patient characteristics, patterns of service use, the amount of such services, and the frequency of their use. Analysis of national VHA administrative data (N = 5,531,379) from fiscal year 2012 (FY2012) were used to identify use of tobacco cessation counseling services among veterans with a diagnosed tobacco use disorder, and to examine correlates of such use. Only 3.8% of veterans diagnosed with a tobacco use disorder used VHA tobacco cessation services, and only 0.9% met U.S. Public Health Service clinical practice guidelines for the recommended amount of counseling (i.e., 4 or more sessions). Veterans who used intensive tobacco cessation counseling services were more likely to be homeless, had comorbid mental health and substance use disorders, and used more

VHA services overall than veterans who did not use tobacco cessation services. An analysis of the supply of tobacco cessation services (counseling visits provided per 100 veteran users of any services at each facility) showed that increasing the supply by just 1 visit for every 100 veterans would increase the percentage of veterans involved in tobacco cessation counseling by 35%. Veterans diagnosed with tobacco use disorder substantially underuse VHA tobacco cessation counseling services, and use is greatest at facilities that provide more tobacco cessation counseling services. Future efforts should focus on increasing the amount of VHA tobacco cessation services and encouraging veterans' awareness of and motivation to use these services. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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### **Links of Interest**

Mindfulness Therapy May Help Ease Recurrent Depression

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_158537.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_158537.html)

Sexual Trauma in Military May Lead to Homelessness: Study

[https://www.nlm.nih.gov/medlineplus/news/fullstory\\_158418.html](https://www.nlm.nih.gov/medlineplus/news/fullstory_158418.html)

Genetic variants may put some soldiers at higher risk of PTSD

<https://www.sciencedaily.com/releases/2016/05/160511133206.htm>

Come to think of it or not: Study shows how memories can be intentionally forgotten

<https://www.sciencedaily.com/releases/2016/05/160505140919.htm>

New study shows electronic health records often capture incomplete mental health data

<https://www.sciencedaily.com/releases/2016/04/160421171347.htm>

Analyzing the psyche of risky drivers; Study of repeat drunk drivers, speeding offenders finds distinct behavioral profiles

<https://www.sciencedaily.com/releases/2016/04/160428132614.htm>

PTSD linked to low levels of fat hormone

<https://www.sciencedaily.com/releases/2016/05/160511162337.htm>

Many patients abusing drugs, alcohol are self-medicating chronic pain

<https://www.sciencedaily.com/releases/2016/05/160509105651.htm>

Having good mental health is essential to readiness

<http://www.health.mil/News/Articles/2016/05/12/Having-good-mental-health-is-essential-to-readiness>

Prince Harry, Former President Bush Stress Importance of Healing Invisible Wounds  
<http://www.defense.gov/News-Article-View/Article/755836/prince-harry-former-president-bush-stress-importance-of-healing-invisible-wounds>

Pentagon perpetuates stigma of mental health counseling, study says  
<http://www.usatoday.com/story/news/nation/2016/05/05/study-slams-pentagon-failing-end-stigma-mental-health-counseling/83922456/>

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**Resource of the Week:** [Health Care for Veterans: Answers to Frequently Asked Questions](#) (updated Congressional Research Service report)

This is the latest iteration of a regularly updated Congressional Research Service (CRS) report. Keep in mind that CRS reports are not made available directly to the public. This one comes via the Federation of American Scientists [Project on Government Secrecy](#).

This report provides responses to frequently asked questions about health care provided to veterans through the VHA. It is intended to serve as a quick reference to provide easy access to information. Where applicable, it provides the legislative background pertaining to the question.



## **Health Care for Veterans: Answers to Frequently Asked Questions**

**Sidath Viranga Panangala**  
Specialist in Veterans Policy

April 21, 2016

Congressional Research Service

7-5700  
www.crs.gov  
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CRS REPORT  
Prepared for Members and  
Committees of Congress

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