



CDP Research Update -- March 14, 2013

What's here:

- Military Caregivers: Cornerstones of Support for Our Nation's Wounded, Ill, and Injured Veterans
- He's home, but he's not the same: a pastoral counseling impression of family care after combat related traumatic brain injury.
- Recruitment to online therapies for depression: pilot cluster randomized controlled trial.
- Cognitive Behavioral Therapy for PTSD and Somatization: An Open Trial.
- Comorbidity and Internet-Delivered Transdiagnostic Cognitive Behavioural Therapy for Anxiety Disorders.
- Driving-Related Anxiety in Recently Deployed Service Members: Cues, Mental Health Correlates, and Help-Seeking Behavior.
- Development of a Measure to Inform Return-to-Duty Decision Making After Mild Traumatic Brain Injury.
- Participation in Outdoor Recreation Program Predicts Improved Psychosocial Well-Being Among Veterans With Post-Traumatic Stress Disorder: A Pilot Study.
- The Association Between U.S. Army Enlistment Waivers and Subsequent Behavioral and Social Health Outcomes and Attrition From Service.
- Longitudinal Predictors of Desire to Re-enlist in the Military Among Male and Female National Guard Soldiers.
- Recurrent Headache in Military-Dependent Children and the Impact of Parent Deployment.
- Warriors in the Academy: Veterans Transition from the Military to Higher Education
- Clinical Practice Guideline: Suicide Risk Assessment (Emergency Nurses Association)
- Social support as a protective factor in suicide: Findings from two nationally representative samples.
- Resilience in the health professions: A review of recent literature.

- Psychopharmacological treatment for military posttraumatic stress disorder: An integrative review.
- Acupuncture in Military Medicine.
- Specific Pain Complaints in Iraq and Afghanistan Veterans Screening Positive for Post-Traumatic Stress Disorder.
- Medical Marijuana for the Treatment of Post Traumatic Stress Disorder: An Evidence Review.
- Posttraumatic Stress Disorder and Cannabis Use Characteristics among Military Veterans with Cannabis Dependence.
- Psychological Resilience in Older U.S. Veterans: Results From the National Health and Resilience in Veterans Study.
- The Role of Family Physicians in Mental Health Care Delivery in the United States: Implications for Health Reform.
- Multi-Couple Group and Self-Directed PREP Formats Enhance Relationship Satisfaction and Improve Anger Management Skills in Air Force Couples.
- Hazardous drinking and its association with homelessness among veterans in care, Drug and Alcohol Dependence.
- Trauma Exposure versus Posttraumatic Stress Disorder: Relative Associations With Migraine.
- Tackling Wicked Problems: Suicide in the US Military.
- Iraq and Afghanistan Veterans: National Findings from VA Residential Treatment Programs.
- Veterans administration health care policies as a protective mechanism supporting an expected life trajectory after military service.
- Sim Coach : An Online Intelligent Virtual Human Agent System for Breaking Down Barriers to Care for Service Members And Veterans.
- PTSD and conflict behavior between veterans and their intimate partners.
- Treatment-Seeking Barriers for Veterans of the Iraq and Afghanistan Conflicts Who Screen Positive for PTSD.
- The Military Success Model: An Introduction.
- Joining Forces: Counselors Collaborating to Serve Military Families.

- Serving the Children of Those Who Serve: School Counselor Service Provision to Children of Deployed Military Parents.
- Addressing the Mental Health Needs of Gay Military Veterans: A Group Counseling Approach.
- Logotherapy to Treat Substance Abuse as a Result of Military-Related PTSD.
- The Many Presentations of Posttraumatic Stress Disorder: An Empirical Examination of Theoretical Possibilities.
- The War Within: One Soldier's Experience, Several Clinicians' Perspectives.
- An examination of the impact of a veterans only college course.
- Screening for Postdeployment Conditions: Development and Cross-Validation of an Embedded Validity Scale in the Neurobehavioral Symptom Inventory.
- Links of Interest
- Research Tip of the Week: Liferhacker

http://www.rand.org/pubs/research_reports/RR244.html

Military Caregivers: Cornerstones of Support for Our Nation's Wounded, Ill, and Injured Veterans

Terri Tanielian, Rajeev Ramchand, Michael P. Fisher, Carra S. Sims, Racine S. Harris, Margaret C. Harrell

RAND Corporation

2013

Military caregivers are an essential part of our nation's ability to care for returning wounded warriors. Far too often, their own needs are neglected. The RAND Corporation and the Elizabeth Dole Foundation collaborated on a first, exploratory phase of a larger research effort regarding this demographic and its needs. The paper explores what is known about the number and characteristics of military caregivers, describes the roles and functions they perform, and highlights the effect of caregiving on their own well-being. Most existing literature on family caregivers is heavily focused on an older population caring for persons with chronic conditions or dementia. By comparison, research on military caregivers is scant, and there are notable differences that make this population unique: Military caregivers are spouses with young children, parents with full- and part-time jobs, and sometimes even young children helping shoulder some of the burden. Government services available to this population are in their infancy; community service organizations offer diverse services but they are generally uncoordinated. This paper lays the groundwork to inform policy and program development relative to the unique needs of military caregivers.

<http://www.ncbi.nlm.nih.gov/pubmed/23461104>

J Pastoral Care Counsel. 2012 Fall-Winter;66(3-4):3.

He's home, but he's not the same: a pastoral counseling impression of family care after combat related traumatic brain injury.

Alexander DW.

Source: United States Naval Academy, USA. david.w.a.alexander@gmail.com

Abstract

As the occurrence of direct contact with heavy improvised explosive devices has increased in Operation Enduring Freedom, more and more veterans are returning home from combat deployment with traumatic brain injuries (TBI). Although these injuries are associated with many different neurological, physiological, and emotional symptoms, perhaps most difficult for families is the phenomenon of perceived personality change. This article examines common clinical interventions in treating personality change associated with TBI, and offers pastoral context and insights for complementary care with families during the return and reunion process.

<http://www.ncbi.nlm.nih.gov/pubmed/23462072>

J Med Internet Res. 2013 Mar 5;15(3):e45. doi: 10.2196/jmir.2367.

Recruitment to online therapies for depression: pilot cluster randomized controlled trial.

Jones RB, Goldsmith L, Hewson P, Williams CJ.

Source: Plymouth University, Faculty of Health, Education, and Society, Plymouth, United Kingdom. ray.jones@plymouth.ac.uk.

Abstract

BACKGROUND:

Raising awareness of online cognitive behavioral therapy (CBT) could benefit many people with depression, but we do not know how purchasing online advertising compares to placing free links from relevant local websites in increasing uptake.

OBJECTIVE:

To pilot a cluster randomized controlled trial (RCT) comparing purchase of Google AdWords with placing free website links in raising awareness of online CBT resources for depression in order to better understand research design issues.

METHODS:

We compared two online interventions with a control without intervention. The pilot RCT had 4 arms, each with 4 British postcode areas: (A) geographically targeted AdWords, (B) adverts placed on local websites by contacting website owners and requesting links be added, (C) both interventions, (D) control. Participants were directed to our research project website linking to two freely available online CBT resource sites (Moodgym and Living Life To The Full (LLTTF)) and two other depression support sites. We used data from (1) AdWords, (2) Google Analytics for our project website and for LLTTF, and (3) research project website. We compared two outcomes: (1) numbers with depression accessing the research project website, and then chose an onward link to one of the two CBT websites, and (2) numbers registering with LLTTF. We documented costs, and explored intervention and assessment methods to make general recommendations to inform researchers aiming to use similar methodologies in future studies.

RESULTS:

Trying to place local website links appeared much less cost effective than AdWords and although may prove useful for service delivery, was not worth pursuing in the context of the current study design. Our AdWords intervention was effective in recruiting people to the project website but our location targeting "leaked" and was not as geographically specific as claimed. The impact on online CBT was also diluted by offering participants other choices of destinations. Measuring the impact on LLTTF use was difficult as the total number using LLTTF was less than 5% of all users and record linkage across websites was impossible. Confounding activity may have resulted in some increase in registrations in the control arm.

CONCLUSIONS:

Practitioners should consider online advertising to increase uptake of online therapy but need to check its additional value. A cluster RCT using location targeted adverts is feasible and this research design provides the best evidence of cost-effectiveness. Although our British pilot study is limited to online CBT for depression, a cluster RCT with similar design would be appropriate for other online treatments and countries and our recommendations may apply. They include ways of dealing with possible contamination (buffer zones and AdWords techniques), confounding factors (large number of clusters), advertising dose (in proportion to total number of users), record linkage (landing within target website), and length of study (4-6 months).

TRIAL REGISTRATION:

clinicaltrials.gov (Registration No. NCT01469689); <http://clinicaltrials.gov/ct2/show/NCT01469689>
(Archived by WebCite at <http://www.webcitation.org/6EtTthDQp>).

<http://www.sciencedirect.com/science/article/pii/S0005796713000375>

Cognitive Behavioral Therapy for PTSD and Somatization: An Open Trial.

Carlos I. Pérez Benítez, Caron Zlotnick, Judelysse Gomez, Maria J. Rendón, Amelia Swanson

Behaviour Research and Therapy, Available online 4 March 2013

No treatment, to date, has been developed to improve both posttraumatic stress disorder (PTSD) and medically unexplained physical symptoms (MUPS), despite mounting evidence of high comorbidity between PTSD and MUPS. This study assessed the feasibility, acceptability, and treatment outcomes of an adapted cognitive behavioral therapy for PTSD and abridged somatization in a sample of eight participants. Fifteen percent of completers did not meet PTSD criteria after treatment completion and 62.5% improved their somatic symptoms. There was a significant difference between pre and posttreatment depression symptoms, as well as in psychological and physical functioning measures. Results indicated a small to moderate effect size ($d = 0.27 - 0.78$) in PTSD severity scores, and moderate to large effect size in depression symptoms and psychosocial and physical functioning variables ($d = 0.39 - 1.12$). Preliminary evidence of acceptability indicates that the current CBT intervention may be suitable for Latinos individuals with PTSD and MUPS.

<http://www.ncbi.nlm.nih.gov/pubmed/23458319>

Cogn Behav Ther. 2013 Mar 4. [Epub ahead of print]

Comorbidity and Internet-Delivered Transdiagnostic Cognitive Behavioural Therapy for Anxiety Disorders.

Johnston L, Titov N, Andrews G, Dear BF, Spence J.

Source: Department of Psychology , Centre for Emotional Health, Macquarie University , North Ryde, Sydney , Australia.

Abstract

Internet-delivered transdiagnostic anxiety interventions aim to reduce symptoms across several anxiety disorders using one treatment protocol. However, it is unclear whether comorbidity affects outcomes of such treatment. This study re-examined data from a recent randomised controlled trial ($N = 129$) that evaluated the efficacy of an Internet-delivered transdiagnostic cognitive behavioural therapy (iCBT) intervention for participants with principal diagnoses of generalised anxiety disorder (GAD), social phobia (SP) panic disorder and agoraphobia (PDA), of whom 72% met criteria for a comorbid anxiety disorder or depression. Participants were divided into two groups based on whether or not they had a comorbid disorder before treatment. Participants with comorbid conditions reported higher symptom levels at pre-treatment, post-treatment, and follow-up across a range of measures. Both groups showed significant reductions in symptoms over treatment; however, participants with comorbid disorders showed greater reductions in measures of GAD, PDA, SP, depression, and neuroticism. In addition, treatment significantly reduced the number of comorbid diagnoses at follow-up. These results indicate transdiagnostic iCBT protocols have the potential to reduce comorbidity.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000003/art00033>

Driving-Related Anxiety in Recently Deployed Service Members: Cues, Mental Health Correlates, and Help-Seeking Behavior.

Authors: Zinzow, Heidi M.; Brooks, Johnell; Stern, Erica B.

Source: Military Medicine, Volume 178, Number 3, March 2013 , pp. e357-e361(5)

Recent military operations have involved repeated trauma exposure while driving vehicles. Combat deployment and post-traumatic stress disorder (PTSD) have been associated with risky driving practices, increasing the likelihood of fatalities and problems adjusting to civilian life. However, no studies have specifically examined the role of driving-related anxiety, including common cues and mental health correlates. This study conducted structured interviews with 46 recently deployed service members. Interviews assessed the prevalence of driving-related anxiety or hyperarousal (anger or irritation) in relation to civilian driving scenarios, combat exposure, post-traumatic stress symptoms, depression symptoms, and help-seeking behavior. The majority of participants reported high driving anxiety or hyperarousal in response to scenarios involving close proximity to other cars. Driving-related anxiety was positively correlated with PTSD and depression. Although PTSD and driving anxiety were positively associated with help seeking, only one-third of soldiers sought help for driving anxiety and most sought help from informal sources (i.e., friend and battle buddy). The findings underscore the need to address driving-related anxiety in combat-exposed service members with mental health symptoms, with a particular focus on specific anxiety-provoking situations. Furthermore, interventions that reduce stigma and improve access to formal care could improve help seeking and treatment for these problems.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000003/art00016>

Development of a Measure to Inform Return-to-Duty Decision Making After Mild Traumatic Brain Injury.

Authors: Radomski, Mary Vining; Weightman, Margaret M.; Davidson, Leslie Freeman; Finkelstein, Marsha; Goldman, Sarah; McCulloch, Karen; Roy, Tanja C.; Scherer, Matthew; Stern, Erica B.

Source: Military Medicine, Volume 178, Number 3, March 2013 , pp. 246-253(8)

Mild traumatic brain injury (mTBI), a principal injury of the wars in Iraq and Afghanistan, can result in significant morbidity. To make accurate return-to-duty decisions for soldiers with mTBI, military medical personnel require sensitive, objective, and duty-relevant data to characterize subtle cognitive and sensorimotor injury sequelae. A military-civilian research team reviewed existing literature and obtained input from stakeholders, end users, and experts to specify the concept and develop a preliminary assessment protocol to address this need. Results of the literature review suggested the potential utility of a test based on dual-task and multitask assessment methods. Thirty-three individuals representing a variety of military and civilian stakeholders/experts participated in interviews. Interview data suggested

that reliability/validity, clinical feasibility, usability across treatment facilities, military face validity, and capacity to challenge mission-critical mTBI vulnerabilities were important to ultimate adoption. The research team developed the Assessment of Military Multitasking Performance, a tool composed of eight dual and multitasking test-tasks. A concept test session with 10 subjects indicated preliminary face validity and informed modifications to scoring and design. Further validation is needed. The Assessment of Military Multitasking Performance may fill a gap identified by stakeholders for complex cognitive/motor testing to assist return-to-duty decisions for service members with mTBI.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000003/art00017>

Participation in Outdoor Recreation Program Predicts Improved Psychosocial Well-Being Among Veterans With Post-Traumatic Stress Disorder: A Pilot Study.

Authors: Vella, Elizabeth Jane; Milligan, Briana; Bennett, Jessie Lynn

Source: Military Medicine, Volume 178, Number 3, March 2013 , pp. 254-260(7)

Purpose:

Evaluate the effectiveness of a 2-day, 3-night outdoor recreation intervention involving fly-fishing in reducing the psychological concomitants of stress among 74 veterans (M = 47.27, SD = 14.55 years) with post-traumatic stress disorder (PTSD).

Methods:

Participants completed repeated assessments of attentiveness, mood, depression, anxiety, and somatic stress across 3 time periods, corresponding to 2 weeks before the trip (baseline), the last day of the trip, and a 6-week follow-up. Assessments of perceptual stress, PTSD symptoms, and sleep quality were also administered during the baseline and follow-up periods.

Results:

Acute effects were observed for improvements in attentiveness and positive mood states, coupled with significant and sustained reductions in negative mood states, anxiety, depression, and somatic symptoms of stress. Comparisons between the baseline and follow-up periods revealed significant improvements in sleep quality and reductions in perceptual stress and PTSD symptoms.

Conclusions:

The current findings suggest that combat veterans with PTSD may benefit from participation in group-based outdoor recreation as a means to improve psychosocial well-being.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000003/art00018>

The Association Between U.S. Army Enlistment Waivers and Subsequent Behavioral and Social Health Outcomes and Attrition From Service.

Authors: Gallaway, M. Shayne; Bell, Michael R.; Lagana-Riordan, Christine; Fink, David S.; Meyer, Charles E.; Millikan, Amy M.

Source: Military Medicine, Volume 178, Number 3, March 2013 , pp. 261-266(6)

Soldiers granted enlistment waivers for medical concerns, misconduct, or positive alcohol/drug tests may or may not be associated with an increased likelihood of negative behavioral outcomes. Soldiers in the population examined (n = 8,943) who were granted enlistment waivers from 2003 to 2008 were significantly more likely to subsequently be screened for alcohol/substance abuse, test positive for illicit substances, or receive an Army separation for behavioral misconduct. These associations were highest among Soldiers granted waivers for nonlawful alcohol/drug violations. Soldiers granted waivers for felony offenses and serious nontraffic violations were significantly less likely to separate from the Army compared with Soldiers not granted enlistment waivers.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000003/art00019>

Longitudinal Predictors of Desire to Re-enlist in the Military Among Male and Female National Guard Soldiers.

Authors: Lancaster, Steven L.; Erbes, Christopher R.; Kumpula, Mandy J.; Ferrier-Auerbach, Amanda; Arbisi, Paul A.; Polusny, Melissa A.

Source: Military Medicine, Volume 178, Number 3, March 2013 , pp. 267-273(7)

Given the cost and burden associated with training and recruitment of military members, identifying predictors of military retention remains an important goal. The aim of the current study was to examine predictors of male and female service members' likelihood of remaining in the National Guard following combat deployment in support of Operation Iraqi Freedom. Using a prospective, longitudinal design, this study assessed a wide range of predictors including mental health functioning, personality variables, deployment stressors, and various domains of quality of life. Results indicated perceived unit support was the strongest predictor of intention to re-enlist for both male and female participants. However, significant gender differences emerged as predeployment depression and a trend toward perceived life threat during deployment were predictors of men's intention to re-enlist, whereas the predeployment personality dimension of introversion (low positive emotionality) and postdeployment life stressors were predictors of women's intention to re-enlist. Surprisingly, no postdeployment mental health variables predicted National Guard soldiers' intention to re-enlist. Findings from this study suggest factors associated with National Guard service members' retention or attrition from the military may be amenable to intervention.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000003/art00020>

Recurrent Headache in Military-Dependent Children and the Impact of Parent Deployment.

Authors: Swedean, Sandra K.; Gonzales, Monica V.; Zickefoose, Betty A.; Bush, Anneke C.; Davis, Jessica M.; Elrod, Diane C.; Hsieh, David T.

Source: Military Medicine, Volume 178, Number 3, March 2013 , pp. 274-278(5)

Our objective is to determine the prevalence of recurrent headaches in military-dependent children and to study the changes in headache frequency, severity, and duration during a parental deployment. Recurrent headaches are common in children and are often intensified by stressful life events. Military-dependent children are subjected to unique stressors, most significantly parental wartime deployment. No studies have evaluated the effect of deployment on somatic complaints, to include headaches. We conducted a parental, cross-sectional questionnaire-based study in patients aged 5 to 17 years who were seen in the pediatric or adolescent clinics at a regional military medical center. The overall prevalence of recurrent headaches in the preceding 12 months was 30%. Almost half reported headache worsening in frequency, severity, or duration over the previous 12 months, whether a parent was deployed or not. For children who had experienced parental deployment, younger children and females were affected more often. Younger females had the highest rates of headache worsening. This trend may indicate a more detrimental effect of parental deployment on childhood headache in certain populations.

<http://digilib.gmu.edu/xmlui/handle/1920/7992>

Warriors in the Academy: Veterans Transition from the Military to Higher Education

Anderson, Julia

Thesis - Master of Arts in Sociology

George Mason University

December 2012

Veterans of the wars in Iraq and Afghanistan are enrolling in higher education at a rapidly increasing pace. Though there is a growing body of research about this newest generation of student-veterans, what is lacking is an exploration of veteran's social and institutional biography and the qualities of higher education institutions that most impact their transition experience. To address these questions, I conducted a qualitative study about the experiences of military veterans as they transitioned to higher education, observing a student-veteran organization and conducting semi-structured interviews and focus groups with 22 veterans attending a large public university. The research revealed two aspects of their biography that posed challenges when they first arrived on the college campus—social class and military service. Many veterans suffer the “hidden injuries” of coming from a working-class

background—an aspect of their transition that has been under-examined. While the military is credited with being an unusually class-leveling institution, time during service does nothing to diminish many of the class effects that make higher education challenging for those who were from poor or working-class homes, therefore social class reemerges as an influential factor in the transition. The military has transformed them in some ways that are particularly misaligned with the university, contributing to what many of them experience as culture shock. Adjustment to life post-“total institution” with the nebulous identity of “veteran” compounded the difficulty of reintegration. My research suggests that veterans in transition seem to experience the university as primarily what it is not. As campuses develop and evaluate initiatives to meet the needs of student-veterans, some best practices have emerged. Two of the recommendations most often mentioned are mentorship programs and university-supported student-veteran organizations; what veterans gain through those organizations and interactions is a sense of belonging. This research offers an important contribution for those committed to assisting student-veterans and offers five concrete suggestions: identify the veterans on campus; facilitate programs that enhance sense of belonging; sensitize faculty; centralize resources; and maintain ongoing dialogue with the student-veteran population.

<https://www.ena.org/IENR/ENR/Documents/SuicideRiskAssessmentCPG.pdf>

Clinical Practice Guideline: Suicide Risk Assessment

Emergency Nurses Association © December 2012.

Suicide is the leading cause of injury mortality in the United States (Rockett, et al. 2012). The Joint Commission National Patient Safety Goal (NPSG) requires facilities to “Conduct a risk assessment that identifies specific patient characteristics and environmental features that may increase or decrease the risk for suicide (The Joint Commission, 2012, p.10).” The NPSGs require that patients seeking mental health care in general hospitals, for attempted or suspected suicide attempts and suicidal ideation, are provided with an organized approach for suicide assessment and triage (Jacobs, 2007). Individuals who attempt suicide or have suicidal ideations can present multiple challenges for emergency care providers. Patients often do not volunteer that their injuries are due to self-harm. Care providers need to have a high level of suspicion and attempt to identify potential risk factors and personal characteristics that are associated with suicidal behaviors. Although tools are available to help with assessing potentially suicidal patients, the tools often have limitations for use in the setting of initial assessment in an emergency department (ED). Once a person is identified as a potential suicide risk, care providers need to provide safety and preventive care until the patient can be transferred to an area or facility that can provide further psychiatric evaluation and services (Jacobs, 2007; Knesper, 2011).

This Clinical Practice Guideline (CPG) evaluates the scientific and research literature for the initial assessment and evaluation of patients who present to the emergency setting who have suicidal ideation or after attempted suicide and/or those patients at high risk for future attempts of suicide. The CPG evaluate screening tools and scales used to assess potential suicidal patients and predictors of suicide risk for emergency patients.

<http://www.ncbi.nlm.nih.gov/pubmed/23466401>

J Affect Disord. 2013 Mar 2. pii: S0165-0327(13)00088-8. doi: 10.1016/j.jad.2013.01.033. [Epub ahead of print]

Social support as a protective factor in suicide: Findings from two nationally representative samples.

Kleiman EM, Liu RT.

Source: Department of Psychology, George Mason University, Mail Stop 3F5, Fairfax, VA 22030, USA.
Electronic address: Ekleiman1@gmail.com.

Abstract

BACKGROUND:

Suicide is a problem of worldwide concern and research on possible protective factors is needed. We explored the role of social support as one such factor. Specifically, we hypothesized that increased social support would be associated with decreased likelihood of a lifetime suicide attempt in two nationally representative samples as well as a high-risk subsample.

METHODS:

We analyzed the relationship between social support and lifetime history of a suicide attempt, controlling for a variety of related psychopathology and demographic variables, in the National Comorbidity Study Replication (NCS-R), a United States sample and the Adult Psychiatric Morbidity Study (APMS), an English sample.

RESULTS:

Results indicate that social support is associated with decreased likelihood of a lifetime suicide attempt controlling for a variety of related predictors in both the full US sample (OR=0.68, $p<.001$) and the full English sample (OR=0.93, $p<.01$).

LIMITATIONS:

The cross-sectional data do not allow true cause and effect analyses.

CONCLUSIONS:

Our findings suggest social support is associated with decreased likelihood of a lifetime suicide attempt. Social support is a highly modifiable factor that can be used to improve existing suicide prevention programs worldwide.

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<http://www.internationaljournalofwellbeing.org/index.php/ijow/article/viewFile/153/311>

McCann, C. M., Beddoe, E., McCormick, K., Huggard, P., Kedge, S., Adamson, C., & Huggard, J. (2013).

Resilience in the health professions: A review of recent literature.

International Journal of Wellbeing , 3 (1), 60 - 81 . doi: 10. 5502/ijw.v3i1.4

All health professions face numerous stressors within their clinical practice, including time pressures, workload, multiple roles and emotional issues. Frequent workplace stress can impact on the physical and mental wellbeing of health professionals and result in burnout and, in some cases, traumatic stress - like symptoms. These outcomes can impact not only on the wellbeing of health professionals but also on their ability to practise effectively. It is therefore imperative that a preventive approach is adopted. Developing resilience - promoting environments within the health professions can be explored as a means to reduce negative, and increase positive, outcomes of stress in health professionals.

This literature review seeks to elucidate the processes and characteristics (both individual and contextual) that enhance resilience in the health professions. It explores relevant literature from five health professions (nursing, social work, psychology, counselling and medicine) to identify the individual and contextual resilience - enhancing qualities of each profession.

Commonalities and differences between the disciplines are identified in order to arrive at a definitive explanation of resilience across health professions. Implications for clinical practice and recommendations for further research are also discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/1745-7599.12016/abstract>

Psychopharmacological treatment for military posttraumatic stress disorder: An integrative review.

Tawa, J. and Murphy, S.

Journal of the American Academy of Nurse Practitioners

Article first published online: 6 MAR 2013

Purpose

Posttraumatic stress disorder (PTSD) is a serious mental health disorder. The current first-line psychopharmacologic treatment for PTSD is selective serotonin reuptake inhibitors (SSRIs). Recently, the efficacy of SSRIs has been challenged in favor of propranolol use. This article reviews the origins of PTSD, its impact within the veteran population, psychopharmacological treatment of PTSD, and current literature on the use of propranolol for PTSD treatment.

Data sources

The search strategies used included ProQuest, Medline, CINAHL, and Psychiatry Online and were

searched using the key terms: PTSD, psychopharmacological treatment, SSRIs, propranolol, military, and veterans in multiple combinations.

Conclusions

Studies to date indicate that (a) SSRIs are only moderately effective as a first-line treatment for PTSD and less so for military personnel, (b) propranolol has the ability to attenuate traumatic memory in primary and tertiary use, and (c) ethical and moral consideration as well as further research and testing is needed for substantiating propranolol as a first-line PTSD psychopharmacological treatment.

Implications for practice

Current research has shown propranolol to be an effective treatment option for PTSD.

http://cdn.intechopen.com/pdfs/43344/InTech-Acupuncture_in_military_medicine.pdf

Acupuncture in Military Medicine.

Alexandra M. York, Kevin G. Berry, Rick C. Welton, Joan A. G. Walter, Richard C. Niemtow and Wayne B. Jonas

Chapter 16

Acupuncture in Modern Medicine

Edited by Lucy L. Chen and Tsung O. Cheng, ISBN 978-953-51-1020-0, Hard cover, 389 pages, Publisher: InTech, Published: March 06, 2013 under CC BY 3.0 license

The Global War on Terrorism and the wars in Iraq and Afghanistan have produced an increasing number of combat veterans returning with complex multi-trauma. Most of these injuries are caused by roadside, vehicle-mounted, and variously concealed improvised explosive devices (IEDs) that cause extensive direct and indirect concussive, blunt and projectile-induced damage. Due to significant improvements in individual body and vehicle armor, more sophisticated and responsive emergency medical and surgical care, and advanced air evacuation system capabilities, these injuries have become more survivable. In some cases, the very body armor that saves lives may contribute to head, neck, and extremity injuries, which in turn often progress to long-term disability and/or pain. Added to the physical wounds of war are the psychological and emotional sequelae associated with civilian and guerilla warfare, mass casualties and asymmetric warfare. As a result, large numbers of combat veterans experience a trauma spectrum response that includes pain, sleep and other somatic disorders, anxiety, post-traumatic stress, and other symptoms.

Due to the stigma associated with being taken out of the fight and away from their battle team, it is common for U.S. combatants to delay seeking medical help unless the injuries are significantly debilitating. It is variously reported that 15 to 20 percent of combat veterans returning without obvious physical injury have some degree of persistent mild traumatic brain injury and post-traumatic stress disorder. For others being treated for life-threatening injuries due to combat trauma, the sometimes

hidden symptoms of repetitive concussive injury and combat stress are also present. These multiple overlapping injuries typically lead to chronic, more severe multi-system disorders well after the crisis of initial injury subsides. In many cases, the primary presenting problem is “depression, anxiety, or chronic pain” without other obvious physical manifestations. But upon further investigation, a profile of Wounded Warriors has been identified. These soldiers have had one or more concussive, blunt or projectile- induced injury, seek help several months to years after that injury, and describe persistent, multi-system symptoms of varying degrees and severities. This is reminiscent of “Gulf War Syndrome” or “Chronic Multi-symptom Illness” defined in the first gulf war.

All levels of the U.S. military medical departments and the Department of Defense engaged in a strategic reassessment of how to best respond to the needs of these Wounded Warriors in a way that also helped alleviate delayed deployments due to ongoing medical problems, the rising costs of medical care with fewer positive outcomes, and increasingly adverse and costly effects of drug and procedure-oriented solutions to treatment.

<http://www.sciencedirect.com/science/article/pii/S0033318213000121>

Psychosomatics

Available online 6 March 2013

Specific Pain Complaints in Iraq and Afghanistan Veterans Screening Positive for Post-Traumatic Stress Disorder.

Tobias Moeller-Bertram, Niloofar Afari, Sheeva Mostoufi, David S. Fink, Lisa Johnson Wright, Dewleen G. Baker

Psychosomatics, Available online 6 March 2013

Background

Post-traumatic stress disorder (PTSD) and pain are highly comorbid.

Objective

The purpose of this study was to examine the association of PTSD with specific pain complaints in veterans of Operations Enduring and Iraqi Freedom (OEF/OIF).

Method

A total of 381 primarily male (88.5%) veterans with a mean age of 30 years completed a battery of self-report questionnaires. A positive PTSD screen was defined as a score of ≥ 40 on the Davidson Trauma Scale. Logistic regression was used to examine the association of positive PTSD screen with specific pain complaints.

Results

There were no significant demographic or physical and mental health differences between veterans who

screened positive for PTSD only and those with PTSD and at least one pain complaint, although differences on rates of combat injury and depression approached significance. Veterans who screened positive for PTSD were 2 to 3 times more likely to report abdominal pain, muscle aches or cramps, and joint aches, even after controlling for age, gender, combat injury, and depression.

Conclusions

Similar to findings in other populations, there is a relationship between PTSD and pain complaints in OEF/OIF veterans. Future research should examine the mechanisms that link PTSD with specific pain complaints, especially abdominal pain.

<http://www.azdhs.gov/medicalmarijuana/documents/debilitating/Debilitating-Conditions-PTSD.pdf>

Medical Marijuana for the Treatment of Post Traumatic Stress Disorder: An Evidence Review.

Doug Campos-Outcalt, MD, MPA; Patricia Hamilton; Cecilia Rosales, MD, MS

Mel and Enid Zuckerman College of Public Health, University of Arizona

2012

A total of 48 articles were identified through The Cochrane Library, PubMed and PsychINFO and another 6 were discovered from references cited in key articles. No study was found that focused on the treatment effects of cannabis on those with PTSD. The table below lists the 18 articles that came the closest to addressing any of the key questions. Those bolded are the highest quality with the most pertinent findings.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1521-0391.2013.12018.x/abstract>

Boden, M. T., Babson, K. A., Vujanovic, A. A., Short, N. A. and Bonn-Miller, M. O.

Posttraumatic Stress Disorder and Cannabis Use Characteristics among Military Veterans with Cannabis Dependence.

The American Journal on Addictions

Article first published online: 6 MAR 2013

Background and Objectives

The present study is the first to explore links between PTSD and cannabis use characteristics immediately prior to a cannabis quit attempt, including motives, use problems, withdrawal, and craving.

Methods

Measures of PTSD diagnosis, symptom severity, and cannabis use characteristics were administered to a

sample of cannabis dependent military veterans (n = 94). Hypotheses were tested with a series of analyses of variance and covariance and hierarchical multiple regressions with Bonferroni corrections. Analyses were conducted with and without adjusting for variance shared with substance use (cannabis, alcohol, tobacco) in the previous 90 days, and co-occurring mood, anxiety, and substance use diagnoses.

Results and Conclusions

Compared to participants without PTSD, participants with PTSD reported significantly increased: (a) use of cannabis to cope, (b) severity of cannabis withdrawal, and (c) experiences of craving related to compulsivity, emotionality, and anticipation, with findings regarding coping and craving remaining significant after adjusting for covariates. Among the total sample, PTSD symptom severity was positively associated with (a) use of cannabis to cope, (b) cannabis use problems, (c) severity of cannabis withdrawal, and (d) experiences of craving related to compulsivity and emotionality, with findings regarding withdrawal and emotion-related craving remaining significant after adjusting for covariates. Thus, links between PTSD and using cannabis to cope, severity of cannabis withdrawal, and especially craving appear robust across measures of PTSD and analytical method.

Scientific Significance

The results of this study provide support for models that posit a pernicious feedback loop between PTSD symptomatology and cannabis use. (Am J Addict 2013; XX:1–8)

<http://www.ncbi.nlm.nih.gov/pubmed/23468170>

Depress Anxiety. 2013 Mar 6. doi: 10.1002/da.22083. [Epub ahead of print]

Psychological Resilience in Older U.S. Veterans: Results From the National Health and Resilience in Veterans Study.

Pietrzak RH, Cook JM.

Source: National Center for Posttraumatic Stress Disorder, Veterans Affairs Connecticut Healthcare System, West Haven, CT, USA; Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA.

Abstract

BACKGROUND:

Although a large body of empirical research has examined negative psychological outcomes in older veterans, relatively little is known about the prevalence and determinants of psychological resilience in this population.

METHODS:

A nationally representative sample of 2,025 U.S. veterans aged 60 and older (mean = 71.0, standard deviation = 7.1, range = 60-96) completed a web-based survey as part of the National Health and

Resilience in Veterans Study (NHRVS). Cluster analysis of measures of lifetime potentially traumatic events, and current PTSD, major depression, and generalized anxiety symptoms was used to classify psychological outcomes.

RESULTS:

A three-group solution best fit the data: Control (low number of lifetime traumas, low current psychological distress; 60.4%); Resilient (high number of lifetime traumas, low current psychological distress; 27.5%); and distressed (high number of lifetime traumas, high current psychological distress; 12.1%). Among older veterans with a high number of traumas, 69.5% were in the Resilient group. Compared to the Distressed group, the Resilient group was more likely to have college or higher level of education, and to be married or living with a partner. They also scored higher on measures of emotional stability, social connectedness (i.e., secure attachment style, social support), protective psychosocial characteristics (e.g., community integration, purpose in life), and positive perceptions of the military's effect on one's life; and lower on measures of physical health difficulties and psychiatric problems, and openness to experiences.

CONCLUSIONS:

Among older U.S. veterans who have endured a high number of traumas in their lifetimes, nearly 70% are psychologically resilient in later life. Prevention efforts targeted toward bolstering social connectedness, community integration, and purpose in life may help promote psychological resilience in older veterans who endured a significant number of traumas in their lives.

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<http://www.jabfp.com/content/26/2/111.full>

The Role of Family Physicians in Mental Health Care Delivery in the United States: Implications for Health Reform.

Benjamin F. Miller, PsyD and Benjamin Druss, MD, MPH

Journal of the American Board of Family Medicine

March-April 2013 vol. 26 no. 2 111-113

The battle for connecting the mind and the body is seen every day in the largest platform of health care delivery: primary care. More care for mental health, behavioral health, and substance use is provided in primary care than any other health care setting. However, the historical fragmentation that has divided the mental health system from the physical health system has meant that collaboration between primary care and specialty mental health care is a challenge. This lack of integration remains a barrier to improving quality, outcomes, and efficiency of the delivery of care. Having 2 separate systems to take care of patients' medical and behavioral health needs can result in high costs, low satisfaction, and poor outcomes, including premature mortality.

Under the Patient Protection and Affordable Care Act, millions of Americans will now have insurance that will include mental health as an essential health benefit. In addition, the Mental Health Parity and Addiction Equity Act assures that mental health benefits will be covered on par with general health benefits. This new legislation holds the potential to address these longstanding problems with unmet need, but only if there are providers able and willing to provide treatment. Some authors have expressed concern that rural areas— and possibly urban areas as well—may experience an acute shortage of mental health providers. However, regardless of setting, all providers must continue to work to identify mental health conditions to better assess what they are doing or not doing for population health management. Increasing family physicians' understanding of the importance of addressing mental health is a critical step toward better addressing this problem.

<http://www.tandfonline.com/doi/abs/10.1080/01926187.2012.671104>

Multi-Couple Group and Self-Directed PREP Formats Enhance Relationship Satisfaction and Improve Anger Management Skills in Air Force Couples.

Jared R. Anderson, Sandra M. Stith, Matthew D. Johnson, Marjorie M. Strachman-Miller, Yvonne Amanor-Boadu, David J. Linkh

The American Journal of Family Therapy

Vol. 41, Iss. 2, 2013

This study examined the effectiveness of delivering the Prevention and Relationship Enhancement Program (PREP) to volunteer couples in the U.S. Air Force in either a six-week instructional multi-couple group condition or a self-directed book condition. A standardized pre/post protocol was employed and outcomes included relationship satisfaction and anger management skills, two known risk factors for partner maltreatment. Significant improvement was found for the group condition in both relationship satisfaction and anger management skills, but only for anger management skills in the self-directed book condition. Finally, the group condition reported greater program satisfaction. Implications are discussed.

<http://www.sciencedirect.com/science/article/pii/S0376871613000410>

Hazardous drinking and its association with homelessness among veterans in care, Drug and Alcohol Dependence.

T. Ghose, D.A. Fiellin, A.J. Gordon, S. Metraux, M.B. Goetz, O. Blackstock, K. McInnes, M.C. Rodriguez-Barradas, A.C. Justice

Drug and Alcohol Dependence, Available online 7 March 2013

Background

While scholarship on alcohol use and homelessness has focused on the impact of alcohol abuse and dependence, little is known about the effects of lower levels of misuse such as hazardous use. Veterans receiving care in the Department of Veterans Affairs Health Care System (VA) constitute a population that is vulnerable to alcohol misuse and homelessness. This research examines the effects of hazardous drinking on homelessness in the Veterans Aging Cohort Study, a sample of 2898 older veterans (mean age = 50.2), receiving care in 8 VAs across the country.

Methods

Logistic regression models examined the associations between (1) hazardous drinking at baseline and homelessness at 1-year follow-up, (2) transitions into and out of hazardous drinking from baseline to follow-up and homelessness at follow-up, and (3) transitioning to hazardous drinking and transitioning to homelessness from baseline to follow-up during that same time-period.

Results

After controlling for other correlates including alcohol dependence, hazardous drinking at baseline increased the risk of homelessness at follow-up (adjusted odds ratio [AOR] = 1.39, 95% confidence interval [CI] = 1.02, 1.88). Transitioning to hazardous drinking more than doubled the risk of homelessness at follow-up (AOR = 2.42, 95% CI = 1.41, 4.15), while more than doubling the risk of transitioning from being housed at baseline to being homeless at follow-up (AOR = 2.49, 95% CI = 1.30, 4.79).

Conclusions

Early intervention that seeks to prevent transitioning into hazardous drinking could increase housing stability among veterans. Brief interventions which have been shown to be effective at lower levels of alcohol use should be implemented with veterans in VA care.

<http://www.ncbi.nlm.nih.gov/pubmed/23464926>

Headache. 2013 Mar 6. doi: 10.1111/head.12063. [Epub ahead of print]

Trauma Exposure versus Posttraumatic Stress Disorder: Relative Associations With Migraine.

Smitherman TA, Kolivas ED.

Source: Department of Psychology, University of Mississippi, Oxford, MS, USA.

Abstract

BACKGROUND:

Recent research has uncovered associations between migraine and experiencing traumatic events, the latter of which in some cases eventuates in the development of posttraumatic stress disorder (PTSD).

However, existing studies have not attempted to explore the relative associations with migraine between experiencing trauma and suffering from PTSD.

OBJECTIVES:

The aim of this cross-sectional study was to assess the predictive utility of trauma exposure vs PTSD in predicting migraine status and headache frequency, severity, and disability.

METHODS:

One thousand fifty-one young adults (mean age = 18.9 years [SD = 1.4]; 63.1% female; 20.6% non-Caucasian) without secondary causes of headache provided data from measures of headache symptomatology and disability, trauma and PTSD symptomatology, and depression and anxiety. Three hundred met diagnostic criteria for migraine and were compared on trauma exposure and PTSD prevalence with 751 participants without migraine.

RESULTS:

Seven hundred twenty-eight participants (69.3%) reported experiencing at least 1 traumatic event consistent with Criterion A for PTSD, of whom 184 also met diagnostic criteria for PTSD. Migraineurs were almost twice as likely as controls to meet criteria for PTSD (25.7% vs 14.2%, $P < .0001$) and reported a higher number of traumatic event types that happened to them personally (3.0 vs 2.4, $P < .0001$). However, experiencing a Criterion A event only was not a significant predictor of migraine either alone (odds ratio [OR] = 1.17, $P =$ nonsignificant) or after adjustment for covariates. By comparison, the OR of migraine for those with a PTSD diagnosis (vs no Criterion A event) was 2.30 ($P < .0001$), which remained significant after controlling for relevant covariates (OR = 1.75, $P = .009$). When using continuous variables of trauma and PTSD symptomatology, PTSD was again most strongly associated with migraine. Numerous sensitivity analyses confirmed these findings. PTSD symptomatology, but not the number of traumas, was modestly but significantly associated with headache frequency, severity, and disability in univariate analyses.

CONCLUSIONS:

Consistently across analyses, PTSD was a robust predictor of migraine, whereas trauma exposure alone was not. These data support the notion that it is not exposure to trauma itself that is principally associated with migraine, but rather the development and severity of PTSD symptoms resulting from such exposure.

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http://www.darryldiptee.com/uploads/8/7/9/6/8796795/tackling_wicked_problems_-_suicide_in_the_us_military_-_lt_diptee_and_ltjg_baker_-_feb_2013.pdf

Tackling Wicked Problems: Suicide in the US Military.

Proceedings of the 10th International ISCRAM Conference – Baden - Baden, Germany, May 2013 T. Comes, F. Fiedrich, S. Fortier, J. Geldermann and T. Müller , eds.

Every 24 hours a member of the United States (US) Armed Forces commits suicide, while every hour a US veteran takes his own life. These statistics illuminate a deeply - rooted social crisis which eludes experts and military leaders to this day. Billions of dollars invested in suicide prevention seem to offer little relief for active duty servicemen and veterans alike. Military suicide is framed as a wicked problem and the new and exciting theory of Chronic Emotional Atrophy (CEA) is proposed to help explain causes of suicidal ideation in the military . A holistic crisis management strategy via information systems is presented in this work. Depressive symptoms exhibited by military members in emotionally suppressed environments closely parallel those phenomena exhibited by medical patients suffering from frontal lobe damage . The prospective psychiatric information system solution provides frontal lobe stimulation (FLS) to mitigate CEA and suicidal ideation.

<http://www.ncbi.nlm.nih.gov/pubmed/23458113>

Psychiatry. 2013 Spring;76(1):18-31. doi: 10.1521/psyc.2013.76.1.18.

Iraq and Afghanistan Veterans: National Findings from VA Residential Treatment Programs.

Cook JM, Dinnen S, O'Donnell C, Bernardy N, Rosenheck R, Hoff R.

Abstract

A quality improvement effort was undertaken in Department of Veterans Affairs' (VA) residential treatment programs for Posttraumatic Stress Disorder (PTSD) across the United States. Qualitative interviews were conducted with over 250 directors, providers, and staff during site visits of 38 programs. The aims of this report are to describe clinical issues and distinctive challenges in working with veterans from Iraq and Afghanistan and approaches to addressing their needs. Providers indicated that the most commonly reported problems were: acute PTSD symptomatology; other complex mental health symptom presentations; broad readjustment problems; and difficulty with time demands of and readiness for intensive treatment. Additional concerns included working with active duty personnel and mixing different eras in therapy. Programmatic solutions address structure (e.g., blended versus era-specific therapy), content (e.g., physical activity), and adaptations (e.g., inclusion of family; shortened length of stay). Clinical implications for VA managers and policy makers as well as non-VA health care systems and individual health care providers are noted.

<http://www.ncbi.nlm.nih.gov/pubmed/23461344>

Soc Work Public Health. 2013 Mar;28(2):81-96. doi: 10.1080/19371918.2011.552038.

Veterans administration health care policies as a protective mechanism supporting an expected life trajectory after military service.

Smith-Osborne A.

Source: School of Social Work, University of Texas at Arlington , Arlington , Texas , USA.

Abstract

Changes in the American military since the end of military conscription, as well as the increasing number of service-connected disabilities, suggest the need for increased consideration of the effects of health policies when assessing the impact of military service on young Americans' life course. This study analyzes data from the most recent National Survey of Veterans to investigate the health status, health benefits, and health care utilization of 2,773 Gulf War veterans, in association with resumption of their civilian life trajectory. Findings suggest that this sample of veterans may have poorer health status than previous veteran cohorts and did not fully utilize veterans' health care benefits to which they were entitled. This article examines whether veterans may usefully be considered a group at risk for health disparities, in that they have greater health risks and potentially poorer health status and access than mainstream Americans.

<http://ict.usc.edu/pubs/SimCoach-%20An%20Online%20Intelligent%20Virtual%20Agent%20System%20for%20Breaking%20Down%20Barriers%20to%20Care%20for%20Service%20Members%20and%20Veterans.pdf>

Sim Coach : An Online Intelligent Virtual Human Agent System for Breaking Down Barriers to Care for Service Members And Veterans.

Albert Rizzo, Eric Forbell, Belinda Lange, J. Galen Buckwalter, Josh Williams, Kenji Sagae & David Traum
Institute for Creative Technologies, University of Southern California, Los Angeles, CA, USA

In Press : Healing War Trauma : A Handbook Of Creative Approaches , Scurfield , R.S. & Platoni , K.T. (Eds.)

Over the last 15 years, virtual reality (VR) has emerged as an innovative tool for addressing numerous issues in clinical research, assessment, and intervention. Technological advances in the areas of computation speed and power, graphics and image rendering, display systems, tracking, interface technology, haptic devices, authoring software and artificial intelligence have supported the creation of low cost and usable PC-based Virtual Reality (VR) systems. At the same time, an expanding group of researchers and clinicians have not only recognized the potential impact of VR technology, but have now generated a significant research literature that documents the many clinical targets where VR can add value over traditional assessment and intervention approaches (Bohil, Alicea & Biocca, 2011; Holden, 2005; Parsons & Rizzo, 2008; Powers & Emmelkamp, 2008; Rizzo et al., 2011; Riva, 2011; Rose, Brooks & Rizzo, 2005). This convergence of the exponential advances in underlying VR enabling technologies with a growing body of clinical research and experience has fueled the evolution of the discipline of Clinical Virtual Reality. And this state of affairs now stands to transform the vision of future clinical practice and research in the disciplines of psychology, medicine, neuroscience, physical and occupational therapy, and in the many allied health fields that address the therapeutic needs of those with clinical disorders.

These shifts in the social and scientific landscape have now set the stage for the next major movement in Clinical VR. With advances in the enabling technologies allowing for the design of ever more believable context-relevant structural VR environments (e.g. homes, classrooms, offices, markets, etc.), the next important challenge will involve populating these environments with Virtual Human (VH) representations that are capable of fostering believable interaction with real VR users. This is not to say that representations of human forms have not usefully appeared in Clinical VR scenarios. In fact, since the mid-1990s, VR applications have routinely employed VHs to serve as stimulus elements to enhance the realism of a virtual world simply by their static presence.

<http://www.sciencedirect.com/science/article/pii/S0887618513000273>

PTSD and conflict behavior between veterans and their intimate partners.

Mark W. Miller, Erika J. Wolf, Annemarie F. Reardon, Kelly M. Harrington, Karen Ryabchenko, Diane Castillo, Rachel Freund, Richard Heyman

Journal of Anxiety Disorders, Available online 4 March 2013

This study examined the influence of trauma history and PTSD symptoms on the behavior of veterans and their intimate partners (287 couples; N = 574) observed during conflict discussions and coded using the Rapid Marital Interaction Coding System (Heyman, 2004). Dyadic structural equation modeling analyses showed that PTSD was associated with more frequent displays of hostility and psychological abuse and fewer expressions of acceptance and humor in both veterans and their partners. Findings provide new insight into the social and emotional deficits associated with PTSD and emphasize the importance of addressing the trauma histories and PTSD of both partners when treating veteran couples with relationship disturbance.

<http://journals.psychiatryonline.org/article.aspx?articleid=1654323>

Treatment-Seeking Barriers for Veterans of the Iraq and Afghanistan Conflicts Who Screen Positive for PTSD.

Tracy Stecker, Ph.D.; Brian Shiner, M.D., M.P.H.; Bradley V. Watts, M.D., M.P.H.; Meissa Jones, B.A.; Kenneth R. Conner, Psy.D., M.P.H.

Psychiatric Services, VOL. 64, No. 3

Objectives:

Barriers associated with the decision not to seek treatment for symptoms of combat-related posttraumatic stress disorder (PTSD) were examined.

Methods:

Participants were 143 military men and women who served in Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) and who screened positive for posttraumatic stress disorder (PTSD), as assessed by the PTSD Checklist–Military Version, and who had not sought treatment for PTSD. During a cognitive-behavioral telephone intervention, participants were asked about their beliefs concerning seeking PTSD treatment.

Results:

Four categories of beliefs were associated with the decision to seek treatment, including concerns about treatment (40%), emotional readiness for treatment (35%), stigma (16%), and logistical issues (8%).

Conclusions:

This work suggests areas for intervention efforts to minimize barriers to treatment for PTSD for OEF/OIF veterans.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-1.pdf>

The Military Success Model: An Introduction.

Neil E. Duchac, Catherine Stower, Sabra Lunday

Journal of Military and Government Counseling

Volume 1, Number 1

2013

The Military Success Model (Duchac & Stower, 2011) utilizes a three phase approach to treatment of service members and their families. Encompassing factors such as life concerns, family issues, stress, finances, and the toll of multiple deployments, this model can be integrated into most strength - based counseling theories. The acronym Sundae Cup represents a model of approach focusing on elements of the service member that are important to understanding when treatment is sought. This model further recognizes the impact of developing a new identity based upon past experiences.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-1.pdf>

Joining Forces: Counselors Collaborating to Serve Military Families.

ANGIE WALINSKI VA South Central Mental Illness Research, Education, and Clinical Center (MIRECC) University of Arkansas for Medical Sciences (UAMS) and JOANN KIRCHNER VA Mental Health Quality Enhancement Research Initiative (QUERI) University of Arkansas for Medical Sciences (UAMS)

Journal of Military and Government Counseling

Volume 1, Number 1

2013

Over the past three years the Arkansas Counseling Association (ArCA) has been collaborating with the Central Arkansas Veterans Healthcare System (CAVHS), the University of Arkansas for Medical Sciences (UAMS), the Arkansas National Guard, and the Arkansas Board of Education (ABOE) Counseling and Guidance Unit, to support military children and families. This manuscript describes the methods the ArCA used to educate its members and serve Veterans and military families in the state and provides a model for branches and divisions of the American Counseling Association to implement Veteran and military awareness campaigns in their state.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-1.pdf>

Serving the Children of Those Who Serve: School Counselor Service Provision to Children of Deployed Military Parents.

MICHAEL A. KEIM, University of West Georgia and SUHYUN P. SUH, Auburn University

Journal of Military and Government Counseling

Volume 1, Number 1

2013

This study examined the scope and level of school counseling practice with children of deployed military parents within public schools. The study also sought to examine perceived implementation outcomes of these services. Finally, this study explored the relationship of years of experience as a school counselor, school level, and distance from nearest Active Duty military installation with identification of the student population and resource utilization for children of deployed military parents. Only distance from the nearest Active Duty military installation was found to be related to student identification. No relationship was found between the variables presented and resource utilization.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-1.pdf>

Addressing the Mental Health Needs of Gay Military Veterans: A Group Counseling Approach.

ERIC PRICE, University of Central Florida and DODIE LIMBERG, University of Central Florida

Journal of Military and Government Counseling

Volume 1, Number 1

2013

Until late 2011, the Don't Ask Don't Tell (DADT) policy prevented people serving in the United States military from disclosing their sexual identity to others. Although the law is no longer in effect today, the negative stigma and poor treatment of Lesbian, Gay, and Bisexual (LGB) veterans still exists. This population has unique mental health needs, necessitating the support of counselors. The purpose of this manuscript is to: (a) investigate the impact of the lasting effects of DA DT has on LGB military veterans, specifically gay men, (b) examine the benefits of providing this population with group counseling, (c) present an example of a six week group curriculum which employs interventions related to merging two conflicting ident ities often experienced by gay veterans, and (d) address effectiveness and limitations of the proposed group curriculum.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-1.pdf>

Logotherapy to Treat Substance Abuse as a Result of Military-Related PTSD.

AARON JAMES SMITH, University of New Mexico

Journal of Military and Government Counseling

Volume 1, Number 1

2013

This paper proposes a theoretical approach to using Viktor Frankl's (1970) logotherapy to treat substance abuse that occurs as a means of coping with military - related post - traumatic stress disorder (PTSD). Logotherapy assumes that human nature revolves around seeking meaning; unfortunately, military - related PTSD can result in the development of perceived purposelessness (Southwick, Gilmartin, Mcdonough, & Morrissey, 2006). As a result, substance abuse occurs as a coping mechanism (Somov, 2007). One study of the United States military found that substance abuse is the most prevalent concern (NIDA, 2011). While cognitive interventions merely extinguish the destructive behaviors which act as a coping mechanism (Buckenmeyer, Didelot, & Hollingsworth, 2012), logotherapy has the potential to ameliorate the substance abuse, while replacing it with personally meaningful pursuits (Somov, 2007).

<http://sgo.sagepub.com/content/3/1/2158244013480151.short>

The Many Presentations of Posttraumatic Stress Disorder: An Empirical Examination of Theoretical Possibilities.

Edward J. Hickling, Scott D. Barnett, and Susanne Gibbons

SAGE Open January-March 2013 3: 2158244013480151, first published on February 27, 2013

Posttraumatic stress disorder (PTSD) has been a controversial diagnosis, with concerns including the sheer number of possible minimal diagnostic combinations (1,750), increasing to >10,000 theoretical

possibilities in Diagnostic and Statistical Manual of Mental Disorders (5th ed.) proposals. This study examined whether the theoretical combinations postulated actually occur in a large sample of military personnel. The design of the study was a retrospective examination of PTSD checklists from 3,810 participants who, based on scores, endorsed symptoms consistent with probable PTSD. Combinations of PTSD Checklist–Civilian Version (PCL-C) symptom clusters were identified using data from active-duty military personnel who completed the 2005 and the 2008 Department of Defense (DoD) Health Related Behaviors Among Active Duty Military Personnel Survey. The study examined (a) occurrence of combinations, (b) unique minimum combinations, (c) most frequent combinations, and (d) replication of symptom combinations and clusters. The PCL-C scores showed 1,837 unique scoring combinations, 83.5% (1,533/1,837) of the observed unique scoring combinations occurred just once. The most frequently occurring combination (17/17 endorsed) accounted for 955 participants (25.1%), the second most frequent (16/17 endorsed) accounted for 75 participants (2.0%). PTSD most often presented as a unique constellation of symptom clusters, either capturing symptoms while allowing for considerable variability in its presentation, reflecting different severities of the disorder, or raising concerns about the classification itself, and any future classification that Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-V) might develop.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-1.pdf>

The War Within: One Soldier's Experience, Several Clinicians' Perspectives.

LAURA M. SCHMULDT City University of Seattle; TROYANN I. GENTILE University of Colorado at Denver; JASON S. BLUEMLEIN Lindsey Wilson College; JOHN C. FITCH III Eastern Kentucky University; WILLIAM R. STERNER Marymount University

Journal of Military and Government Counseling

Volume 1, Number 1

2013

Soldiers returning from deployment are presenting with a plethora of serious mental health challenges, including depression, anxiety, post - traumatic stress disorder, sleep disturbances, and substance abuse issues. This paper will describe the journey of one soldier following his deployment to Iraq and the difficulties he faced during reintegration. Clinicians representing five approaches – dialectical behavior therapy (DBT), eye movement desensitization and reprocessing (EMDR), group systems theory, and motivational interviewing (MI) will provide perspectives on the development of traumatic response symptomology, as well as suggestions for understanding and treating the soldier profiled in the case study.

<http://ir.uiowa.edu/etd/3554/>

An examination of the impact of a veterans only college course.

Tamara Sue Woods

Iowa University Research Online

2012

The number of OIF and OEF veterans who are choosing to pursue post-secondary education is increasing due in part to increased financial scholastic benefits earned as part of their military service. Veterans are not returning from combat unharmed however, and many are presenting with newly experienced difficulties that may impact their academic careers. This includes for example, PTSD, TBI, depression, and anxiety.

This study examined the impact of a veterans only college course entitled Life After War: Post-deployment Issues taught at a large Midwestern University. The class includes the instruction of scholastic skills, education on the natural consequences of post-deployment issues, as well as discussion of commonly reported transition issues. Participants of the study were OIF and/or OEF veterans who were currently pursuing post-secondary education and were enrolled in the Life After War college course. Participants completed self-report measures at the beginning and the end of the semester. Change in the areas of self-reported symptoms of anxiety, depression, PTSD, and help-seeking attitudes were examined over time. Demographics and other background information were obtained from each student to provide a framework for understanding the potential impact of the course.

Results revealed several major findings including a pattern of likely under-reporting of symptoms by participants in the study, an increase in self-report symptoms from pre to post-test, a higher self-report of symptoms and difficulties from those participants who did not return for post-testing and finally, a higher level of negative help-seeking attitudes and beliefs among those who did not return for follow-up testing. Implications and future considerations for working with student veterans are addressed.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/Screening_for_Postdeployment_Conditions_.99858.aspx

Screening for Postdeployment Conditions: Development and Cross-Validation of an Embedded Validity Scale in the Neurobehavioral Symptom Inventory.

Vanderploeg, Rodney D. PhD; Cooper, Douglas B. PhD; Belanger, Heather G. PhD; Donnell, Alison J. PhD; Kennedy, Jan E. PhD; Hopewell, Clifford A. PhD; Scott, Steven G. DO

Journal of Head Trauma Rehabilitation:

POST AUTHOR CORRECTIONS, 7 March 2013

Objective:

To develop and cross-validate internal validity scales for the Neurobehavioral Symptom Inventory (NSI).

Participants:

Four existing data sets were used: (1) outpatient clinical traumatic brain injury (TBI)/neurorehabilitation database from a military site (n = 403), (2) National Department of Veterans Affairs TBI evaluation database (n = 48 175), (3) Florida National Guard nonclinical TBI survey database (n = 3098), and (4) a cross-validation outpatient clinical TBI/neurorehabilitation database combined across 2 military medical centers (n = 206).

Research Design:

Secondary analysis of existing cohort data to develop (study 1) and cross-validate (study 2) internal validity scales for the NSI.

Main Measures:

The NSI, Mild Brain Injury Atypical Symptoms, and Personality Assessment Inventory scores.

Results:

Study 1: Three NSI validity scales were developed, composed of 5 unusual items (Negative Impression Management [NIM5]), 6 low-frequency items (LOW6), and the combination of 10 nonoverlapping items (Validity-10). Cut scores maximizing sensitivity and specificity on these measures were determined, using a Mild Brain Injury Atypical Symptoms score of 8 or more as the criterion for invalidity. Study 2: The same validity scale cut scores again resulted in the highest classification accuracy and optimal balance between sensitivity and specificity in the cross-validation sample, using a Personality Assessment Inventory Negative Impression Management scale with a T score of 75 or higher as the criterion for invalidity.

Conclusions:

The NSI is widely used in the Department of Defense and Veterans Affairs as a symptom-severity assessment following TBI, but is subject to symptom overreporting or exaggeration. This study developed embedded NSI validity scales to facilitate the detection of invalid response styles. The NSI Validity-10 scale appears to hold considerable promise for validity assessment when the NSI is used as a population-screening tool.

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Links of Interest

Hearing -- U.S. Senate Committee on Armed Services: Sexual Assaults in the Military

<http://www.armed-services.senate.gov/hearings/event.cfm?eventid=e84164e57b3384ad52bbde4fcb4bc753>

(Includes archived webcasts and testimonies)

Majority of Student Veterans Graduate

<http://studentveterans.org/index.php/media-news/80-majority-of-student-veterans-graduate.html>

Heading for home to help veterans

http://www.army.mil/article/97734/Heading_for_home_to_help_veterans/

Vets' PTSD affects mental and physical health of partners

http://www.eurekalert.org/pub_releases/2013-03/uou-vpa030713.php

Army OneSource Partners with Government and Provider Organizations to Better Address the Mental Health Needs of Service Members Returning from Deployment

<http://www.prnewswire.com/news-releases/army-onesource-partners-with-government-and-provider-organizations-to-better-address-the-mental-health-needs-of-service-members-returning-from-deployment-195847881.html>

(CDP mention)

General foresees end to grim rise in Army suicides

<http://www.stripes.com/general-foresees-end-to-grim-rise-in-army-suicides-1.210830>

Suicide, With No Warning

<http://www.nytimes.com/2013/03/10/sunday-review/suicide-with-no-warning.html>

Reading for mental health, but not 'self-help'

<http://articles.latimes.com/2013/feb/04/entertainment/la-et-jc-reading-mental-health-not-self-help-20130204>

VA's ability to quickly provide benefits plummets under Obama

<http://cironline.org/reports/va%E2%80%99s-ability-quickly-provide-benefits-plummets-under-obama-4241>

Low Cognitive Score and Risk of Brain Injury Linked

<http://www.sciencedaily.com/releases/2013/03/130312194621.htm>

Research Tip of the Week: [Lifehacker](#)

Lifehacker is a blog-type site that offers a continually updated array of “Tips, tricks, and downloads for getting things done.” Some of the advice is on the geeky side, but much of it is not. This is a site that truly offers something for everybody. The popular “[Top Ten](#)” series, for example, includes such items as:

[Top 10 Ways You Can Waste Money Without Realizing It](#)

[Top 10 Hacks for Automating Your Life](#)

[Top 10 Things Your Smartphone Sucks At \(and How to Fix Them\)](#)

lifehacker

TOP STORIES



PIRACY

Why I Stopped Pirating and Started Paying for Media

Thorin Klosowski

Let's be honest for second: most of us have illegally downloaded *something* in our lives. Maybe it was a song, some software, a game, or a movie. For a period I pirated everything

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9,099 48

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- COMPUTER BUILDING** 2,667
How PCI Cards Differ From One Another and Fit Into Your Motherboard
- HAPPINESS** 10,205
Money Might Be Ruining Your Mood (Here's How to Stop It)
- DIY** 3,641
Make Your Own Snail Mail Notifier to Get Alerts When the Mail Carrier Drops Off the Mail
- YOUTUBE** 1,337
Upload Photos to YouTube for a Simple and Easy to Share Slideshow
- TELL US** 8,076
What's the Most Embarrassing Mistake You Made at the Beginning of a Relationship?
- PRODUCTIVITY** 7,319
Soundrown Plays Coffee Shop Noise, White Noise, Rain, and More to Help You Focus

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