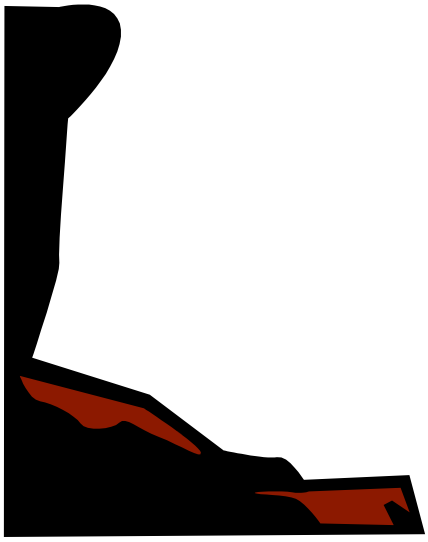
Research relating to Counselling Military Service Personnel



Overview

The mental or psychological health of military personnel has received considerable recent attention in parliamentary questions and also in the press. A useful, but somewhat dated overview to the area has been provided by the Mental Health Foundation http://www.mentalhealth.org.uk/information/mental-health-a-z/military-and-mental-health/

The majority of research evidence in this area focuses on the prevalence of psychological disorders on return from combat or duty oversees, most recently from Iraq and Afghanistan. Although not directly focussing on counselling research, some key references have been included below to provide a context of the current debates and evidence. There is considerable debate surrounding the existence and prevalence of psychological disorders in military personnel, in both the UK and particularly US literature. A limited number of references have been included below to provide some context to the counselling research.

The majority of relevant evidence in relation to the psychological treatment of military personnel focuses on the treatment of PTSD – and this is the main focus of this bulletin. However, the most recent research (Iverson et al, 2009) has suggested that the most common mental disorders amongst the military are alcohol abuse and neurotic disorders. Counselling research on these topic areas will also be of use, but are not covered here.

Abstracts of each article have been provided, in some cases there is a link to full text of the article via the Internet. To obtain full text of remaining articles, please contact your local NHS or academic library if you qualify for their use. Some journals provide free access to limited content, and check with the journal website for more details.

It should be noted that the information given below has not been critically appraised to assure its quality.

for all symptoms in the Gulf war study (ORs 1.9-3.9). Fatigue was not increased after the 2003 Iraq war (OR 1.08; 95% CI 0.98-1.19) but was greatly increased after the 1991 Gulf war (3.39; 3.00-3.83). Personnel deployed to the Gulf war were more likely (2.00, 1.70-2.35) than those not deployed to report their health as fair or poor; no such effect was found for the Iraq war (0.94, 0.82-1.09). INTERPRETATION: Increases in common symptoms in the 2003 Iraq war group were slight, and no pattern suggestive of a new syndrome was present. We consider several explanations for these differences.

Iverson AC et al (2009) The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study
BMC Psychiatry

Sundin, J., N. T. Fear, et al. (2009). "PTSD after deployment to Iraq: conflicting rates, conflicting claims." Psychol Med: 1-16.

BACKGROUND: Post-traumatic stress disorder (PTSD) has been called one of the signature injuries of the Iraq War. In this review prevalence estimates of PTSD are summarized and discrepancies are discussed in relation to methodological differences between studies. Method: We searched for population-based studies with a minimum sample size of 300. Studies based on help-seeking samples were excluded. We identified 60 possible papers, of which 19 fulfilled the inclusion criteria. Prevalence estimates and study characteristics were examined graphically with forest plots, but because of high levels of heterogeneity between studies, overall estimates of PTSD prevalence were not discussed. RESULTS: The prevalence of PTSD in personnel deployed to Iraq varied between 1.4% and 31%. Stratifying studies by PTSD measure only slightly reduced the variability in prevalence. Anonymous surveys of line infantry units reported higher levels of PTSD compared to studies that are representative of the entire deployed population. UK studies tend to report lower prevalence of PTSD compared with many US studies; however, when comparisons are restricted to studies with random samples, prevalences are similar. US studies that have assessed personnel more than once since return from deployment have shown that PTSD prevalence increases over the 12 months following deployment. CONCLUSIONS: Differences in methodologies and samples used should be considered when making comparisons of PTSD prevalence between studies. Further studies based on longitudinal samples are needed to understand how the prevalence of PTSD changes over time.

Stigma and Barriers to seeking treatment

A number of studies have reported that military service personnel do not seek treatment due to the stigma associated with psychological problems. Furthermore, a number of studies report barriers to accessing services.

Britt, Thomas W. Greene-Shortridge Tiffany M. Brink Sarah et al (2008)"Perceived stigma and barriers to care for psychological treatment: Implications for reactions to

the UK Royal Navy (RN). TRiM seeks to modify attitudes about PTSD, stress, and help-seeking and trains military personnel to identify at-risk individuals and refer them for early intervention. This quasiexperimental study found that TRiM training significantly improved attitudes about PTSD, stress, and help-seeking from TRiM-trained personnel. There was a nonsignificant effect on attitudes to seeking help from normal military support networks and on general health. Within both the military and civilian populations, stigma is a serious issue preventing help-seeking and reducing quality of life. The results suggest that TRiM is a

Rona, R. J., M. Jones, et al. (2004). "Screening for physical and psychological illness in the British Armed Forces: I: The acceptability of the programme." J Med Screen 11(3): 148-52.

OBJECTIVES: To assess the response to a self-administered questionnaire and attendance of a medical centre for physical and psychological health screening. METHODS: 4500 men and women from the three services were randomly selected to receive either a full or abridged screening questionnaire. The full questionnaire included the General Health Questionnaire-12 (GHQ-12) and Post-traumatic Stress Disorder (PTSD) checklist, 15 symptoms, a self-assessed health status question and three questions on alcohol behaviour (WHO Audit). The abridged questionnaire included GHQ-4, a slightly shortened PTSD checklist and five symptoms, but excluded questions on alcohol behaviour. All 'screen-positive' and a random 'screen-negative' sample were invited to attend a medical centre. RESULTS: 67.1% of the servicemen completed a questionnaire; slightly but significantly more the abridged than the full questionnaire (4.9%, 95% confidence interval 2.3-7.4%). Of those receiving a full or abridged questionnaire, 32% and 22.5% respectively were 'screen-positives', most of the difference (7.5%) attributable to alcohol behaviour. Less than 30% of the servicemen invited to attend a medical centre accepted the invitation, even fewer during the preparation for deployment to Iraq. Those who fulfilled the criteria for PTSD, alcohol behaviour or multi-criteria 'screen-positive' were more reluctant than controls to attend. CONCLUSIONS: Screening for psychological illness has little support among servicemen, perhaps because they may not wish to share concerns with a military doctor. Avoidance behaviour among those with a psychological condition may also selectively reduce condition

members do not receive needed mental health services in most cases, and they frequently report stigma and significant structural barriers to mental health services. Improvements in primary care may help address these issues, and evidence supports the effectiveness of a systems-level collaborative care approach. OBJECTIVE: To test the feasibility of systems-level collaborative care for PTSD and depression in military primary care. We named our collaborative care model "Re-Engineering Systems of Primary Care for PTSD and Depression

Frueh, B. Christopher Grubaugh Anouk L. Yeager Derik E. Magruder Kathryn M (2009) "Delayed-onset post-traumatic stress disorder among war veterans in primary care clinics. Publication Date Jun 2009." British Journal of Psychiatry; 1472-1465
Background: Trauma Risk Management (TRiM) is a post-traumatic psychological management model utilizing peer support/assessment, developed by the UK military. Following September 11th, 2001, the UK Foreign & Commonwealth Office (FCO) deployed TRiM personnel to New York. Aims: This report describes the use of TRiM by the FCO in New York and examines the correlation validity of the TRiM assessments. Method: Assessments were conducted among personnel shortly after the event and again after a further month. The initial and follow-up scores on the 10-item TRiM Risk Assessment Tool (RAT) and the Impact of Events Scale (IES) were compared. Results: Twenty-eight people were assessed using the RAT; 20 also completed the IES. The IES identified 19 cases at initial assessment compared to 5 using the RAT. At follow up, the IES identified 10 cases compared to two using the RAT. Initial RAT and IES scores were not correlated however the follow-up scores (Pearson?s $r = 0.79$, $p < 0.001$) and the change in scores were (Pearson?s $r = 0.56$, $p = 0.02$). Conclusion: Results suggest the TRiM process was well received and the RAT appears to measure a similar change in post traumatic distress as the well validated IES. Further research will determine the efficacy of this system. (PsycINFO Database Record (c) 2009

percent versus 7 percent), and enroll in treatment (19 percent versus 6 percent). Several patient-identified barriers were associated with failure to seek VA mental health care, such as personal obligations that prevented clinic attendance, inconvenient clinic hours, and current receipt of mental health treatment from a non-VA provider. CONCLUSIONS: Utilization of mental health services among underserved veterans with PTSD can be increased by an inexpensive outreach intervention, which may be useful with other chronically mentally ill populations.

Sammons, M. T. and S. V. Batten (2008). "Psychological services for returning veterans and their families: evolving conceptualizations of the sequelae of war-zone experiences." J Clin Psychol 64(8): 921-7.

The provision of effective and timely behavioral health care for veterans returning from the conflicts in Iraq and Afghanistan has become the focus of national attention. In this special issue, attempts to provide psychological care for service members and their families are examined in light of three key constructs. First, it is contended that at no other time in

military personnel. Possible explanations for reduced treatment effects in this population compared with civilians are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Forbes, D., V. Lewis, et al. (2008). "Naturalistic comparison of models of programmatic interventions for combat-related post-traumatic stress disorder." Australian and New Zealand Journal of Psychiatry 42(12): 1051-

Monson, C. M., P. P. Schnurr, et al. (2006). "Cognitive processing therapy for veterans with military-related posttraumatic stress disorder." J Consult Clin Psychol 74(5): 898-907.

Sixty veterans (54 men, 6 women) with chronic military-related posttraumatic stress disorder (PTSD) participated in a wait-

patient, 30 hours of listening to recordings of patient's own war-trauma presentations and 27 hours of hearing other patients' war-trauma presentations). Analysis of assessments conducted by treating clinicians pre-, post- and 6-month posttreatment suggests that GBET produced clinically significant and lasting reductions in PTSD symptoms for most patients on both clinician symptoms ratings (6-month posttreatment effect size d = 1.22) and self-report measures with only three dropouts. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Rizzo, A., J. Pair, et al. (2005). "Development of a VR therapy application for Iraq war military personnel with PTSD." Stud Health Technol Inform 111: 407-13.

Post Traumatic Stress Disorder (PTSD) is reported to be caused by traumatic events that are outside the range of usual human experiences including (but not limited to) military combat, violent personal assault, being kidnapped or taken hostage and terrorist attacks. Initial data suggests that 1 out of 6 returning Iraq War military personnel are exhibiting symptoms of depression, anxiety and PTSD. Virtual Reality (VR) exposure therapy has been used in previous treatments of PTSD patients with reports of positive outcomes. The aim of the current paper is to specify the rationale, design and development of an Iraq War PTSD VR application that is being created from the virtual assets that were initially developed for theX-Box game entitled Full Spectrum Warrior which was inspired by a combat tactical training simulation, Full Spectrum Command.

Rizzo, A. A., K. Graap, et al. (2008). "Virtual Iraq: initial results from a VR exposure therapy application for combat-related PTSD." Stud Health Technol Inform 132: 420-5.

Post Traumatic Stress Disorder (PTSD) is reported to be caused by traumatic events that are outside the range of usual human experience including (but not limited to) military combat, violent personal assault, being kidnapped or taken hostage and terrorist attacks. Initial data suggests that at least 1 out of 6 Iraq War veterans are exhibiting symptoms of depression, anxiety and PTSD. Virtual Reality (VR) delivered exposure therapy for PTSD has been used with reports of positive outcomes. The aim of the current paper is to present the rationale and brief description of a Virtual Iraq PTSD VR therapy application and present initial findings from its use with PTSD patients. Thus far, Virtual Iraq consists of a series of customizable virtual scenarios designed to represent relevant Middle Eastern VR contexts for exposure therapy, including a city and desert road convoy environment. User-centered design feedback needed to iteratively evolve the system was gathered from returning Iraq War veterans in the USA and from a system deployed in Iraq and tested by an Army Combat Stress Control Team. Clinical trials are currently underway at Ft. Lewis, Camp Pendleton, Emory University, Weill Cornell Medical College, Walter Reed Army Medical Center, San Diego Naval Medical Center and 12 other sites.

Rona, R. J., M. Jones, et al. (2009). "The impact of posttraumatic stress disorder on impairment in the UK military at the time of the Iraq war." J Psychiatr Res 43(6): 649-55.

The aims of this study were to assess: (1) the relationship between PTSD and impairment, (2) whether there is a threshold in the association of PTSD score and impairment, and (3) whether any of the PTSD criteria are more strongly associated with impairment. We studied 10,069 service personnel from a representative sample of the British Armed Forces to assess the effects of the Iraq war. Participants completed the PTSD checklist (PCL), the general health questionnaire-12 (GHQ-12), the alcohol use disorder identification test (AUDIT) and five questions to assess impairment. 78% of those with a PCL-score of 50 or more endorsed at least one impairment item in comparison to 27% of those with a score below 50. The odds ratio (OR) of impairment in the PCL group with a score of 50 or more was 16.7 (95% CI 12.9-21.6). There was an increasing risk of impairment with an increasing category of PCL-score without a noticeable threshold. For each PTSD subscale: intrusiveness, avoidance/numbing and hyper-arousal, divided into four score categories, there was an increased association with impairment, but the association of avoidance/numbing with impairment was the greatest and independent of the other two criteria (OR 7.2 (95% CI 4.8-10.9). Having a good relationship with a partner had minimal effect on the level of association between PTSD and impairment. Functional impairment is a serious problem for those with PTSD. The impairment is not confined to those with the highest PCL-score. Avoidance/numbing is the criterion which makes the greatest independent contribution to impairment.

Russell, M. C. (2008). "Treating traumatic amputation-related phantom limb pain: A case study utilizing eye movement desensitization and reprocessing within the armed services." Clinical Case Studies 7(2): 136-153.

Since September 2006, more than 725 service members from the global war on terrorism have survived combat-related traumatic amputations that often result in phantom limb pain (PLP) syndrome. Combat amputees are also at high risk of developing chronic mental health conditions such as posttraumatic stress disorder (PTSD) and clinical depression as they deal with wartime experiences, rehabilitation, and postrehabilitation adjustments. One active-duty patient was referred to a military outpatient clinic for treatment of PLP and PTSD following a traumatic leg amputation from a noncombat-related motor vehicle accident. Four sessions of eye movement desensitization and reprocessing (EMDR) led to elimination of PLP and a significant reduction in PTSD, depression, and phantom limb tingling sensations. A detailed account of this treatment, as well as a review of the benefits of EMDR research and treatment in the military, is provided. The results are promising but in need of further research. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Russell, M. C. Friedberg. F.

researchers working with PTSD populations. (PsycINFO Database Record (c) 2009 APA, all rights reserved) Unique Identifier 2009-01453-006

Saldanha, D. (2002). "Family intervention in the treatment of post-traumatic stress disorders." Journal of Projective Psychology & Mental Health 9(1): 57-61.

Details the cases of 6 military personnel (aged 17-

psychiatric symptoms, functional status, quality of life, physical health, and service utilization. Follow-up assessments were conducted at the end of treatment (7 mo) and at the end of the booster sessions (12 mo); 325 individuals participated in 1 or both assessments. Additional follow-up for PTSD severity was performed in a subset of participants at 18 and 24 mo. Although posttreatment assessments of PTSD severity and other measures were significantly improved from baseline, intention-to-treat analyses found no overall differences between therapy groups on any outcome. Analyses of data from participants who received an adequate dose of treatment suggested that trauma-focused group therapy reduced avoidance and numbing and, possibly, PTSD symptoms.... (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Strauss, J. L., P. S. Calhoun, et al. (2009). Guided imagery as a therapeutic tool in post-traumatic stress disorder. Post-traumatic stress disorder: Basic science and clinical practice., Totowa, NJ, US: Humana Press: 363-373.

Guided imagery is a behavioral technique used to direct individuals to effectively create and manipulate mental representations to produce therapeutic changes. A growing empirical literature supports the use of these techniques in a variety of physical and emotional conditions. The focus of our research program is on applying these techniques to the treatment of post-traumatic stress disorder (PTSD). We have developed and piloted a clinician-facilitated, self-management intervention for PTSD called guided imagery for trauma (GIFT). We describe the rationale for this approach, its conceptual framework, and the treatment protocol. We preshe

SUICIDE

Brenner, L. A., P. M. Gutierrez, et al. (2008). "A Qualitative study of potential suicide risk factors in returning combat veterans." Journal of Mental Health Counseling 30(3): 211-225.

According to the interpersonal-psychological theory of attempted and completed suicide (Joiner, 2005) suicide-related behavior is contingent upon three factors: acquired ability, burdensomeness, and failed belongingness. Qualitative research methodology was employed to explore these concepts among a group of returning Operation Enduring Freedom (OEF)ZOperation Iraqi Freedom (OIF) combat veterans. A sample of 16 individuals participated in interviews. Themes emerged regarding combat as a context for exposure to pain, subsequent coping strategies, and perceptions of burdensomeness, failed belongingness, and increased pain tolerance. Suicidal behavior was also articulated as a means of coping with risk factors outlined by Joiner. These results highlight the potential utility of this theory for OEF/OIF veterans. Interventions aimed at decreasing emotional dysregulation, and lessening perceptions of burdensomeness and failed belongingness may reduce risk for suicidal behavior. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Matthieu, M. M., W. Cross, et al. (2008). "Evaluation of gatekeeper training for suicide prevention in veterans." Archives of Suicide Research 12(2): 148-154.

Clinical providers and "front line" nonclinical staff who work with veterans, families, and communities are natural gatekeepers to identify and to refer veterans at risk for suicide. A national cohort (n = 602) of community based counseling center staff from the U.S. Department of Veterans Affairs (VA) participated in an

Smoking

Severson, H. H., A. L. Peterson, et al. (2009). "Smokeless tobacco cessation in military personnel: a randomized controlled trial." Nicotine Tob Res 11(6): 730-8.

INTRODUCTION: Military personnel are twice as likely as civilians to use smokeless tobacco (ST). This study evaluated the efficacy of a minimal-contact ST cessation program in military personnel. METHODS: Participants were recruited from 24 military dental clinics across the United States during annual dental examinations. Participants were 785 active-duty military personnel who were randomly assigned to receive a minimal-contact behavioral treatment (n = 392) or usual care (n = 393). The behavioral treatment included an ST cessation manual, a videotape cessation guide tailored for military personnel, and three 15-min telephone counseling sessions using motivational interviewing methods. Usual care consisted of standard procedures that are part of the annual dental examination, including recommendations to quit using ST and referral to extant local tobacco cessation programs. Participants were assessed at 3 and 6 months after enrollment. RESULTS: Participants in the ST cessation program were significantly more likely to be abstinent from all tobacco, as assessed by repeated point prevalence at both 3 and 6 months (25.0%), and were significantly more likely to be abstinent from ST use for 6 months(Theo10(a)4(s)-110(a)4(ssesse)4(d)-BTf0 1i)-16-

Various Psychological Treatments

A range of other studies provide limited evidence

following adjustment for demographic and military factors. No differences between the two groups were apparent for experiencing problems during or post-deployment or for marital satisfaction. CONCLUSIONS: We found no evidence that a pre-deployment stress briefing reduced subsequent medium-term psychological distress. On the other hand, we found no evidence of harm either. While only a randomized trial can give genuinely unbiased results, at present stress debriefing must be regarded as an unproven intervention, and it remains a matter of judgement as to whether or not it is indicated.

EMDR

Carlson, J. G., C. M. Chemtob, et al. (1998) Eye movement desensitization and reprocessing (EDMR) treatment for combat-related posttraumatic stress disorder. Journal of Traumatic Stress 3-24

Despite the clinical and social impact of posttraumatic stress disorder (PTSD), there are few controlled studies investigating its treatment. In this investigation, the effectiveness of two psychotherapeutic interventions for PTSD were compared using a randomized controlled outcome group design. Thirty five combat veterans diagnosed with combat-related PTSD were treated with either (a) 12 sessions of eye movement desensitization and reprocessing, EMDR (n = 10), (b) 12 sessions of biofeedback-assisted relaxation (n = 13), or (c) routine

Russell, M. C. (2006). "Treating combat-related stress disorders: A multiple case study utilizing eye movement desensitization and reprocessing (EMDR) with battlefield casualties from the Iraqi War." Military Psychology 18(1): 1-18.

Casualties from the Iraqi War were evacuated to a field hospital in Rota, Spain, and were screened for combat-related stress conditions. Four combat veterans requested immediate relief of their posttraumatic symptoms prior to returning to the United States. A single session of Eye Movement Desensitization and Reprocessing (EMDR) led to significant improvement in their acute stress disorder and posttraumatic stress disorder symptoms. A detailed account of those t0-[().9(a)14(nd)-29(R)-2(e)4(pr)8(t0-[(eose)-1083( )-29(E)-8(ys-99(i-109(th)-

Russell, M. C., S. M. Silver, et al. (2007). "Responding to an identified need: A joint department of defense/department of veterans affairs training program in eye movement desensitization and reprocessing (EMDR) for clinicians providing trauma services." International Journal of Stress Management 14(1): 61-71.

An earlier study of federal Department of Defense mental health professionals found relatively few trained in the psychotherapies for posttraumatic stress disorder previously identified as effective by both this department and the federal Department of Veterans Affairs. In response to that need, a training program for one of the psychotherapies, eye movement desensitization and reprocessing (EMDR), was implemented utilizing personnel from these federal departments with assistance from a nonprofit agency. This article presents an evaluation of that program with rating data gathered from participants as well as treatment outcome data from the application of the training to patients. The program was highly rated by the participants and the impact of EMDR treatment was significant.me0b( )-2enificaab4lvea(r)-2

CBT

Schmidt, N. B., J. P. Staab, et al. (1997). "Efficacy of a brief psychosocial treatment for panic disorder in an active duty sample: implications for military readiness." Mil Med 162(2): 123-9.

OBJECTIVE: The efficacy of a brief cognitive-behavioral treatment for panic in military personnel was evaluated. Method: Active duty military patients (N = 37) presenting at outpatient psychiatry and psychology clinics were randomly assigned to immediate or delayed treatment conditions. All patients met Diagnostic and Statistical Manual of Mental Disorders criteria for a primary diagnosis of panic disorder with or without agoraphobia. RESULTS: At posttreatment, 80% of the immediate treatment group, compared to 0% of the delayed treatment group, met recovery criteria on all major clinical facets of panic disorder (i.e., panic attacks, panic-related worry, phobic avoidance). At follow-up, 75% of the treated group continued to meet recovery criteria,e).TJET5smgs la.ntTpn0(e)-5(va)nc(re)7(c)ela.nics cla.nics c

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Counselling

Dobson, M., D. A. Grayson, et al. (1996). "The impact of a counseling service program on the psychosocial morbidity of Australian Vietnam Veterans." Evaluation Review 20(6): 670-694.

Evaluated the effectiveness of the Vietnam Veterans Counselling Service (VVCS), a

Family Therapy

in the care of the mentally ill is discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Research Methods

Schnurr, P. P., M. J. Friedman, et al. (2005) Issues in the design of multisite clinical trials of psychotherapy: VA Cooperative Study No. 494 as an example. Contemporary Clinical Trials, 6: 626-36

This article describes issues in the design of an ongoing multisite randomized clinical trial of psychotherapy for treating posttraumatic stress disorder (PTSD) in female veterans and active duty personnel. Research aimed at testing treatments for PTSD in women who have served in the military is especially important due to the high prevalence of PTSD in this population. VA Cooperative Study 494 was designed to enroll 384 participants across 12 sites. Participants are randomly assigned to receive 10 weekly sessions of individual psychotherapy: Prolonged Exposure, a specific cognitive-behavioral therapy protocol for PTSD, or present-

eligibility criteria for clinical trials of psychosocial treatments for PTSD. Administrative data for 239,668 patients who received a diagnosis of PTSD within the VA healthcare system during the 2003 fiscal year were compared with inclusion and exclusion criteria of 31 clinical trials for PTSD. Based on available data, all patients appeared to be eligible for at least one study, and half (50%) were eligible for between 16 and 21 (50% or more) of the 31 studies examined. The studies for which the most veterans with PTSD would have been eligible targeted combat-related trauma or did not specify type of trauma in their eligibility criteria. Veterans who exhibited psychotic symptoms (3% of the sample) were ineligible for most, but not all, of the studies. However, most veterans with comorbid Axis I conditions, such as depression, anxiety disorders, and substance use disorders, were eligible for multiple studies. These findings, which indicate that the existing literature on the efficacy of psychosocial treatment may inform the treatment of the majority of veterans who present with PTSD, have applications for the design of future clinical trials and for consultation of the literature regarding appropriate treatments for veterans with PTSD.