



“WRAIR Forward”



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COMMANDER’S CORNER

In this edition, we highlight the results of a command-directed assessment that compared two Post-Deployment Health Assessment interview strategies with units following their deployment to Iraq. By evaluating a prototype strategy developed in Europe, we could provide lessons learned to the Army as a whole. The unit was also able to respond rapidly to AFRICOM’s request for a Mental Health Advisory Team assessment in Africa. USAMRU-E’s co-location with operational units facilitates real-time response to senior leader requests for support. As the Army’s only forward deployed research unit, USAMRU-E remains positioned to study the unique demands on Soldiers and their Families.

LTC Maurice L. Sipos

BEHAVIORAL HEALTH

STRATEGY COMPARISON: RESULTS OUTBRIEFED

The command-directed assessment of alternative reintegration strategies, conducted by USAMRU-E with Dr. Wright as project lead, compared two Post-Deployment Health Assessment (PDHA) interview strategies with units following a twelve-month deployment to Iraq. A multi-method longitudinal design was used to examine the different behavioral health reintegration delivery models.

Method. The PDHA was conducted differently in two locations.

- In one location, all returning Soldiers (N = 2,145) received an interview with a behavioral health provider that followed a standard outline. This interview covered behavioral health concerns and provided education on post-deployment transition issues and warning signs of behavioral health problems.



- In another location, all returning Soldiers (N = 1,775) received the standard primary care provider interview with follow-on behavioral health interviews conducted as needed.

Anonymous surveys were collected before and after the PDHA, as well as four months later. PDHA data and behavioral health clinic use data, compiled by location by Europe Regional Medical Command (ERMC) Behavioral Health Division, were also analyzed. The units being assessed had experienced relatively low levels of combat during their deployment.

Key Findings. Overall, the two different locations did not differ in terms of outcomes. There were no differences based on PDHA strategy in terms of perceptions of behavioral health stigma, barriers to care, and attitudes that might prevent treatment seeking. In addition, there were no differences between the two interview strategies in terms of referrals and behavioral health clinic use.

However, Soldiers interviewed by a behavioral health provider rated interview usefulness, quality, and their comfort reporting behavioral health concerns more positively than Soldiers interviewed by a primary care provider.

Implications. In units with relatively low combat exposure, there is no evidence that 100% behavioral health provider interviews, as a routine PDHA procedure, result in improved outcomes, treatment seeking, or attitudes toward treatment seeking.

Nevertheless, interviews that follow a structured review of post-deployment issues appear to result in more positive attitudes toward behavioral health concerns and providers conducting the interviews.

Dr. Wright and LTC Sipos out briefed BG West, Commanding General, ERMC (24 JAN 12; Heidelberg), and then delivered an information paper for the Army Surgeon General (1 FEB 12).

COMPREHENSIVE SOLDIER FITNESS



Dr. Adler, LTC McGurk and COL Bliese, Director, Center for Psychiatry and Neuroscience, WRAIR, briefed BG(P) Pasqualette, Director, Comprehensive Soldier Fitness (CSF), and COL Riddle, Deputy Director, CSF on the WRAIR’s resilience research program (25 JAN 12; Crystal City, VA).

Dr. Adler and LTC McGurk attended the Comprehensive Soldier Fitness Strategy Review Meeting (24 JAN 11; Fort Belvoir, VA) and the WRAIR-hosted CSF follow-up strategy meeting (7 FEB 12; Silver Spring, MD).

Dr. Adler and COL Bliese participated as invited subject matter experts in a dialogue meeting between Comprehensive Soldier Fitness and civilian academic critics (21 FEB 12; Crystal City, VA).

MHAT-AFRICA: ARMY NATIONAL GUARD SURVEYED IN DJIBOUTI



MHAT-Africa, led by LTC Sipos, collected and processed approximately 500 surveys with the support of medical officers from the Kansas

Army National Guard. The survey was developed based on feedback from focus groups conducted with service members on-site in Djibouti in December by LTC Sipos, Dr. Adler and Dr. Riviere. Other services will be surveyed pending approval by DoD.

INSOMNIA PREDICTS MENTAL HEALTH PROBLEMS POST-COMBAT

(New Publication)

Wright, K. M., Britt, T. W., Bliese, P. D., Adler, A. B., Picchioni, D., & Moore, D. (2011).

Insomnia as predictor versus outcome of PTSD and depression among Iraq Combat Veterans. *Journal of Clinical Psychology*, 67(12), 1240-1258. doi: 10.1002/jclp.20845



PROGRAM REVIEWS BY MOMRP

COL Castro, Director, Military Operational Medical Research Program (MOMRP), MAJ Bonilla-Vasquez, Deputy Director, MOMRP, MOMRP staff Dr. Nassauer and Dr. Fitek, conducted a Review and Analysis (R&A) for the ATO on Advanced Battlemind, W-1 (Resilience Research) and W-3 (Suicide Prevention in a Combat Environment; 29 FEB 12; Heidelberg, Germany).

Dr. Adler and Dr. Wright led the R&A with support from LTC Sipos as well as COL Bliese, LTC Thomas, Chief, Military Psychiatry Branch, and Dr. Riviere, Research Psychologist, Military Psychiatry Branch, WRAIR.

New Project Areas: Post-Conflict Risks. The program review included the presentation of new research areas. One area focuses on developing evidence-based recommendations for supporting the transition from combat to non-combat operations.

Based on the results of USAMRU-E and Military Psychiatry Branch studies demonstrating Soldier difficulties in adjustment following combat operations, studies are being developed to (1) address adjustment of combat veterans to non-combat deployments; (2) track changes in resetting in garrison and non-combat operations; and (3) develop interventions to facilitate potential difficulties with adjustment, leadership, and unit cohesion. Given the Army's experience with difficult adjustment following Vietnam, the unit is positioned to identify problems as they emerge and provide evidence-based interventions to reduce these difficulties.

Ongoing Task Area Coordination. Dr. Adler conducted a Task Area Meeting; LTC Sipos attended (26 JAN 12; Silver Spring, MD).

USAMRU-E hosted an ATO/W-1/W1-A steering committee meeting with COL Bliese, LTC Thomas, and Dr. Riviere (1 MAR 12; Heidelberg, Germany).

Dr. Adler attended the Military Operational Medicine Research Program (MOMRP) Integrated Integrating Product Team (IIPT) meeting (13-14 MAR 12; Frederick MD) and presented W1, W1-A and W3 (on behalf of Dr. Wright).

Evidence-Based Recommendations for Difficulties Anticipated after Current Conflicts are Less Predominant

Address risk in humanitarian mission among combat veterans (MHAT-Africa)

Track resetting trends

Develop and test interventions to optimize integration of combat veterans in a low-combat environment

Consult: Psychological Return To Duty

NATO MEETINGS



Suicide Meeting. Dr. Wright served as a US representative to the NATO Military Suicide Research Task Group HFM-RTG-218 (9-13 JAN 12; Oberammergau, Germany). The group is finalizing a template for collecting nation-specific information on military suicides, prevention efforts and best practices.

Mental Health Training. Dr. Adler and LTC McGurk conducted a sub-group of NATO RTG-203 on Mental Health Training with Lt Col Bailey, Director of Social Work, Canadian Defence Force. The sub-group developed an initial prototype for Mental Health Training at Basic Training (8-9 FEB 12; Silver Spring, MD).

This prototype was provided to the full working group meeting RTG during the semi-annual meeting, attended by Dr. Adler (25-28 MAR 12; Amsterdam, Netherlands).

UNIT RESILIENCE TRAINING IN DEVELOPMENT

WRAIR researchers LTC Thomas, CPT Edens, and Dr. Adler consulted with Dr. Cacioppo at the University of Chicago concerning post-deployment unit-based resilience training. This training is designed to reduce loneliness and social isolation, potential risk factors associated with adjustment problems in high-risk groups returning from deployment (22-23 JAN 12; Chicago, IL). The training will be tested as part of a randomized trial with National Guard units building on social fitness training developed by Dr. Cacioppo and his team.

30TH MEDCOM BRIEF

LTC Sipos and Dr. Adler briefed outgoing COL(P) Cho, Commander, 30th MEDCOM, incoming commander COL Nishimura, COL Orrico, Chief of Staff, and CSM King concerning an MHAT-style medical study being proposed with 30th MEDCOM units when they deploy to Afghanistan (23 MAR 12; Grafenwoehr, Germany).



The goal of the study is to benchmark behavioral health outcomes with providers, assess provider attitudes, and conduct a needs assessment for psychological return to duty guidance as part of a new Army research task area. The 30th MEDCOM leadership approved the initial study plans.

PROTOCOL MANAGEMENT SMARTBOOK

USAMRU-E staff, Dr. Adler, Ms. Eckford, and Ms. Kreilein, in conjunction with guidance from Ms. Cancel at the Human Subjects Protection Branch, WRAIR, completed a manual documenting best practices for complying with protocol-related paperwork for USAMRU-E studies. The manual, entitled “Regulatory file SmartBook,” was distributed to science personnel at USAMRU-E, the Military Psychiatry Branch, and MOMRP.

PERSONNEL UPDATES

LTC Sipos participated in the ERM Staff Ride to Verdun, France (26-30 MAR 12).

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