

CDP



Research Update -- February 27, 2020

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https://www.ptsd.va.gov/publications/ctu_docs/ctu_v14n1.pdf

Clinician's Trauma Update Online (CTU-Online)

National Center for PTSD

February 2020 Issue: Vol. 14(1)

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<https://link.springer.com/article/10.1007/s12671-020-01326-5>

Increasing Mindfulness Skills of Veterans With PTSD Through Daily Mindfulness Training Incorporated Into an Intensive Treatment Program.

Michelle L. Miller, Jenna M. Bagley, Patricia Normand, Michael B. Brennan, Rebecca Van Horn, Mark H. Pollack & Philip Held

Mindfulness

Published: 06 February 2020

<https://doi.org/10.1007/s12671-020-01326-5>

Objectives

Mindfulness training is frequently included as part of an integrative care approach to treating PTSD in veterans. However, the utility and acceptability of daily group mindfulness training in an intensive treatment program (ITP) for PTSD have not been explored. The study objectives were to determine: (a) whether mindfulness skills significantly increased from pre- to post-treatment and (b) if daily group mindfulness training was acceptable to veterans.

Methods

Veterans (N = 170 outpatients, age M = 40.7 (SD 9.3), 67.6% male) in this prospective study were consecutively enrolled in a 3-week ITP that included daily mindfulness group sessions. Mindfulness skills were assessed using the Five Facet of Mindfulness

Questionnaire (FFMQ) at intake and post-treatment. Acceptability was assessed using an anonymous post-treatment program satisfaction survey.

Results

Paired t tests demonstrated significant increases in overall mindfulness skills from pre- to post-treatment ($t(169) = -6.33, p < 0.001, d = 0.49$). Small to medium effect sizes were observed across subscales: describing, ($t(169) = -5.91, p < 0.001, d = 0.38$); acting with awareness, ($t(169) = -3.70, p < 0.001, d = 0.29$); nonjudging, ($t(169) = -7.54, p < 0.001, d = 0.58$); and nonreactivity, ($t(169) = -4.84, p < 0.001, d = 0.41$). Most veterans ($n = 125, 74.4\%$) found daily mindfulness training moderately to very helpful.

Conclusions

Veterans' mindfulness skills significantly increased over the course of a 3-week ITP, and mindfulness training was found acceptable. Mindfulness training can be delivered daily as part of an ITP for veterans with PTSD, and mindfulness skills can meaningfully increase over the course of 3 weeks. A significant limitation is the lack of control condition.

<https://aps.onlinelibrary.wiley.com/doi/abs/10.1111/cp.12206>

Burnout in psychological therapists: A cross-sectional study investigating the role of supervisory relationship quality.

Judith Johnson, Catherine Corker, Daryl B. O'Connor

Clinical Psychologist

First published: 08 February 2020

<https://doi.org/10.1111/cp.12206>

Background

Burnout is a growing problem in mental health-care professionals. Clinical supervision is a mandated part of all psychological therapeutic practice but no previous study has explored whether higher quality supervision is associated with lower burnout in qualified psychological therapists.

Aims

The study aimed to investigate whether the quality of the supervisory relationship was

associated with two facets of burnout, exhaustion and disengagement, in a group of psychological therapists once work demands had been accounted for.

Methods

Psychological therapists were recruited to complete a cross-sectional online survey between May 2016 and January 2017. The survey measured frequency and quality of clinical supervision, workload factors, and disengagement and burnout. Data were analysed using hierarchical linear regression.

Results

Two hundred and ninety-eight qualified psychological therapists responded to the survey. Results suggested that higher quality supervision was associated with lower disengagement but not lower exhaustion. Frequency of supervision and workload variables were not associated with either facet of burnout. Female gender was associated with higher exhaustion but gender had no association with disengagement. According to previously used cut-off scores, 235 (78.9%) participants could be classed as suffering from “high burnout,” and 173 (58.1%) participants could be classed as suffering from “high disengagement.”

Conclusions

There is a growing need for burnout reduction interventions in mental health-care professionals. The present results identify a potential role for enhancing the quality of the supervisory relationship by creating more open, safe spaces for supervisees.

<https://www.tandfonline.com/doi/full/10.1080/16506073.2019.1703801>

Eye movement desensitization and reprocessing for mental health problems: a systematic review and meta-analysis.

Pim Cuijpers, Suzanne C. van Veen, Marit Sijbrandij, Whitney Yoder & Ioana A. Cristea

Cognitive Behaviour Therapy

Published online: 11 Feb 2020

<https://doi.org/10.1080/16506073.2019.1703801>

There is no comprehensive meta-analysis of randomised trials examining the effects of Eye Movement Desensitization and Reprocessing (EMDR) on post-traumatic stress disorder (PTSD) and no systematic review at all of the effects of EMDR on other mental

health problems. We conducted a systematic review and meta-analysis of 76 trials. Most trials examined the effects on PTSD (62%). The effect size of EMDR compared to control conditions was $g = 0.93$ (95% CI: 0.67–.18), with high heterogeneity ($I^2 = 72\%$). Only four of 27 studies had low risk of bias, and there were indications for publication bias. EMDR was more effective than other therapies ($g = 0.36$; 95% CI: 0.14–0.57), but not in studies with low risk of bias. Significant results were also found for EMDR in phobias and test anxiety, but the number of studies was small and risk of bias was high. EMDR was examined in several other mental health problems, but for none of these problems, sufficient studies were available to pool outcomes. EMDR may be effective in the treatment of PTSD in the short term, but the quality of studies is too low to draw definite conclusions. There is not enough evidence to advise it for the use in other mental health problems.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2760513>

Association of High Traditional Masculinity and Risk of Suicide Death: Secondary Analysis of the Add Health Study.

Coleman D, Feigelman W, Rosen Z.

JAMA Psychiatry

Published online February 12, 2020

doi:10.1001/jamapsychiatry.2019.4702

In the United States, men die by suicide at 3.5 times the rate of women.¹ One driver of this gender disparity may be high traditional masculinity (HTM), a set of norms that includes competitiveness, emotional restriction, and aggression.² Quantitative studies of HTM are interrelated with discourse on hegemonic masculinity.³ Using norm- and trait-based measures, HTM men were found to have higher suicidal ideation (SI),^{2,4} but to our knowledge, the association with suicide death has not been tested with a credible measure of HTM.

<https://www.sciencedirect.com/science/article/abs/pii/S0883941719304819>

The effects of hardcore smokers' depression and self-esteem on daily smoking amount.

Jeong-Won Han, Hanna Lee

Archives of Psychiatric Nursing
Available online 10 February 2020
<https://doi.org/10.1016/j.apnu.2020.02.006>

Background

This is a secondary data analysis designed as a longitudinal study aimed at investigating the effects of depression and self-esteem on daily smoking amounts among hardcore smokers over time.

Methods

The subjects of this study were 264 hardcore smokers aged 19 years or older who participated in all waves of the 9th–13th Korea Welfare Panel Studies. Self-report questionnaires were used to collect data. Data analyses were performed using SPSS WIN 24.0 and AMOS 18.0, and data were analyzed using a latent growth model.

Results

The intercept of depression and self-esteem among the subjects had statistically significant effects on the intercept of the daily smoking amount. The slope of depression and self-esteem among the subjects also had statistically significant effects on the slope of the daily smoking amount. The slope of depression indirect affected the slope of daily smoking amount via the level of self-esteem.

Conclusion

It is important to determine the initial levels and the rates of change of depression, self-esteem, and daily smoking amount among hardcore smokers. In order to reduce the daily smoking amount among hardcore smokers, interventions for depression and methods to improve self-esteem among hardcore smokers should be considered.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0228756>

Effect of restricting bedtime mobile phone use on sleep, arousal, mood, and working memory: A randomized pilot trial.

He J-w, Tu Z-h, Xiao L, Su T, Tang Y-x

PLoS ONE

2020; 15(2): e0228756

<https://doi.org/10.1371/journal.pone.0228756>

Background

This study aimed to assess the effects of restricting mobile phone use before bedtime on sleep, pre-sleep arousal, mood, and working memory.

Methods

Thirty-eight participants were randomized to either an intervention group (n = 19), where members were instructed to avoid using their mobile phone 30 minutes before bedtime, or a control group (n = 19), where the participants were given no such instructions. Sleep habit, sleep quality, pre-sleep arousal and mood were measured using the sleep diary, the Pittsburgh sleep quality index, the Pre-sleep Arousal Scale and the Positive and Negative Affect Schedule respectively. Working memory was tested by using the 0-,1-,2-back task (n-back task).

Results

Restricting mobile phone use before bedtime for four weeks was effective in reducing sleep latency, increasing sleep duration, improving sleep quality, reducing pre-sleep arousal, and improving positive affect and working memory.

Conclusions

Restricting mobile phone use close to bedtime reduced sleep latency and pre-sleep arousal and increased sleep duration and working memory. This simple change to moderate usage was recommended to individuals with sleep disturbances.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395619311409>

Motivations for suicide: Converging evidence from clinical and community samples.

Alexis M. May, Mikayla C. Pachkowski, E. David Klonsky

Journal of Psychiatric Research

Volume 123, April 2020, Pages 171-177

<https://doi.org/10.1016/j.jpsychires.2020.02.010>

Highlights

- Unbearable psychological pain and hopelessness are overwhelmingly important motivations for suicidal behavior.
- Regardless of the time since attempt, pain and hopelessness were critical motivations.
- Pain and hopelessness were the strongest attempt motivations for both men and women.
- The Inventory of Motivations for Suicide Attempts (IMSA) quickly assesses individual motivations.

Abstract

Understanding what motivates suicidal behavior is critical to effective prevention and clinical intervention. The Inventory of Motivations for Suicide Attempts (IMSA) is a self-report measure developed to assess a wide variety of potential motivations for suicide. The purpose of this study is to examine the measure's psychometric and descriptive properties in two distinct populations: 1) adult psychiatric inpatients (n = 59) with recent suicide attempts (median of 3 days prior) and 2) community participants assessed online (n = 222) who had attempted suicide a median of 5 years earlier. Findings were very similar across both samples and consistent with initial research on the IMSA in outpatients and undergraduates who had attempted suicide. First, the individual IMSA scales demonstrated good internal reliability and were well represented by a two factor superordinate structure: 1) Internal Motivations and 2) Communication Motivations. Second, in both samples unbearable mental pain and hopelessness were the most common and strongly endorsed motivations, while interpersonal influence was the least endorsed. Finally, motivations were similar in men and women -- a pattern that previous work was not in a position to examine. Taken together with previous work, findings suggest that the nature, structure, and clinical correlates of suicide attempt motivations remain consistent across diverse individuals and situations. The IMSA may serve as a useful tool in both research and clinical contexts to quickly assess individual suicide attempt motivations.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/cpsp.12330?af=R>

Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes.

Hannah E. Frank, Emily M. Becker-Haimes, Philip C. Kendall

Clinical Psychology Science and Practice

First published: 13 February 2020

<https://doi.org/10.1111/cpsp.12330>

A lack of effective therapist training is a major barrier to evidence-based intervention (EBI) delivery in the community. Systematic reviews published nearly a decade ago suggested that traditional EBI training leads to higher knowledge but not more EBI use, indicating that more work is needed to optimize EBI training and implementation. This systematic review synthesizes the training literature published since 2010 to evaluate how different training models (workshop, workshop with consultation, online training, train-the-trainer, and intensive training) affect therapists' knowledge, beliefs, and behaviors. Results and limitations for each approach are discussed. Findings show that training has advanced beyond provision of manuals and brief workshops; more intensive training models show promise for changing therapist behavior. However, methodological issues persist, limiting conclusions and pointing to important areas for future research.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2760032>

Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder.

Wakeman SE, Laroche MR, Ameli O, et al.

JAMA Network Open

2020;3(2):e1920622

doi:10.1001/jamanetworkopen.2019.20622

Key Points

Question

What is the real-world effectiveness of different treatment pathways for opioid use disorder?

Findings

In this comparative effectiveness research study of 40 885 adults with opioid use disorder that compared 6 different treatment pathways, only treatment with buprenorphine or methadone was associated with reduced risk of overdose and serious

opioid-related acute care use compared with no treatment during 3 and 12 months of follow-up.

Meaning

Methadone and buprenorphine were associated with reduced overdose and opioid-related morbidity compared with opioid antagonist therapy, inpatient treatment, or intensive outpatient behavioral interventions and may be used as first-line treatments for opioid use disorder.

Abstract

Importance

Although clinical trials demonstrate the superior effectiveness of medication for opioid use disorder (MOUD) compared with nonpharmacologic treatment, national data on the comparative effectiveness of real-world treatment pathways are lacking.

Objective

To examine associations between opioid use disorder (OUD) treatment pathways and overdose and opioid-related acute care use as proxies for OUD recurrence.

Design, Setting, and Participants

This retrospective comparative effectiveness research study assessed deidentified claims from the OptumLabs Data Warehouse from individuals aged 16 years or older with OUD and commercial or Medicare Advantage coverage. Opioid use disorder was identified based on 1 or more inpatient or 2 or more outpatient claims for OUD diagnosis codes within 3 months of each other; 1 or more claims for OUD plus diagnosis codes for opioid-related overdose, injection-related infection, or inpatient detoxification or residential services; or MOUD claims between January 1, 2015, and September 30, 2017. Data analysis was performed from April 1, 2018, to June 30, 2019.

Exposures

One of 6 mutually exclusive treatment pathways, including (1) no treatment, (2) inpatient detoxification or residential services, (3) intensive behavioral health, (4) buprenorphine or methadone, (5) naltrexone, and (6) nonintensive behavioral health.

Main Outcomes and Measures

Opioid-related overdose or serious acute care use during 3 and 12 months after initial treatment.

Results

A total of 40 885 individuals with OUD (mean [SD] age, 47.73 [17.25] years; 22 172

[54.2%] male; 30 332 [74.2%] white) were identified. For OUD treatment, 24 258 (59.3%) received nonintensive behavioral health, 6455 (15.8%) received inpatient detoxification or residential services, 5123 (12.5%) received MOUD treatment with buprenorphine or methadone, 1970 (4.8%) received intensive behavioral health, and 963 (2.4%) received MOUD treatment with naltrexone. During 3-month follow-up, 707 participants (1.7%) experienced an overdose, and 773 (1.9%) had serious opioid-related acute care use. Only treatment with buprenorphine or methadone was associated with a reduced risk of overdose during 3-month (adjusted hazard ratio [AHR], 0.24; 95% CI, 0.14-0.41) and 12-month (AHR, 0.41; 95% CI, 0.31-0.55) follow-up. Treatment with buprenorphine or methadone was also associated with reduction in serious opioid-related acute care use during 3-month (AHR, 0.68; 95% CI, 0.47-0.99) and 12-month (AHR, 0.74; 95% CI, 0.58-0.95) follow-up.

Conclusions and Relevance

Treatment with buprenorphine or methadone was associated with reductions in overdose and serious opioid-related acute care use compared with other treatments. Strategies to address the underuse of MOUD are needed.

<https://www.sciencedirect.com/science/article/abs/pii/S0376871620300703>

Examining sleep over time in a randomized control trial comparing two integrated PTSD and alcohol use disorder treatments.

Peter J. Colvonen, Laura D. Straus, Sean P.A. Drummond, Abigail C. Angkaw, Sonya B. Norman

Drug and Alcohol Dependence

Volume 209, 1 April 2020

<https://doi.org/10.1016/j.drugalcdep.2020.107905>

Highlights

- We review the effects of integrated PTSD/alcohol use treatment on sleep indices.
- Results show insomnia and sleep indices are not responsive to AUD/PTSD treatments.
- Sleep symptoms should be carefully assessed and treated in AUD/PTSD treatment.

Abstract

Study objectives

Insomnia is highly co-occurring with both posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). This is concerning since insomnia contributes to worse substance abuse and PTSD, and a host of negative health consequences. No study has tracked how sleep indices and insomnia change related to integrated PTSD and AUD treatment using evidence-based exposure therapy. This study examined how insomnia changes over time in a randomized control trial of two integrated PTSD and AUD treatments.

Methods

Participants were 119 adult veterans (90 % male) seeking treatment for AUD and PTSD at a large urban VA. Participants were randomized to either COPE (integrated treatment using prolonged exposure) or Seeking Safety (integrated therapy using cognitive behavioral, interpersonal techniques and case management). Assessments were done at pre- and post-treatment and include: Clinician Administered PTSD Scale, Timeline Follow-back calendar-assisted interview for AU, insomnia severity index (ISI), sleep diary and actigraphy for 7 days.

Results

ISI showed significant decreases, but a majority remained above the clinical cutoff at post-treatment. Wake after sleep onset decreased, but only by 8 min, remaining above clinical thresholds. Decreases in PTSD, but not in heavy drinking, predicted change in ISI. No significant changes were observed in other sleep variables measured.

Conclusions

Findings suggested some statistical improvements in sleep quality, but sleep indices remained above clinical cut-offs. This study provides evidence that insomnia is an independent disorder and not responsive to PTSD or AUD treatments alone. Sleep symptoms should be assessed and treated in patients with comorbid mental health conditions.

<https://www.sciencedirect.com/science/article/abs/pii/S1087079220300253>

Sleep in the anxiety-related disorders: A meta-analysis of subjective and objective research.

Rebecca C.Cox, Bunmi O.Olatunji

Sleep Medicine Reviews
Volume 51, June 2020
<https://doi.org/10.1016/j.smr.2020.101282>

Although sleep disturbance is implicated in psychopathology, its role in anxiety-related disorders remains unclear. The present meta-analysis characterizes sleep disturbance in anxiety-related disorders collectively and individually. Subjective measures of total sleep time and sleep continuity were included with objective measures. Results indicate a large effect for increased subjective sleep disturbance ($g = 2.16$), medium effects for decreased total sleep time ($g = -.40$) and sleep continuity ($g = -.49$), and a small effect for decreased sleep depth ($g = -.20$) in anxiety-related disorders compared to healthy controls. Each anxiety-related disorder exhibited a distinct sleep disturbance pattern, suggesting that sleep may facilitate identification of unique biopsychological underpinnings. Effects were not moderated by comorbid depression and were similar in magnitude to those found for depression. Sleep disturbances, particularly decreased sleep continuity, may be a key pathology in the anxiety-related disorders that could highlight novel etiological mechanisms and intervention targets.

<https://link.springer.com/article/10.1007/s10880-020-09706-8>

Comparisons Between Patients Diagnosed with PTSD in Primary Care Versus Mental Health Care in Five Large Civilian Health Care Systems.

Joan M. Cook, John E. Zeber, Vanessa Simiola, Rebecca Rossom, Jeffrey F. Scherrer, Ashli A. Owen-Smith, Brian K. Ahmedani, Kiumars Zolfaghari & Laurel A. Copeland

Journal of Clinical Psychology in Medical Settings
11 February 2020
<https://doi.org/10.1007/s10880-020-09706-8>

Posttraumatic stress disorder (PTSD) is a serious mental health disorder that may not be adequately detected or treated in primary care (PC). The purpose of this study was to compare the clinical characteristics and health care utilization of PTSD patients diagnosed in PC versus in specialty mental health care (MHC) across five large, civilian, not-for-profit healthcare systems. Electronic claims and medical record data on patients treated during 2014 were analyzed. Treatment was considered in terms of initiation and dose (i.e., psychotherapy sessions; pharmacotherapy—prescription psychotropics). Of

5256 patients aged 15–88 with a diagnosis of PTSD, 84.4% were diagnosed by a MHC provider. Patients diagnosed by MHC providers had 4 times the rate of and more enduring psychotherapy than those diagnosed by PC providers. Receipt of psychotropics varied by provider type, with generally higher prescription fill levels for patients in MHC. Strategies to better align patient needs with access and treatment modality in PC settings are needed.

<https://academic.oup.com/tbm/advance-article-abstract/doi/10.1093/tbm/ibz195/5733273>

Research translation for military and veteran health: research, practice, policy.

Jeffrey P Haibach, Katherine D Hoerster, Lindsey Dorflinger, Lisa M McAndrew, Daniel G Cassidy, David E Goodrich, Jill E Bormann, Julie Lowery, Steven M Asch, Susan D Raffa, Tannaz Moin, Alan L Peterson, Michael G Goldstein, Tracy Neal-Walden, Gerald W Talcott, Christopher L Hunter, Sara J Knight

Translational Behavioral Medicine

Published: 11 February 2020

<https://doi.org/10.1093/tbm/ibz195>

Military service presents unique challenges and opportunities for health care and public health. In the USA, there are over 2 million military servicemembers, 20 million veterans, and millions more military and veteran family members. Military servicemembers and eligible family members, many veterans, and retirees receive health care through the two largest learning health care systems in the USA, managed and delivered through the Departments of Defense (DoD), Veterans Affairs (VA), and contracted health care organizations. Through a network of collaborative relationships, DoD, VA, and partnering health care and research organizations (university, corporate, community, and government) accelerate research translation into best practices and policy across the USA and beyond. This article outlines military and veteran health research translation as summarized from a collaborative workshop led by experts across health care research, practice, and administration in DoD, VA, the National Institutes of Health, and affiliated universities. Key themes and recommendations for research translation are outlined in areas of: (a) stakeholder engagement and collaboration; (b) implementation science methods; and (c) funding along the translation continuum. Overall, the ability to rapidly translate research into clinical practice and policy for positive health outcomes requires collaborative relationships among many

stakeholders. This includes servicemembers, veterans, and their families along with researchers, health care clinicians, and administrators, as well as policymakers and the broader population.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300307>

Predictors of Cognitive Behavioral Therapy for Insomnia (CBTi) Outcomes in Active Duty U.S. Army Personnel.

Kristi E. Pruiksma, Willie J. Hale, Jim Mintz, Alan L. Peterson, ... Daniel J. Taylor

Behavior Therapy

Available online 14 February 2020

<https://doi.org/10.1016/j.beth.2020.02.001>

Highlights

- Identifying predictors of response to CBTi is essential to personalized medicine.
- It is important to identify consistent predictors across samples (e.g., military).
- ISI, TST, depression severity, and history of head injuries predicted CBTi response.
- Military sample replicated previous samples on insomnia severity.

Abstract

Cognitive behavioral therapy for insomnia (CBTi) is well established as the first-line treatment for the management of chronic insomnia. Identifying predictors of response to CBTi should enable the field to efficiently utilize resources to treat those who are likely to respond and to personalize treatment approaches to optimize outcomes for those who are less likely to respond to traditional CBTi. Although a range of studies have been conducted, no clear pattern of predictors of response to CBTi has emerged. The purpose of this study was to examine the impact and relative importance of a comprehensive group of pretreatment predictors of insomnia outcomes in 99 active duty service members who received in-person CBTi in a randomized clinical trial. Results indicated that higher levels of baseline insomnia severity and total sleep time predicted greater improvements on the Insomnia Severity Index (ISI) following treatment. Higher depression symptoms and a history of head injury predicted a worse response to treatment (i.e., smaller improvements on the ISI). Clinically meaningful improvements, as measured by the reliable change index (RCI), were found in 59% of the sample. Over and above baseline insomnia severity, only depressive symptoms predicted this

outcome. Future studies should examine if modifications to CBTi based on these predictors of response can improve outcomes.

<https://www.sciencedirect.com/science/article/abs/pii/S0005789420300319>

Brief Behavioral Treatment for Insomnia vs. Cognitive Behavioral Therapy for Insomnia: Results of a Randomized Non-inferiority Clinical Trial among Veterans.

Adam D. Bramoweth, Lisa G. Lederer, Ada O. Youk, Anne Germain, Matthew J. Chinman

Behavior Therapy

Available online 20 February 2020

<https://doi.org/10.1016/j.beth.2020.02.002>

Highlights

- Both BBTI and CBTI resulted in significant reductions of insomnia symptoms.
- There were no significant differences between BBTI and CBTI on any outcome measure.
- Non-inferiority of BBTI vs. CBTI was inconclusive.
- BBTI may be an appropriate intervention for broader implementation in the VA.

Abstract

The goal of this study was to compare a brief behavioral treatment for insomnia (BBTI), which has fewer sessions (4), shorter duration (< 30–45 minutes), and delivers treatment in-person plus phone calls to cognitive behavioral therapy for insomnia (CBTI), which has 5 in-person sessions. The hypothesis was BBTI would be non-inferior to CBTI. The Reliable Change Index was used to establish a non-inferiority margin (NIM) of 3.43, representing the maximum allowable difference between groups on the pre-post Insomnia Severity Index change (Δ ISI). Sixty-three Veterans with chronic insomnia were randomized to either BBTI or CBTI and Veteran in both groups had significant reductions of their insomnia severity per the ISI and improved their sleep onset latency, total wake time, sleep efficiency, and sleep quality per sleep diaries. While CBTI had a larger pre-post Δ ISI, this was not significantly different than Δ ISI BBTI and was less than the NIM. However, the 95% confidence interval of the between group pre-post Δ ISI extended beyond the NIM, and thus BBTI was inconclusively non-inferior to CBTI. Limitations, such as small sample size and high rate of drop out, indicate further study is needed to compare brief, alternative yet complementary behavioral

insomnia interventions to CBTI. Still, evidence-based brief and flexible treatment options will help to further enhance access to care for Veterans with chronic insomnia, especially in non-mental health settings like Primary Care.

<https://mhealth.jmir.org/2020/2/e16062/>

From “Step Away” to “Stand Down”: Tailoring a Smartphone App for Self-Management of Hazardous Drinking for Veterans.

Blonigen D, Harris-Olenak B, Kuhn E, Humphreys K, Timko C, Dulin P

JMIR Mhealth Uhealth
2020;8(2):e16062
DOI: 10.2196/16062

Background:

US military veterans who screen positive for hazardous drinking during primary care visits may benefit from a mobile app. Step Away is an evidence-based mobile intervention system for the self-management of hazardous drinking. However, Step Away was not designed for veterans, and differences between veterans and civilians could limit the reach and effectiveness of the app with this population.

Objective:

The primary objective of this study was to repurpose Step Away to address the needs and preferences of the veteran primary care population. The Method for Program Adaptation through Community Engagement (M-PACE) model was used to guide the adaptation process. This model can serve as a generalizable approach that other researchers and intervention developers can follow to systematically tailor mobile health tools for a new population.

Methods:

Veteran patients who screened positive for hazardous drinking during a primary care visit (n=12) and peer providers employed by the US Veterans Health Administration (n=11) were recruited to systematically review Step Away and provide feedback on its content and presentation via Web-based surveys and a semistructured interview. Participant feedback was reviewed through an iterative process by key stakeholders who adjudicated which suggested modifications to the app could enhance engagement and effectiveness with veterans while maintaining program integrity.

Results:

Usability ratings of the individual modules of Step Away were uniformly positive across patients and peers, as was the perceived utility of the app overall. Personalized feedback on the health consequences and costs of drinking, options for customization, and the measurement-based care capabilities of the app were viewed as facilitators of engagement. Conversely, lengthy text, small font, and a lack of interactive features were viewed as potential barriers with the older primary care population. Modifications to create a veteran version of the app (Stand Down: Think Before You Drink) included altering the appearance of the app to incorporate more veteran-centric content, adding links and options for resources and activities for veterans, and reducing the amount of text and adding veteran-specific references and common concerns and triggers for drinking in this population.

Conclusions:

The M-PACE model provided a systematic approach to repurpose Step Away to fit the needs and preferences of veteran primary care patients who engage in hazardous drinking. Stand Down may serve as an innovative, low-cost means of expanding access to care for veterans who engage in hazardous drinking.

<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1730111>

A novel theory on the predictive value of variation in the β -endorphin system on the risk and severity of PTSD.

David William Mac Gillavry & David Ullrich

Military Psychology

Published online: 25 Feb 2020

<https://doi.org/10.1080/08995605.2020.1730111>

Despite growing interest in genetic and psychosocial indicators of heightened susceptibility to posttraumatic stress disorder (PTSD), a predictive model, which explains why some individuals develop PTSD in response to life-threatening traumatic events, while others, when faced with the same or similar experiences, do not, has thus far remained out of reach. In this paper, we review the literature on gene–environment interactions in β -endorphin system functioning with regard to PTSD and suggest that variation, both genetic and with regard to environmental stimuli, in systems which, like

the β -endorphin system, distort human perception of life-threatening traumatic experiences may account for some of the variance in resilience to the disorder. Given the role of β -endorphin in both social connections and physical exercise, this becomes especially relevant with regard to military selection, training, and leadership processes.

<https://journals.sagepub.com/doi/abs/10.1177/0091217420906659>

“Operator syndrome”: A unique constellation of medical and behavioral health-care needs of military special operation forces.

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The International Journal of Psychiatry in Medicine
First Published February 13, 2020
<https://doi.org/10.1177/0091217420906659>

Objective

U.S. military special operation forces represent the most elite units of the U.S. Armed Forces. Their selection is highly competitive, and over the course of their service careers, they experience intensive operational training and combat deployment cycles. Yet, little is known about the health-care needs of this unique population.

Method

Professional consultations with over 50 special operation forces operators (and many spouses or girlfriends) over the past 6 years created a naturalistic, observational base of knowledge that allowed our team to identify a unique pattern of interrelated medical and behavioral health-care needs.

Results

We identified a consistent pattern of health-care difficulties within the special operation forces community that we and other special operation forces health-care providers have termed “Operator Syndrome.” This includes interrelated health and functional impairments including traumatic brain injury effects; endocrine dysfunction; sleep disturbance; obstructive sleep apnea; chronic joint/back pain, orthopedic problems, and headaches; substance abuse; depression and suicide; anger; worry, rumination, and stress reactivity; marital, family, and community dysfunction; problems with sexual health and intimacy; being “on guard” or hypervigilant; memory, concentration, and

cognitive impairments; vestibular and vision impairments; challenges of the transition from military to civilian life; and common existential issues.

Conclusions

“Operator Syndrome” may be understood as the natural consequences of an extraordinarily high allostatic load; the accumulation of physiological, neural, and neuroendocrine responses resulting from the prolonged chronic stress; and physical demands of a career with the military special forces. Clinical research and comprehensive, intensive immersion programs are needed to meet the unique needs of this community.

<https://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.19090202>

Patient Attribution of Posttraumatic Symptoms to Brain Injury Versus PTSD in Military-Related Mild TBI.

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The Journal of Neuropsychiatry and Clinical Neurosciences

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<https://doi.org/10.1176/appi.neuropsych.19090202>

Objective:

Persistent cognitive, somatic, and neuropsychiatric symptoms following mild traumatic brain injury (TBI) are influenced by posttraumatic stress disorder (PTSD), particularly in military patients. The authors evaluated the degree to which military service members with a history of mild TBI attributed posttraumatic symptoms to TBI versus PTSD.

Methods:

Service members (N=372) with mild TBI were surveyed about the severity of posttraumatic symptoms across four symptom clusters (cognitive, affective, somatosensory, and vestibular) with the Neurobehavioral Symptom Inventory (NSI). Participants rated the degree to which they believed TBI, PTSD, or other conditions contributed to their symptoms. Differences in cognitive, affective, somatosensory, and vestibular symptom severity were evaluated across participants with TBI, PTSD, or combined TBI-PTSD attribution. Logistic regression was used to evaluate the association between symptom profiles and attribution.

Results:

Participants attributed symptoms mostly to TBI, followed by insufficient sleep, PTSD, chronic pain, depression, and deployment-readjustment stress. PTSD and combined TBI-PTSD attribution were associated with higher total NSI scores (39.5 and 51.6, respectively), compared with TBI attribution only (31.4) ($F=29.08$, $df=3$, 358 , $p<0.01$), as well as higher scores in every symptom category. More severe affective symptoms were associated with decreased odds of TBI attribution (odds ratio=0.90, 95% CI=0.83–0.97) and increased odds of PTSD attribution (odds ratio=1.14, 95% CI=1.03–1.26). A PTSD diagnosis was highly associated with PTSD attribution (odds ratio=2.44, 95% CI=1.07–5.58).

Conclusions:

The nature and severity of posttraumatic symptoms appear to play a role in patient beliefs about the causes of symptoms, whether from TBI or PTSD.

<https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usaa020/5736344>

Remote Access Therapy for Veterans With Psychological Problems: Current State of the Art.

Kristina Fleuty, MA, Michael K Almond, DM FRCP

Military Medicine

Published: 15 February 2020

<https://doi.org/10.1093/milmed/usaa020>

Introduction

The past decade has seen both an increase in use and research into ways in which psychological therapy might be delivered remotely. Remote access therapy uses technology to deliver talking therapies. It is important to understand how remote technologies are being used as part of the therapeutic process and consider what effect this has on the success of therapeutic interventions. This review discusses what is currently known about the use of remote access therapy with a veteran population. Moreover, the review summarizes potential benefits and barriers to conducting therapy remotely.

Materials and Methods

This review was conducted to explore the use of remote access therapies with veterans. All available literature identified for this review focused on veteran cohorts from the US and UK. To meet search criteria, studies had to include veteran participants engaging with any form of talking therapy delivered remotely. A total of 15 studies met the inclusion criteria: two from the UK and 13 from the US. Searches were carried out during June and July 2019.

Results

A number of potential benefits to remote therapy delivery were observed in the research reviewed, including improved accessibility to therapy for people living in remote locations (providing infrastructure existed to facilitate the remote access technologies), increased flexibility of timing, and being able to undergo therapy alongside other life commitments. The studies also suggested that those involved in remote therapy found the technology accessible and easy to operate. Digital technologies could generally be relied upon and although there were some technical difficulties reported that these were generally not seen as a barrier to the use of remote technologies as a whole. Some limitations to using remote therapies were observed, such as the acceptability of remote therapy, particularly in the UK, and the willingness of practitioners to engage with digital technologies to facilitate remote therapy. There was also caution raised that the apparent cost effectiveness of delivering therapy remotely needs to be further investigated, particularly in relation to costs involved in enabling remote access technologies in locations where poor infrastructure exists.

Conclusions

Overall, studies reported largely positive outcomes for veterans undergoing remote access therapy and in general participants did not find the therapeutic process compromised by remote delivery. Studies showed that remote access therapy is being conducted successfully in both the US and UK. There is, however, a need for more research into the use of remote access therapies to treat a wider range of psychological difficulties in veterans.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719325170>

The role of emotion dysregulation in negative affect reactivity to a trauma cue: Differential associations through elicited posttraumatic stress disorder symptoms.

Alexa M.Raudales, Nicole H.Weiss, Norman B.Schmidt, Nicole A.Short

Journal of Affective Disorders

Volume 267, 15 April 2020, Pages 203-210

<https://doi.org/10.1016/j.jad.2020.02.028>

Highlights

- Emotion dysregulation is associated with negative affect reactivity to a trauma cue.
- Re-experiencing symptoms were identified as a novel mechanism in this relationship.
- Avoidance and dissociation symptoms were not significant mediators.
- Nonacceptance of emotions and limited emotion regulation strategies play key roles.
- The sample was treatment-seeking marijuana users with insomnia symptoms.

Abstract

Background

Recent research has linked emotion dysregulation with increases in subjective ratings of negative affect (NA reactivity) to trauma reminders, a central symptom of posttraumatic stress disorder (PTSD). The current study adds to this burgeoning line of research by exploring elicited PTSD symptoms as a mechanism explicating the relation between emotion dysregulation and NA reactivity following trauma cue exposure.

Methods

Participants were 60 treatment-seeking marijuana users with insomnia symptoms who reported exposure to a traumatic event. Participants were administered questionnaires assessing emotion dysregulation, PTSD symptoms, and NA prior to and/or after listening to a personalized trauma script, and subsequently completed a diagnostic interview.

Results

Results demonstrated that greater emotion dysregulation was associated with heightened NA reactivity through re-experiencing symptoms, but not avoidance or dissociation symptoms, even after accounting for past 30-day PTSD symptom severity and pre-trauma script NA. These effects were driven by the dimensions of emotion dysregulation characterized by nonacceptance of negative emotions and limited access to effective emotion regulation strategies.

Limitations

This study requires replication among other clinical samples, and is limited by use of self-report measures.

Conclusions

Findings provide novel empirical support for one mechanism through which emotion dysregulation may confer vulnerability to PTSD symptomology, and offer implications for refining PTSD treatments.

https://journals.lww.com/jonmd/Abstract/publishahead/Combat_Experiences_Link_With_Posttraumatic_Growth.99241.aspx

Combat Experiences Link With Posttraumatic Growth Among Veterans Across Conflicts: The Influence of PTSD and Depression.

LaRocca, Michael A. PhD; Avery, Timothy J. PsyD

The Journal of Nervous and Mental Disease

February 7, 2020

doi: 10.1097/NMD.0000000000001147

Research has established posttraumatic growth as a potential outcome of highly stressful experiences such as combat. However, a deeper understanding of this relationship is needed to provide practical implications for clinical work and to influence new research directions. We examined the relation between combat experiences and posttraumatic growth along with its subscales, as well as the influence of posttraumatic stress disorder and depression symptom severity. The study contained a sample of 130 combat veterans representing a variety of deployment locations. Regression analysis revealed combat experiences to be associated with posttraumatic growth beyond the effect of age ($\beta = 0.21$; $p = 0.014$). In addition, the association between combat experiences and posttraumatic growth was most evident among those endorsing low levels of depression symptom severity (partial η squared = 0.07; $p = 0.009$). These results highlight the need to consider negative cognitions and other depressive symptoms as potential barriers to posttraumatic growth.

<https://www.ncbi.nlm.nih.gov/pubmed/32040217>

J Clin Psychol. 2020 Feb 10. doi: 10.1002/jclp.22939. [Epub ahead of print]

Lower intimate relationship satisfaction among partnered female service members/veterans is associated with the presence of suicidal ideation.

Blais RK

OBJECTIVES:

Risk for suicide among female service members/veterans (SM/Vs) is increasing, suggesting a need for additional studies of risk factors in this population. This study examined relationship satisfaction as a correlate of suicidal ideation (SI) after accounting for established risk factors for SI.

METHOD:

Partnered female SM/Vs (N = 818) completed a demographic inventory and measures of SI, relationship satisfaction, sexual function, posttraumatic stress disorder (PTSD), and depression.

RESULTS:

After accounting for covariates, lower relationship satisfaction, higher depression and PTSD severity, and minority race were associated with the presence of SI. PTSD and depression severity did not moderate this association, suggesting that regardless of mental health symptoms, relationship satisfaction is associated with increased SI risk.

CONCLUSIONS:

Screening for relationship satisfaction may identify SI risk in partnered female SM/Vs. Future studies should explore relationship satisfaction as a risk factor for suicidal attempts as not all SM/Vs who experience SI will attempt suicide.

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<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa005/5736342>

Cardiorespiratory Fitness Is Associated With Better Cardiometabolic Health and Lower PTSD Severity in Post-9/11 Veterans.

James W Whitworth, PhD, Scott M Hayes, PhD, Ryan J Andrews, BS, Jennifer R Fonda, PhD, Brigitta M Beck, BS, Lilly B Hanlon, BA, Catherine B Fortier, PhD, William P Milberg, PhD, Regina E McGlinchey, PhD

Military Medicine

Published: 15 February 2020

<https://doi.org/10.1093/milmed/usaa005>

Introduction

Post-traumatic stress disorder (PTSD) is associated with an increased risk of cardiovascular and metabolic diseases and physical inactivity. Cardiorespiratory fitness (CRF), which is modifiable by physical activity, is a strong independent predictor of cardiometabolic health. However, the relationship between CRF and cardiometabolic health in veterans with PTSD is unknown. Thus, this study aimed to explore the cross-sectional relationships among CRF, indices of cardiometabolic health (ie, HbA1c, blood lipids, blood pressure, waist-hip ratio, and body mass index), and PTSD severity in veterans with PTSD.

Materials and Methods

This study was approved by the local Institutional Review Board. All participants were informed of the study risks and provided consent prior to participation. Participants (n = 13) completed a cardiopulmonary exercise test, a fasting blood draw, and the Clinician Administered PTSD Scale. Correlations between CRF and cardiometabolic health were examined with Spearman's rank correlations, and differences in PTSD symptom severity were explored as a function of CRF (ie, low-to-moderate vs. high CRF), using multiple linear regression.

Results

Peak oxygen uptake ($\dot{V}\dot{V}O_{2peak}$) was correlated with high-density lipoproteins $\rho = 0.60$, $P = 0.04$ and diastolic blood pressure $\rho = -0.56$, $P = 0.05$. Ventilatory threshold was correlated with HbA1c $\rho = -0.61$, $P = 0.03$ and diastolic blood pressure $\rho = -0.56$, $P = 0.05$. Higher CRF was associated with lower total PTSD severity standardized $\beta = -0.84$, $P = 0.01$, adjusted $R^2 = 0.47$, total Cluster C symptoms (avoidance/numbing) $\beta = -0.71$, $P = 0.02$, adjusted $R^2 = 0.49$, and total Cluster D symptoms (hyperarousal) $\beta = -0.89$, $P = 0.01$, adjusted $R^2 = 0.41$, while adjusting for age and smoking status.

Conclusions

These preliminary findings suggest that CRF and by proxy physical activity may be

important factors in understanding the increased risk of cardiovascular and metabolic disease associated with PTSD.

Links of Interest

Reflections of leadership: Facing a difficult truth

<https://www.militarytimes.com/opinion/commentary/2020/02/24/reflections-of-leadership-facing-a-difficult-truth/>

Can the Military Fix Base Housing?

Privatization has ushered in mold, mismanagement and worse.

<https://www.nytimes.com/2020/02/21/opinion/military-bases-housing.html>

Hacker group targeted law firms, released veterans' stolen data related to PTSD claims

<https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2020/02/19/hacker-group-targeted-law-firms-released-veterans-stolen-data-related-to-ptsd-claims/>

VA actively recruits military spouses for careers serving Veterans

<https://www.blogs.va.gov/VAntage/71032/va-actively-recruits-military-spouses-careers-serving-veterans/>

Here's what DoD wants states to do to help military spouses with their occupational licenses

<https://www.militarytimes.com/pay-benefits/2020/02/24/heres-what-dod-wants-states-to-do-to-help-military-spouses-with-their-occupational-licenses/>

DoD to restructure 50 hospitals, clinics to improve readiness

<https://health.mil/News/Articles/2020/02/19/DoD-to-restructure-50-hospitals-clinics-to-improve-readiness>

GAO: VA must improve plans for providing long-term care to aging veterans

<https://www.militarytimes.com/news/pentagon-congress/2020/02/20/gao-va-must-improve-plans-for-providing-long-term-care-to-aging-veterans/>

USAF to Consider Nearby Schools, Military Family Support in Future Basing Decisions

<https://www.airforcemag.com/future-basing-decisions-to-take-into-account-nearby-schools-military-family-support/>

Mental-Health Researchers Ask: What Is 'Recovery'?

<https://www.nytimes.com/2020/02/25/health/mental-health-depression-recovery.html>

Pentagon officials keeping an eye on morale at nuclear bases

<https://www.militarytimes.com/news/your-military/2020/02/21/pentagon-officials-keeping-an-eye-on-morale-at-nuclear-bases/>

Will military children get higher priority in child development centers?

<https://www.militarytimes.com/pay-benefits/2020/02/21/will-military-children-get-higher-priority-in-child-development-centers/>

Top Marine says 'immediate execution' items include more gender integration, smarter grunts and changes to parental leave for adoptive, same-sex parents

<https://www.marinecorpstimes.com/news/your-marine-corps/2020/02/21/top-marine-says-his-immediate-execution-items-include-more-gender-integration-smarter-grunts-and-changes-to-parental-leave-policy-for-adoptive-same-sex-parents/>

Joint Staff doctor explains TBI diagnosis procedures

<https://health.mil/News/Articles/2020/02/26/Joint-Staff-doctor-explains-TBI-diagnosis-procedures>

The Navy's investigation into Vice Adm. Scott Stearney's suicide

<https://www.navytimes.com/news/your-navy/2020/02/25/the-navys-investigation-into-vice-adm-scott-stearneys-suicide/>

Evidence lacking to tie malaria drugs to PTSD-like symptoms and other long-term health issues, researchers say

<https://www.militarytimes.com/news/pentagon-congress/2020/02/25/evidence-lacking-to-tie-malaria-drugs-to-long-term-health-issues-researchers-say/>

Scrutinizing the effects of digital technology on mental health

<https://www.nature.com/articles/d41586-020-00296-x>

What Should I Know About Medical Cannabis?

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2760911>

Resource of the Week: [Restructuring and Realignment of Military Medical Treatment Facilities](#)

The Military Health System (MHS) is the most comprehensive military medical enterprise in the world. Its goal is to ensure a medically ready force to execute the National Defense Strategy, and a ready medical force to support our armed forces throughout the world.

This report summarizes the Department's decisions to align Military Treatment Facilities (MTFs) to increase the readiness of our operational and medical forces. (See section 703(d)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017 (Public Law 114–328)). These decisions have been reviewed and accepted by the Secretary of Defense, and reflect the Department's underlying principle to improve the readiness of our force, while ensuring all beneficiaries have access to high-quality medical care.

The decisions in this report were based on an initial screening of 343 MTFs identified as providing healthcare services in the United States. The report contains analysis that is independent of other initiatives that will have an impact on manpower. From the 343 MTFs initially assessed, 77 were identified for further assessment. The assessment was completed using agreed upon methods by Department senior leadership including:

- Use of comprehensive data on MTF performance.
- Government and independent commercial assessments of local market capabilities and capacities.
- Data call identifying MTF readiness and mission requirements.
- Input from Service and local medical facility leadership and staff.
- On-site assessments when required.
- The assessment identified: 50 MTFs for right-sizing, 21 with no change, and six deferred for further review.

This report provides a strategic framework for MTF realignment and restructuring that will be supplemented by more detailed implementation plans that include a timeline for achieving the planned end state along with estimates of implementation costs and any savings that may result. The Department will continue to evaluate MTFs for additional changes in delivery patterns using the methods described in this report.

SECTION 703 OF THE NDAA FOR FY 2017 REPORT – 19 February 2020



REPORT TO THE CONGRESSIONAL DEFENSE COMMITTEES
SECTION 703 OF THE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2017
(PUBLIC LAW 114-328)

"Restructuring and Realignment of Military Medical Treatment Facilities"

19 FEBRUARY 2020

The estimated cost of this report or study for the Department of Defense (DoD) is approximately \$ 2,522,000. This includes \$ 1,042,000 in expenses and \$ 1,480,000 in DoD labor.
Report/Study Cost Estimate (7-9916B1E)

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