

# CDP



## Research Update -- August 9, 2018

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478561>

### **Sleep deprivation and hallucinations. A qualitative study of military personnel.**

Ståle Pallesen, Olav K. Olsen, Elisabeth M. Eide, Benedicte Nortvedt, Janne Grønli, Frank Larøi, Morten Nordmo & Fride E. Glomlien

Military Psychology

Published online: 02 Aug 2018

<https://doi.org/10.1080/08995605.2018.1478561>

Much anecdotal evidence suggests that sleep deprivation not only impairs performance, but also brings about other extraordinary effects like hallucinations. However, knowledge about how sleep deprivation may trigger hallucinations is limited. To qualitatively describe hallucinatory experiences during sleep deprivation 12 male military officers from the Norwegian Armed Forces who all had experienced at least one sleep loss-induced hallucinatory experience were recruited. Data were collected and analyzed by semi-structured interviews and thematic analysis. This resulted in the identification of three distinct main themes: (1) Modalities, (2) circumstances/triggers and (3) reactions to hallucinations. Hallucinations were experienced in several modalities (visual, auditory and multi-modality), although visual hallucinations seemed to dominate. Typical reported circumstances/triggers were sleep loss, physical exhaustion, time-of-day, low calorie intake, mental exhaustion and lack of external

stimuli (low sensory and social input, boring situations, and monotonous activity). Negative emotions were dominant during the hallucinatory episodes. Often some reasoning and checking on behalf of the officers were necessary to differentiate between real percepts and hallucinations. In some cases the hallucinations caused erroneous actions. Retrospectively, most officers viewed their hallucinatory experiences in light of positive emotions and several emphasized having learned something from them. The results are discussed in relation to the existing literature and suggestions for future studies are outlined.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478562>

### **Subtypes of severe psychological distress among US Air Force remote warriors: A latent class analysis.**

Craig J. Bryan, Tanya Goodman, Wayne Chappelle, Lillian Prince & William Thompson

Military Psychology

Published online: 02 Aug 2018

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US Air Force remote warrior personnel include a range of military personnel composed of remotely piloted aircraft aircrew, intelligence operators, and cyber warfare operators. Job duties in these professions entail long work hours, rotating shifts, and regular engagement in combat operations. Although research has identified a number of factors correlated with elevated burnout and emotional distress in this population, little is known about the unique needs of discrete subgroups of distressed personnel. In a sample of 7,550 US Air Force remote warriors, results of latent class analysis yielded four distinct classes. Three of the four reported moderately elevated burnout and job dissatisfaction but differed with respect to demographics and development career stage. The fourth group reported significantly higher levels of emotional distress, burnout, job dissatisfaction, and problems in living. This latter group was comparable to the mid-career group with respect to demographics, although this group had much lower levels of responsibility and indicators of career advancement. Results suggest that, among remote warrior personnel, there are several subtypes of elevated emotional distress. Prevention and intervention strategies that are matched to each subtype may yield better occupational and mental health outcomes than universal, “one size fits all” strategies.

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<https://www.tandfonline.com/doi/full/10.1080/08995605.2018.1478560>

## **Tailoring and testing an event history calendar of lifetime sexual partnerships for military veterans.**

Anne C. Black, Thomas J. McMahon, Mary-Lynn Brecht & Marc I. Rosen

Military Psychology

Published online: 03 Aug 2018

<https://doi.org/10.1080/08995605.2018.1478560>

Researchers have explored broadly the effects of military service and service-related experiences on sexual and intimate relationships among veterans. However, descriptions of patterns of relationship functioning over time are lacking. Such information could advance an understanding of the course of relationships pre-, during, and postdeployment and be used to predict relationship outcomes and tailor clinical supports. In this study, we describe an adaptation of a life history calendar to collect detailed sexual relationship and life event histories from military veterans. With a sample of 112 post-9/11-era veterans, in the context of a broader assessment battery, lifetime sexual relationship histories were collected by the calendar and concurrently by a standard questionnaire. Assessment order was balanced, and the order effect on individual outcomes, and on agreement between assessments, was examined. Measures collected by the calendar were evaluated for retest reliability, agreement with the standard questionnaire, and construct validity. Results revealed highly variable partnering histories, and a more-than-typical number of lifetime partners reported by veterans. Psychometric indices provided support for use of the calendar: self-reports were reliable over a 6-week retest period and correlations with theoretically related variables were stronger for variables measured by the calendar data than the same variables measured by standard questionnaire. Large discrepancies in self-reports between assessment methods among veterans with more complex sexual histories highlighted the need for structured memory supports as provided by the calendar. Other advantages of calendar-derived histories over those assessed by standard questionnaire are discussed.

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<https://www.frontiersin.org/articles/10.3389/fpsyg.2018.01458/abstract>

**Effective treatment of veterans with PTSD: Comparison between intensive daily and weekly EMDR approaches.**

E C. Hurley

Frontiers in Psychology

Accepted: 24 Jul 2018

doi: 10.3389/fpsyg.2018.01458

The effectiveness of EMDR therapy in treating veterans diagnosed with PTSD was evaluated in this study using two treatment formats: intensive daily EMDR treatment provided twice a day during a 10-day period and a second format of one session each week. The study used archived outcome data previously collected and stored at Soldier Center. Both formats provided 18-20 treatment sessions of EMDR therapy to veterans diagnosed with PTSD that included dissociative exhibitions and moral injury issues. Questions addressed included: (1) does EMDR therapy administered twice daily ameliorate veterans' PTSD symptoms; (2) does EMDR therapy administered twice daily provide equivalent outcome results as EMDR therapy administered weekly for 18-20 sessions -; and (3) does the treatment outcome persist. The effectiveness of the weekly treatment group was also evaluated. Both groups' results were assessed at pre-treatment, post-treatment and one-year follow-up. The results indicated that both weekly treatment and intensive daily treatment groups produced statistically significant treatment effects ( $p < .001$ ) that were maintained at one-year follow-up. The 10-day EMDR intensive daily treatment (EMDR therapy twice a day for 10 days) produced a similar outcome as to that of the weekly treatment with a one-year follow-up. Results support the effectiveness of EMDR therapy when offered in both weekly treatment format as well as the intensive 10-day format on an outpatient basis. While recognizing the limitations of this study the results are significant to warrant additional research.

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<https://link.springer.com/article/10.1007/s12144-018-9940-5>

**Public stigma for men and women veterans with combat-related posttraumatic stress disorder.**

Heather Caldwell, Sean A. Lauderdale

Current Psychology

First Online: 27 July 2018

DOI <https://doi.org/10.1007/s12144-018-9940-5>

No investigations have fully evaluated the range of public stigma for United States' military veterans with combat-related Post Traumatic Stress Disorder (PTSD). Previous investigations have also focused exclusively on men and have not included women veterans, who have been increasingly exposed to combat in recent military operations, are at higher risk for developing PTSD compared to men, and who represent the fastest growing segment of the population joining the military. In this investigation, undergraduate participants (N = 262; 44% women; mean age 20 years) completed measures of veteran familiarity and PTSD symptoms, were randomly assigned to watch a video of either a veteran man or woman describing their combat experiences and PTSD symptoms and completed a public stigma questionnaire. Men participants ascribed more responsibility for combat-related PTSD to veterans than women, and the woman veteran was ascribed more responsibility for her PTSD than the man veteran by both women and men participants. The man veteran was appraised as more dangerous and fear provoking than the woman veteran. There was a trend suggesting the man veteran elicited more anger than the woman veteran. Participants reported wanting to segregate and coerce the man veteran into treatment more than the woman veteran. Veteran familiarity was associated with decreased perception of danger, anger and fear, while experiencing PTSD was associated with increased perception of danger, anger, and fear. These findings provide a preliminary assessment of public stigma for veterans with combat-related PTSD and are the first to incorporate women veterans with combat-related PTSD.

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<https://link.springer.com/article/10.1007/s10943-018-0680-5>

### **Spiritual Interventions in Veterans with PTSD: A Systematic Review.**

Zachary P. W. Smothers, Harold G. Koenig

Journal of Religion and Health

First Online: 28 July 2018

DOI <https://doi.org/10.1007/s10943-018-0680-5>

This article reports the results of a systematic review on the effectiveness of religious/spiritually (R/S)-based interventions in veterans with post-traumatic stress disorder (PTSD). A total of 385 unique records were identified with eight meeting the inclusion criteria. Seven studies reported significant improvement in reported outcome measures demonstrating the effectiveness of R/S-based interventions in PTSD, with the eighth study reporting positive improvements. We conclude that the few existing published studies report significant benefits to veterans on several outcomes. R/S interventions for veterans with PTSD need to be further developed and tested to determine their efficacy and safety.

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<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usy181/5062296>

## **Combat Readiness, Harm Aversion, and Promotion Eligibility: A Qualitative Study of U.S. Servicemembers Views on Tobacco Use and Control in the Military.**

Raj C Singaraju, Janet N Myers, Jill T Owczarzak, Andrea C Gielen

Military Medicine

Published: 31 July 2018

<https://doi.org/10.1093/milmed/usy181>

### Introduction

More than half a century after the first Surgeon General's Report on Smoking and Tobacco Use, tobacco use remains the leading cause of preventable disease for the U.S. military. Military tobacco use impairs troop readiness, decreases productivity, reduces servicemember physical performance, and leads to chronic illness in veterans. The Department of Defense (DoD) spends considerable effort to maintain a combat ready force, and tobacco use is contradictory to these efforts. U.S. servicemember tobacco use is estimated to cost the federal government more than \$6.5 billion annually. The uniqueness of military culture allows for innovative means of tobacco regulation and prevention. Our study examines the U.S. Navy cultural and servicemember perceptions to inform future tobacco control research and policies.

### Materials and Methods

We developed a behavioral model of tobacco use from existing literature. Using this model as a theoretical framework, our study qualitatively examined tobacco use in the active duty Navy population stationed in Okinawa, Japan. Thirty one-on-one interviews

were conducted with active duty servicemembers. Sessions were recorded, transcribed, and analyzed in MAXQDA12.

## Results

Multiple military-specific themes were identified. Themes: (1) tobacco use is a “right,” (2) the military may limit active duty servicemembers’ rights, (3) tobacco restrictions are justified if they prevent harm to others, (4) tobacco restrictions are not widely enforced, (5) smoke breaks are viewed as a legitimate reason to rest at work, and (6) the benefit of tobacco is as a stimulant. Novel tobacco cessation techniques suggested by our study include: (1) expand the buddy system to create an artificial support network for tobacco cessation and (2) tie promotion eligibility to tobacco use.

## Conclusions

This qualitative study identifies military-specific themes from the tobacco user perspective that help to guide research and policy in reducing tobacco use among military servicemembers. Possible interventions suggested by our findings may include replacing tobacco breaks with fitness breaks to relieve workplace stress and support the culture of fitness, expanding the use of pharmacologic stimulants to replace tobacco when used to maintain alertness, and gathering social support for tobacco cessation from non-healthcare unit members. Further study is needed to elucidate the effectiveness of proposed interventions suggested by our findings, with the ultimate aim of policy changes within the military to optimize health and military readiness, while decreasing long-term health effects and costs of tobacco use.

Published by Oxford University Press on behalf of the Association of Military Surgeons of the United States 2018.

This work is written by (a) US Government employee(s) and is in the public domain in the US.

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<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3346-9>

## **Veteran-centered barriers to VA mental healthcare services use.**

Ann M. Cheney, Christopher J. Koenig, Christopher J. Miller, Kara Zamora, Patricia Wright, Regina Stanley, John Fortney, James F. Burgess, and Jeffrey M. Pyne



## Background

Some veterans face multiple barriers to VA mental healthcare service use. However, there is limited understanding of how veterans' experiences and meaning systems shape their perceptions of barriers to VA mental health service use. In 2015, a participatory, mixed-methods project was initiated to elicit veteran-centered barriers to using mental healthcare services among a diverse sample of US rural and urban veterans. We sought to identify veteran-centric barriers to mental healthcare to increase initial engagement and continuation with VA mental healthcare services.

## Methods

Cultural Domain Analysis, incorporated in a mixed methods approach, generated a cognitive map of veterans' barriers to care. The method involved: 1) free lists of barriers categorized through participant pile sorting; 2) multi-dimensional scaling and cluster analysis for item clusters in spatial dimensions; and 3) participant review, explanation, and interpretation for dimensions of the cultural domain. Item relations were synthesized within and across domain dimensions to contextualize mental health help-seeking behavior.

## Results

Participants determined five dimensions of barriers to VA mental healthcare services: concern about what others think; financial, personal, and physical obstacles; confidence in the VA healthcare system; navigating VA benefits and healthcare services; and privacy, security, and abuse of services.

## Conclusions

These findings demonstrate the value of participatory methods in eliciting meaningful cultural insight into barriers of mental health utilization informed by military veteran culture. They also reinforce the importance of collaborations between the VA and Department of Defense to address the role of military institutional norms and stigmatizing attitudes in veterans' mental health-seeking behaviors.

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<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1816-6>

## **Evaluating patterns and predictors of symptom change during a three-week intensive outpatient treatment for veterans with PTSD.**

Alyson K. Zalta, Philip Held, Dale L. Smith, Brian J. Klassen, Ashton M. Lofgreen, Patricia S. Normand, Michael B. Brennan, Thad S. Rydberg, Randy A. Boley, Mark H. Pollack and Niranjan S. Karnik

BMC Psychiatry

201818:242

<https://doi.org/10.1186/s12888-018-1816-6>

### Background

Intensive delivery of evidence-based treatment for posttraumatic stress disorder (PTSD) is becoming increasingly popular for overcoming barriers to treatment for veterans. Understanding how and for whom these intensive treatments work is critical for optimizing their dissemination. The goals of the current study were to evaluate patterns of PTSD and depression symptom change over the course of a 3-week cohort-based intensive outpatient program (IOP) for veterans with PTSD, examine changes in posttraumatic cognitions as a predictor of treatment response, and determine whether patterns of treatment outcome or predictors of treatment outcome differed by sex and cohort type (combat versus military sexual trauma [MST]).

### Method

One-hundred ninety-one veterans (19 cohorts: 12 combat-PTSD cohorts, 7 MST-PTSD cohorts) completed a 3-week intensive outpatient program for PTSD comprised of daily group and individual Cognitive Processing Therapy (CPT), mindfulness, yoga, and psychoeducation. Measures of PTSD symptoms, depression symptoms, and posttraumatic cognitions were collected before the intervention, after the intervention, and approximately every other day during the intervention.

### Results

Pre-post analyses for completers (N = 176; 92.1% of sample) revealed large reductions in PTSD (d = 1.12 for past month symptoms and d = 1.40 for past week symptoms) and depression symptoms (d = 1.04 for past 2 weeks). Combat cohorts saw a greater reduction in PTSD symptoms over time relative to MST cohorts. Reduction in posttraumatic cognitions over time significantly predicted decreases in PTSD and depression symptom scores, which remained robust to adjustment for autocorrelation.

## Conclusion

Intensive treatment programs are a promising approach for delivering evidence-based interventions to produce rapid treatment response and high rates of retention.

Reductions in posttraumatic cognitions appear to be an important predictor of response to intensive treatment. Further research is needed to explore differences in intensive treatment response for veterans with combat exposure versus MST.

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<https://link.springer.com/article/10.1007%2Fs41105-018-0178-2>

## **The association between shift work-related sleep complaints and shift work intolerance.**

Lee, H.J., Son, K.L., Bang, Y.R. et al.

Sleep and Biological Rhythms

First Online: 20 July 2018

<https://doi.org/10.1007/s41105-018-0178-2>

Previous studies have revealed the negative consequences of shift work in some individuals, with others better tolerating shift work. The present study investigated clinical implications of shift work-related sleep complaints as a manifestation of shift-work intolerance. Responses were obtained from 923 shift workers and 850 non-shift workers at Seoul National University Bundang Hospital in Seongnam, Korea. The self-reported questionnaires were administered to assess demographic and clinical factors of the participants. Shift work-related sleep complaints were defined as complaints of insomnia or excessive sleepiness related to shift work schedule. Shift workers with sleep complaints suffered from more severe fatigue, depression, anxiety and impaired quality of life compared with both non-shift workers and shift workers without sleep complaints (all  $p < 0.05$ ). However, we found no substantial difference in clinical symptoms between non-shift workers and shift workers without sleep complaints. The associated factors of shift work-related sleep complaints were frequent night shifts (OR = 1.09, 95% CI = 1.02–1.15), evening chronotype (OR = 0.97, 95% CI = 0.95–0.99) and resilience (OR = 0.98, 95% CI = 0.97–0.99). Shift workers with sleep complaints can suffer from more severe adverse effects of shift work compared to non-shift workers and shift workers without sleep problems. This study suggests that shift-work-related sleep complaints might be a manifestation of shift work intolerance. Therefore, physicians

need to recognize and modify the associated factors with sleep complaints alleviating shift work-related health burden.

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<https://www.ncbi.nlm.nih.gov/pubmed/29698459>

PLoS One. 2018 Apr 26;13(4):e0196562. doi: 10.1371/journal.pone.0196562

### **The psychometric properties of the 10-item Kessler Psychological Distress Scale (K10) in Canadian military personnel.**

Sampasa-Kanyinga H Zamorski MA Colman I

The psychometric properties of the ten-item Kessler Psychological Distress scale (K10) have been extensively explored in civilian populations. However, documentation of its psychometric properties in military populations is limited, and there is no universally accepted cut-off score on the K10 to distinguish clinical vs. sub-clinical levels of distress. The objective of this study was to examine the psychometric properties of the K10 in Canadian Armed Forces personnel. Data on 6700 Regular Forces personnel were obtained from the 2013 Canadian Forces Mental Health Survey. The internal consistency and factor structure of the K10 (range, 0-40) were examined using confirmatory factor analysis (CFA). Receiver Operating Characteristic (ROC) analysis was used to select optimal cut-offs for the K10, using the presence/absence of any of four past-month disorders as the outcome (posttraumatic stress disorder, major depressive episode, generalized anxiety disorder, and panic disorder). Cronbach's alpha (0.88) indicated a high level of internal consistency of the K10. Results from CFA indicated that a single-factor 10-item construct had an acceptable overall fit: root mean square error of approximation (RMSEA) = 0.05; 90% confidence interval (CI):0.05-0.06, comparative fit index (CFI) = 0.99, Tucker-Lewis Index (TLI) = 0.99, weighted root mean square residual (WRMR) = 2.06. K10 scores were strongly associated with both the presence and recency of all four measured disorders. The area under the ROC curve was 0.92, demonstrating excellent predictive value for past-30-day disorders. A K10 score of 10 or greater was optimal for screening purposes (sensitivity = 86%; specificity = 83%), while a score of 17 or greater (sensitivity = 53%; specificity = 97%) was optimal for prevalence estimation of clinically significant psychological distress, in that it resulted in equal numbers of false positives and false negatives. Our results suggest that K10 scale has satisfactory psychometric properties for use as a measure of non-specific psychological distress in the military population.

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<https://journalofethics.ama-assn.org/article/specialized-palliative-and-hospice-care-and-importance-mourning-our-nations-veterans/2018>

### **Specialized Palliative and Hospice Care and the Importance of Mourning Our Nation's Veterans.**

Tracy Shamas, MSN, APRN and Sarah Gillespie-Heyman, MSN, APRN

AMA Journal of Ethics  
2018; 20(8):E 787-792.  
DOI 10.1001/amajethics.2018.787

One aspect of palliative medicine that has been underexplored is the perspective of veterans either facing critical life-limiting illness or at the end of life. The needs of veterans differ not only because military culture affects how veterans cope with their illness but also because exposure-related factors (combat and environmental) differ between military branches. In this paper, we describe two cases involving end-of-life care for veterans with combat trauma and describe individualized approaches to their care.

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<https://www.ncbi.nlm.nih.gov/pubmed/30067522>

J Dev Behav Pediatr. 2018 Jul 31. doi: 10.1097/DBP.0000000000000606. [Epub ahead of print]

### **Mental Health of Children of Deployed and Nondeployed US Military Service Members: The Millennium Cohort Family Study.**

Fairbank JA, Briggs EC, Lee RC, Corry NH, Pflieger JC, Gerrity ET, Amaya-Jackson LM, Stander VA, Murphy RA

#### **OBJECTIVE:**

Families experience multiple stressors as a result of military service. The purpose of this study was to investigate the associations among service member deployment experiences, family and military factors, and children's mental health using baseline

data from the Millennium Cohort Family Study, a study designed to evaluate the health and mental health effects of military service on families, including children.

#### METHOD:

This study examined administrative data on deployment status (combat, noncombat, and no deployments), as well as service member- and spouse-reported data on deployment experiences and family functioning in relation to the mental health of children in the family who were aged 9 to 17 years.

#### RESULTS:

Most children were not reported to have mental health, emotional, or behavioral difficulties regardless of parental deployment status. For an important minority of children, however, parental deployments with combat, compared with those with no deployment, were associated with a parental report of attention-deficit disorder/attention-deficit hyperactivity disorder and depression as diagnosed by a clinical provider, after accounting for demographics, psychosocial context, and military factors. Children's odds of a parental report of depression were significantly higher in both the combat and the noncombat deployment groups than in the no deployment group.

#### CONCLUSION:

These findings extend our understanding of the association between parental deployments and children's mental health, with implications for services and training mental health providers serving military families.

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<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22305>

### **Telemental Health Delivery of Skills Training in Affective and Interpersonal Regulation (STAIR) for Rural Women Veterans Who Have Experienced Military Sexual Trauma.**

Brandon J. Weiss Kathryn Azevedo Katie Webb Julia Gimeno Marylene Cloitre

Journal of Traumatic Stress

First published: 02 August 2018

<https://doi.org/10.1002/jts.22305>

This pilot study assessed the feasibility, acceptability, and initial efficacy of a skills-focused treatment delivered via video teleconferencing (VTC) to women veterans living in rural areas who had experienced military sexual trauma (MST). The Skills Training in Affective and Interpersonal Regulation (STAIR) program focuses on teaching emotion management and interpersonal skills in 8 to 10 sessions. The STAIR program may be a good fit for individuals in rural areas for whom social isolation and low social support are particularly problematic. Clinic-to-clinic VTC was used to connect a STAIR therapist with veterans for weekly individual therapy sessions. The participants ( $n = 10$ ) reported high satisfaction with the intervention and would recommend the program to others. There were significant pretreatment to posttreatment improvements in social functioning, Hedge's  $g = 1.41$ , as well as in posttraumatic stress disorder symptoms, Hedge's  $g = 2.35$ ; depression, Hedge's  $g = 1.81$ ; and emotion regulation, Hedge's  $g = 2.32$ . This is the first report of the successful application of a skills-focused treatment via VTC for women veterans.

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<https://www.sciencedirect.com/science/article/pii/S1077722918300658>

### **An Intensive Outpatient Program for Veterans With Posttraumatic Stress Disorder and Traumatic Brain Injury.**

Margaret M. Harvey, Timothy J. Petersen, Julia C. Sager, Nita J. Makhija-Graham, ...  
Naomi M. Simon

Cognitive and Behavioral Practice

Available online 3 August 2018

<https://doi.org/10.1016/j.cbpra.2018.07.003>

#### Highlights

- The development of an innovative two-week intensive day program is described.
- High completion rates and reductions in military service-related mental health symptoms were observed.
- Brief intensive, multidisciplinary PTSD and TBI treatment is a promising approach.

#### Abstract

Post-9/11 service members may return from military service with a complicated set of symptoms and conditions, such as posttraumatic stress disorder (PTSD), depression, substance misuse, and traumatic brain injury (TBI), that interfere with reintegration and impair functioning. Although evidence-based treatments that facilitate recovery exist,

their successful delivery at a sufficient dose is limited. Barriers to accessing treatment combined with challenges compiling a comprehensive treatment team further delay delivery of effective evidence-based care for PTSD, TBI, and co-occurring mental health conditions. This paper describes the development of a comprehensive, multidisciplinary, 2-week intensive day program for post-9/11 veterans with complex mental health concerns. The treatment program combines skill building groups, family education, and integrative health approaches with evidence-based individual PTSD or TBI care. Initial results from the first 132 participants were notable for a 97% completion rate, as well as statistically significant and clinically meaningful reductions in PTSD, neurobehavioral, and depression symptom severity for the 107 veterans who completed the PTSD track and the 21 who completed the TBI track. These data suggest the intensive program approach is an effective, well-tolerated model of treatment for post-9/11 veterans with PTSD and/or TBI. Future controlled studies should examine the effectiveness of this intensive model compared to standard evidence-based therapy delivery, as well as longitudinal outcomes.

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<http://journals.sagepub.com/doi/full/10.1177/1536504218792523>

## **Invisible Inequality Among “Wounded Warriors.”**

Sidra Montgomery

Contexts

First Published August 1, 2018

<https://doi.org/10.1177/1536504218792523>

Three years ago, I began to research what it means to be a “wounded warrior” and how the phrase impacts the way that wounded veterans think of themselves. Vietnam Veterans returned home during a time of tension and negativity—something that has continued to affect the way that they understand their service to the country. I wanted to know how the era of “wounded warrior” affects the way that post-9/11 wounded veterans come to think of their service, sacrifices, and identity. I interviewed 39 wounded, injured, or ill veterans with a range of injuries, who served in different service branches and at various times during the Iraq and Afghanistan wars. When I began this research, I knew that visibility of injuries would matter, but I did not understand how divergent each path would be.

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## Links of Interest

How to find the right therapist

<https://www.nbcnews.com/better/health/how-find-right-therapist-ncna896111>

Engaging behavioral health patients through digital tools

<http://www.modernhealthcare.com/article/20180804/TRANSFORMATION01/180809977>

Coming to Terms With Being a Marine Who Never Went to War

<https://www.nytimes.com/2018/08/02/magazine/marine-combat.html>

How to Determine the Best Evidence-based Treatment When no Clinical Practice Guideline Exists

<http://www.pdhealth.mil/news/blog/how-determine-best-evidence-based-treatment-when-no-clinical-practice-guideline-exists>

War Without End: The Pentagon's failed campaigns in Iraq and Afghanistan left a generation of soldiers with little to fight for but one another

<https://www.nytimes.com/2018/08/08/magazine/war-afghanistan-iraq-soldiers.html>

Healthy sleep for healing

<https://health.mil/News/Articles/2018/08/07/Healthy-sleep-for-healing>

Which Apps Are Best for Improving Clinicians' Mental Health?

<https://www.medscape.com/viewarticle/899985>

Two weeks into his time as a Ranger, this soldier allegedly murdered a woman and then took his own life

<https://www.armytimes.com/news/your-army/2018/08/07/two-weeks-into-his-time-as-a-ranger-this-soldier-allegedly-murdered-a-woman-and-then-took-his-own-life/>

Oregon Air National Guard promotes first woman to general officer

[https://www.heraldandnews.com/news/local\\_news/oregon-air-national-guard-promotes-first-woman-to-general-officer/article\\_a2f9c1df-4414-5602-a2f8-db7cd39d9a26.html](https://www.heraldandnews.com/news/local_news/oregon-air-national-guard-promotes-first-woman-to-general-officer/article_a2f9c1df-4414-5602-a2f8-db7cd39d9a26.html)

Air Force wants to connect female airmen with VA resources

<https://www.airforcetimes.com/news/your-air-force/2018/08/08/air-force-wants-to-connect-female-airmen-with-va-resources/>

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## Resource of the Week -- [Defense Primer: Military Health System](#)

From the Congressional Research Service (via Federation of American Scientists Project on Government Secrecy):

The Department of Defense (DOD) operates a health care delivery system that in fiscal year (FY) 2018 will serve an estimated 9.4 million beneficiaries. In the President's 2019 budget request of \$50.6 billion, DOD's unified medical program represents about 8% of DOD's total budget. Beneficiaries may obtain care from DOD-operated and staffed medical and dental facilities (referred to collectively as military treatment facilities) or through care from civilian providers purchased through an insurance-like program known as TRICARE. Purchased care accounts for approximately 60% of the total cost of care delivered through the Military Health System (MHS).



IN FOCUS

April 20, 2018

### Defense Primer: Military Health System

The Department of Defense (DOD) operates a health care delivery system that in fiscal year (FY) 2018 will serve an estimated 9.4 million beneficiaries. In the President's 2019 budget request of \$50.6 billion, DOD's unified medical program represents about 8% of DOD's total budget. Beneficiaries may obtain care from DOD-operated and staffed medical and dental facilities (referred to collectively as *military treatment facilities*) or through care from civilian providers purchased through an insurance-like program known as TRICARE. Purchased care accounts for approximately 60% of the total cost of care delivered through the Military Health System (MHS).

#### Purpose

The fundamental reason for an MHS is to support medical readiness. The medical readiness mission involves promoting "a healthy and fit fighting force that is medically prepared to provide the Military Departments with the maximum ability to accomplish their deployment missions throughout the spectrum of military operations." The MHS also serves to "create and maintain high morale in the uniformed services by providing an improved and uniform program of medical and dental care for members and certain former members of those services, and for their dependents" (10 U.S.C. §1071). In addition, the resources of the MHS may be used to provide humanitarian assistance (10 U.S.C. §401) and to perform medical research (10 U.S.C. §2338).

#### Organization

The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) is the principal staff assistant and advisor to the Secretary and Deputy Secretary of Defense for Total Force Management as it relates to readiness issues including health affairs (see 10 U.S.C. §136).

#### Key MHS Organizations

- Office of the Assistant Secretary of Defense for Health Affairs (OASD (HA))
- Defense Health Agency (DHA)
- Surgeons General of the Army, Navy, and Air Force

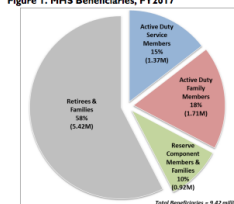
The Assistant Secretary of Defense for Health Affairs (ASD(HA)) reports to the USD(P&R). The ASD(HA) is the principal advisor to the Secretary of Defense on all "DOD health policies, programs and activities" and has primary responsibility for the MHS (see Department of Defense Directive 5136.01). Reporting to the USD(P&R) through the ASD(HA), the Defense Health Agency (DHA) is a joint, integrated combat support agency whose purpose is to enable the Army, Navy, and Air Force medical services to

provide a medically ready force and a ready medical force to combatant commands in both peacetime and wartime.

#### Beneficiaries

In FY2017, there were 9.42 million total MHS beneficiaries.

Figure 1. MHS Beneficiaries, FY2017



Source: Defense Health Agency, Evaluation of the TRICARE Program: Fiscal Year 2018 Report to Congress, Washington, DC, 2018, p. 18. Note: Numbers may not add up to total because of rounding.

#### Military Treatment Facilities (MTFs)

On October 1, 2018, administration and management of the MTFs will begin to transfer from each Military Department to the DHA. Currently, MTFs are administered by each respective Service Surgeon General and provide a wide range of clinical services depending on its size, mission, and level of capabilities. These include inpatient and outpatient medical care, dental, and veterinary services. There are a total of 932 MTFs, with 177 located overseas. The facilities are generally on or near a U.S. military base and are typically staffed by military, civil service, and contract personnel.

#### TRICARE Options

With the exception of active duty service members (who are assigned to the TRICARE Prime option and pay no out-of-pocket costs for TRICARE coverage), MHS beneficiaries may have a choice of TRICARE plan options depending upon their status (e.g., active duty family member, retiree, reservist, child under age 26 ineligible for family coverage, Medicare-eligible, etc.) and geographic location. Each plan option has different beneficiary cost-sharing features. Cost sharing may include an annual enrollment fee, annual deductible, monthly premiums, copayments, and an annual catastrophic cap. Pharmacy

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