

MILITARY VETERANS MENTAL HEALTH

Though military personnel and veterans can experience the full range of mental health conditions, research suggests they are more likely to be diagnosed with mood and anxiety disorders, including depression, panic, and posttraumatic stress disorder (PTSD), as well as anger-related disorders. Approximately 25% to 50% of military personnel with these mental health conditions first experienced the onset of the condition prior to joining the military. Though mental health conditions, in general, are associated with increased risk for suicidal thoughts and behaviors, among military personnel, depression, PTSD, and alcohol use problems seem to have the strongest relationship with suicide risk. Research also suggests that mental health conditions that are first experienced after joining the military (as compared to conditions first experienced before joining the military) may have a relatively stronger association with suicidal behavior.

Treatments

The past decade has seen a rapid expansion of efforts aimed at developing and testing treatments for military personnel and veterans struggling with these conditions.

Posttraumatic Stress Disorder

Two types of trauma-focused treatments have been found to be especially beneficial for individuals with PTSD: prolonged exposure (PE) and cognitive processing therapy (CPT). These treatments were initially developed outside the military to help individuals with PTSD, and have subsequently been adapted for use with military personnel and veterans as well. In PE, individuals tell the story of their traumatic event and confront reminders of that event, which enables them to tolerate the associated uncomfortable thoughts and feelings. In CPT, individuals focus on changing how they think about the stressful event so they view themselves and the world in a more balanced way.

More than two-thirds of individuals with PTSD who begin PE and CPT no longer have PTSD afterward. The likelihood of recovery increases among those who complete the entire treatment: approximately 90% of individuals completing the treatments no longer have PTSD afterwards. Recovery often occurs in fewer than 12 outpatient appointments. The benefits of PE and CPT last for many years after treatment. Although recent research suggests that recovery rates from PTSD are somewhat lower for military veterans than for civilians, more than half of veterans who receive these treatments recover from PTSD.

Depression

Two types of psychological treatments that are effective for reducing depression include cognitive behavioral therapy for depression (CBT-D) and interpersonal psychotherapy (IPT). Both treatments involve participating in up to 20 individual therapy sessions. In CBT-D, the focus of treatment is on changing thoughts and assumptions that may contribute to depression (e.g., pessimism, self-criticism) and increasing one's engagement in enjoyable and meaningful activities (e.g., resuming hobbies, increasing exercise, spending time with others). In IPT, the focus of treatment is on changing relationship issues that may contribute to depression (e.g., conflict with romantic partners and others).

Over 75% of individuals, including military veterans, treated for depression report significant improvements after CBT-D and IPT. Both CBT-D and IPT have also been found to reduce the risk of experiencing another depressive episode.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor's suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

Among those who receive these therapies and experience another depressive episode, the severity of the subsequent episode is usually reduced.

Suicide Risk

Two treatment approaches are considered to be effective for preventing suicidal behavior among high-risk individuals: dialectical behavior therapy (DBT) and cognitive therapy for suicide prevention (CT-SP). DBT is a 12-month treatment that includes weekly individual therapy sessions, weekly group skills training sessions, and regular phone contact with a clinician. CT-SP is a 10-session treatment that includes individual therapy sessions that teach skills to manage emotional distress and to change how one thinks about oneself. Both treatments have been found to reduce suicidal behaviors by 50% in nonmilitary samples.

A 12-session adaptation of CT-SP, referred to as brief cognitive behavioral therapy (BCBT), has been tested among military personnel and found to reduce suicide attempts by 60%. In addition to reducing suicidal behavior, BCBT is associated with decreased depression, hopelessness, anxiety, and PTSD symptoms. Suicidal military personnel treated with BCBT may also be less likely to be medically discharged from the military.

Resources

More information about military veteran mental health:

National Center for PTSD: www.ptsd.va.gov

National Center for Veterans Studies: www.veterans.utah.edu

Center for Deployment Psychology: www.deploymentpsych.org

More information about treatments that work:

Interpersonal Psychotherapy for Depression:

www.mentalhealth.va.gov/depression/ipt.asp

Cognitive Behavioral Therapy for Depression:

www.mentalhealth.va.gov/depression/cbt-d.asp

Prolonged Exposure for PTSD:

www.mentalhealth.va.gov/ptsd/pe-ptsd.asp

Cognitive Processing Therapy for PTSD:

www.mentalhealth.va.gov/ptsd/cbt-ptsd.asp

Brief Cognitive Behavioral Therapy for Suicide Prevention:

<http://deploymentpsych.org/blog/guest-perspective-targeting-suicide-risk-itself-not-psychological-disorders-reduces-suicidal-behavior>

Find treatment:

VA PTSD Program Locator: www.va.gov/directory/guide/PTSD.asp

Star Behavioral Health Providers: www.starproviders.org

For professionals looking for more in-depth studies, please see:

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