



CDP Research Update -- October 11, 2012

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<http://psycnet.apa.org/psycinfo/2012-26670-001/>

Criminal Justice Involvement, Trauma, and Negative Affect in Iraq and Afghanistan War Era Veterans.

Elbogen, Eric B.; Johnson, Sally C.; Newton, Virginia M.; Straits-Troster, Kristy; Vasterling, Jennifer J.; Wagner, H. Ryan; Beckham, Jean C.

Journal of Consulting and Clinical Psychology, Oct 1 , 2012

Objective:

Although criminal behavior in veterans has been cited as a growing problem, little is known about why some veterans are at increased risk for arrest. Theories of criminal behavior postulate that people who have been exposed to stressful environments or traumatic events and who report negative affect such as anger and irritability are at increased risk of antisocial conduct.

Method:

We hypothesized veterans with posttraumatic stress disorder (PTSD) or traumatic brain injury (TBI) who report anger/irritability would show higher rates of criminal arrests. To test this, we examined data in a national survey of N = 1,388 Iraq and Afghanistan war era veterans.

Results:

We found that 9% of respondents reported arrests since returning home from military service. Most arrests were associated with nonviolent criminal behavior resulting in incarceration for less than 2 weeks. Unadjusted bivariate analyses revealed that veterans with probable PTSD or TBI who reported anger/irritability were more likely to be arrested than were other veterans. In multivariate analyses, arrests were found to be significantly related to younger age, male gender, having witnessed family violence, prior history of arrest, alcohol/drug misuse, and PTSD with high anger/irritability but were not significantly related to combat exposure or TBI.

Conclusions:

Findings show that a subset of veterans with PTSD and negative affect may be at increased risk of criminal arrest. Because arrests were more strongly linked to substance abuse and criminal history, clinicians should also consider non-PTSD factors when evaluating and treating veterans with criminal justice involvement. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00029>

Maternal Depression Screening During Prenatal and Postpartum Care at a Navy and Marine Corps Military Treatment Facility.

Authors: Spooner, Shawn; Rastle, Marsha; Elmore, Kelly

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1208-1211(4)

Maternal depression in the prenatal and postpartum periods is an important concern for women, infants, and families. Military family life may create some unique stressors, including operational deployment of an active duty husband, which increase perinatal depression challenges for women. This study examined depression screening scores, based on a modified Edinburgh Postpartum Depression Scale, among women receiving obstetric care at a military hospital serving a Navy and Marine Corps community. Among 3,882 surveys collected between 2007 and 2009 from women at various points in their prenatal or postpartum care, the proportion with scores indicative of high risk for clinical depression was relatively low at 4.6%. However, scores were significantly higher at the initial obstetric visit among women who reported their husband as currently deployed, and scores were significantly higher at the postpartum visit among women who reported their husband as currently deployed or planning to deploy. These results underscore the importance of evaluating all aspects of the military family life experience when providing perinatal care to women in military families.

<http://www.omicsgroup.org/journals/2167-1222/2167-1222-1-141.pdf> (PDF full text)

The Relationship between Posttraumatic Stress Disorder Checklist (PCL) Symptom Endorsement and Self-Reported Symptoms of Anxiety and Depression.

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

J Trauma Treat 2012, 1.7

Post traumatic Stress Disorder (PTSD) has been a controversial diagnosis with arguments that the disorder could be better classified as a dissociative disorder, grief reaction, or a stress reaction rather than an anxiety disorder. This study identified individuals who self reported feeling anxious, and also met criterion for PTSD using data from activeduty military personnel who completed the 2008 Health Related Behaviors Questionnaire. Participants included those who 1) self-reported feelings of anxiety, 2) completed screens of PTSD, generalized anxiety and depression. Only a little more than 50% of those who met criterion for probable PTSD based on the posttraumatic stress disorder checklist-civilian (PCL-C) stated they were feeling anxious or were in treatment for anxiety. The overlap of symptoms of PTSD with screens for symptoms of generalized anxiety disorder and depression was remarkably non-existent. PCL-C scores suggest 5.3% of those with probable PTSD also reported feeling anxious and 4.3% of individuals with probable PTSD reported seeking help for anxiety. The most frequent symptoms found in those individuals who reported feeling anxious were more often endorsing symptoms of avoidance, while those who did not self report feelings of anxiety showed significantly lowered scores on symptoms of hyperarousal and re experiencing, and higher scores on symptoms of numbing. Implications for future classification schema and possible impact on the role of symptom structure in how and why symptom clusters occur in such variation are discussed, and how this might impact treatment and diagnostic considerations.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00020>

Association Between Mental Health Conditions Diagnosed During Initial Eligibility for Military Health Care Benefits and Subsequent Deployment, Attrition, and Death by Suicide Among Active Duty Service Members.

Authors: Ireland, Robert R.; Kress, Amii M.; Frost, Lucinda Z.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1149-1156(8)

Objective:

To examine incidence of mental health diagnoses during initial service of U.S. active duty military members and identify associations with deployment, attrition, and suicide.

Methods:

A retrospective cohort of 576,502 service members (SMs) newly enlisted between 2003 and 2006 was identified. Data included medical encounter, deployment and attrition, and suicide. Multivariable logistic regression models examine the association between mental health diagnoses coded within the SMs' first 6 months of eligibility for health care benefits and deployment. Multivariable Cox proportional hazards models quantify the association between mental health diagnoses and attrition and suicide.

Results:

The cumulative incidence of mental health diagnoses was approximately 9% at 6 months of service. Adjustment, depressive, and anxiety disorders were most common. Those with any mental health diagnosis during initial eligibility had increased risk of early attrition and were 77% less likely to deploy. Early mental health diagnoses were not statistically significantly associated with death by suicide.

Conclusion:

Mental health diagnoses during initial eligibility are common and associated with reduced odds of deployment and increased risk of early attrition. Policies designed to either retain or discharge SMs with a mental health diagnosis identified during initial training merit close examination in light of these findings.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00023>

2003-2009 Marital Functioning Trends Among U.S. Enlisted Soldiers Following Combat Deployments.

Authors: Riviere, Lyndon A.; Merrill, Julie C.; Thomas, Jeffrey L.; Wilk, Joshua E.; Bliese, Paul D.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1169-1177(9)

Objective:

This study examined 2003-2009 trends in three marital functioning indicators: marital quality, infidelity, and separation/divorce intent, and in marital dissolution rates among U.S. soldiers.

Methods:

Marital functioning trends were examined with cross-sectional postdeployment sample data collected under the Land Combat Study from married, male, enlisted soldiers who had deployed to Iraq or Afghanistan (n = 5,928). Marital dissolution rates were examined with population data (n = 1,895,571). The relationships between time (measured by year) and all study variables were analyzed with χ^2 tests of association, analysis of variance, and logistic regression analyses adjusting for combat exposure, mental and physical health, and demographic variables.

Results:

Marital quality has declined, and reports of past-year infidelity and separation/divorce intent have increased between 2003 and 2009. However, no increases were observed in marital dissolution rates.

Conclusions:

The results indicate that more proximal indicators of marital functioning such as decreased marital quality, infidelity, and separation/divorce intent may better illustrate the strain that increased deployment tempo exerts on marital relationships. The findings provide a better understanding of how Army marriages have been affected by the wars, and suggest that further inquiry is needed on military marriages.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00024>

Interpersonal Conflict and Referrals to Counseling Among Married Soldiers Following Return From Deployment.

Authors: Gibbs, Deborah A.; Clinton-Sherrod, A. Monique; Johnson, Ruby E.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1178-1183(6)

Deployment represents a significant potential strain on military families. The impact of postdeployment stresses may be increased if family coping resources are diminished by returning service members' physical injuries, mental health issues, or substance abuse. This article examines the health and mental health correlates of self-reported concerns regarding interpersonal conflict among married soldiers following return from deployment and the likelihood that soldiers acknowledging such concerns are referred to counseling services. Among 20,166 married Army soldiers completing Post-Deployment Health Reassessments, 18% reported having experienced serious interpersonal conflict with their spouse, family members, close friends, or coworkers. Results indicate that interpersonal conflict was more common among those who reported health problems, depression, post-traumatic stress disorder, and alcohol abuse. Among soldiers reporting interpersonal conflict and not already receiving services, 11% were referred to service. Findings support the need to communicate with soldiers and their spouses about the availability of services following return from deployment and to continue efforts to reduce stigma associated with seeking treatment.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00026>

Alcohol Abuse or Dependence in the Military Aviator: Guidance for the Non-Flight Surgeon.

Authors: Franzos, M. Alaric; Franzos, Tracy L.; Woolford, Jeffrey S.; McDonald, William A.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1191-1195(5)

Alcohol is tightly interwoven with the image and culture of aviation. When alcohol is combined with aviation, the result can be fatal to aircrew, passengers, and bystanders. Alcohol has been implicated in 8 to 12% of fatal general aviation accidents.^{1,2} With approximately 10% of the general population estimated to have alcohol abuse or dependence,³ alcohol issues are similarly common among aviators. Clear and concise guidelines exist to address alcohol disorders in both civilian and military aviation. However, few health care providers outside the aviation community are aware of these guidelines. When an aviator presents with an alcohol disorder, the well-intentioned provider may be reluctant to address the issue because of poor understanding of the occupational implications or a misplaced effort to preserve the aviator's career. However, proper therapy often permits the aviator to continue flying duties without adverse career impact. This review will discuss the implications, guidelines, and prognosis for the alcohol-dependent aviator and provide resources to enable the responsible health care provider to return the pilot to flight status as soon as practicable. Knowledge of these civilian and military guidelines will help close the treatment and communication gaps between aeromedical specialists and other medical professionals.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00022>

Eating Disorders, Post-Traumatic Stress, and Sexual Trauma in Women Veterans.

Authors: Forman-Hoffman, Valerie L.; Mengeling, Michelle; Booth, Brenda M.; Torner, James; Sadler, Anne G.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1161-1168(8)

We examine lifetime eating disorders (EDOs) and associations with post-traumatic stress disorder (PTSD) and sexual trauma during various stages of the life course (childhood, during military service, and lifetime) among women veterans. The sample included 1,004 women aged 20 to 52 years who had enrolled at 2 Midwestern Veterans Affairs Medical Centers or outlying clinics completed a retrospective telephone interview. Over 16% reported a lifetime EDO (4.7% had received a diagnosis, and an additional 11.5% self-reported suffering from an EDO). Associations were found between lifetime EDO, PTSD, and sexual trauma. Relationships maintained significance for both diagnosed and self-reported EDOs as well as lifetime completed rape and attempted sexual assaults. Sexual trauma during military service was more strongly associated with lifetime EDOs than childhood sexual trauma. The significant associations found between EDOs, PTSD, and sexual trauma indicate that EDO screening among women veterans with PTSD or histories of sexual trauma may be warranted.

<http://www.tandfonline.com/doi/abs/10.1080/19359705.2012.702492>

An Iraq Veteran's Story.

Nathanael Bodon

Journal of Gay & Lesbian Mental Health

Vol. 16, Iss. 4, 2012

The author, who actively served in Iraq in the Army Reserves, discusses his experience and discharge from the Army under Don't Ask Don't Tell. Issues around trust, privacy, and betrayal are discussed.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00019>

Perceived Stigma and Barriers to Mental Health Care in Marines Attending the Combat Operational Stress Control Program.

Authors: Momen, Nausheen; Strychacz, Chris P.; Viirre, Erik

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1143-1148(6)

The Department of Defense is aggressively addressing combat stress reactions (CSRs) through comprehensive Combat/Operational Stress Control (COSC) briefings/programs and referral resources for the prevention, identification, and treatment of stress reactions. The purpose of this study was to develop and administer a survey to assess perceptions of CSRs and barriers to care which affect help-seeking behavior in Marines attending the COSC program. A sample of 553 U.S. Marine Corps Officers and Enlisted personnel from Air (44%), Logistics (38%), and Infantry (18%) communities were recruited for the survey. The results suggested that misconceptions and stigma about CSRs still persist in Marines. The findings reinforced the need to facilitate treatment utilization by focusing on mental health-related stigma as well as organizational barriers.

<http://www.sciencedirect.com/science/article/pii/S0736467912010736>

Literature-based Recommendations for Suicide Assessment in the Emergency Department: A Review.

Linda Ronquillo, Arpi Minassian, Gary M. Vilke, Michael P. Wilson

The Journal of Emergency Medicine

Available online 2 October 2012

Background

Suicidal ideation and attempted suicide are important presenting complaints in the Emergency Department (ED). The Joint Commission established a National Patient Safety Goal that requires screening for suicidal ideation to identify patients at risk for suicide.

Objectives

Given the emphasis on screening for suicidal ideation in the general hospital and ED, it is important for Emergency Physicians to be able to understand and perform suicide risk assessment.

Methods

A review of literature was conducted using PubMed to determine important elements of suicide assessment in adults, ages 18 years and over, in the ED. Four typical ED cases are presented and the assessment of suicide risk in each case is discussed.

Results

The goal of an ED evaluation is to appropriately determine which patients are at lowest suicide risk, and which patients are at higher or indeterminate risk such that psychiatry consultation is warranted while the patient is in the ED. Emergency clinicians should estimate this risk by taking into account baseline risk factors, such as previous suicide attempts, as well as acute risk factors, such as the presence of a suicide plan.

Conclusion

Although a brief screening of suicide risk in the ED does not have the sensitivity to accurately determine which patients are at highest risk of suicide after leaving the ED, patients at lowest risk may be identified. In these low-risk patients, psychiatric holds and real-time psychiatric consultation while in the ED may not be needed, facilitating more expeditious dispositions from the ED.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00021>

Relationship Between Mechanism of Injury and Neurocognitive Functioning in OEF/OIF Service Members With Mild Traumatic Brain Injuries.

Authors: Cooper, Douglas B.; Chau, Phuong M.; Armistead-Jehle, Patrick; Vanderploeg, Rodney D.; Bowles, Amy O.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1157-1160(4)

Military personnel deployed to combat theaters in Iraq and Afghanistan are at risk of sustaining mild traumatic brain injuries (mTBI) from causes such as improvised explosive devices, motor vehicle accidents, and falls. Despite the high incidence of mTBI in deployed personnel, questions remain about the effects of blast-related vs. non-blast-related mTBI on acute and long-term sequelae. This investigation is a retrospective review of service members who presented for evaluation of suspected mTBI and underwent neurocognitive screening evaluation. mTBI diagnosis was made by semistructured

clinical interview. Only individuals in whom mechanism of injury could be determined (blast vs. non-blast) were included. Sixty individuals were included in the final sample: 32 with blast mTBI and 28 with non-blast mTBI. There were no differences between the blast-related and non-blast-related mTBI groups on age, time since injury, combat stress symptoms, or headache. Analysis of variance showed no significant between-group differences on any of the neurocognitive performance domains. Although speculation remains that the effects of primary blast exposure are unique, the results of this study are consistent with prior research suggesting that blast-related mTBI does not differ from other mechanisms of injury with respect to cognitive sequelae in the postacute phase.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=1370685>

Amygdala Volume in Combat-Exposed Veterans With and Without Posttraumatic Stress Disorder: A Cross-sectional Study.

Janice R. Kuo, PhD; Danny G. Kaloupek, PhD; Steven H. Woodward, PhD

Arch Gen Psychiatry. 2012;69(10):1080-1086

Context

Data from animal models demonstrate a link between stress exposure and hypertrophic changes in the amygdala; however, studies of adults with posttraumatic stress disorder (PTSD) have failed to find analogous structural alterations.

Objectives

To compare amygdala volumes between a sample of combat veterans with and without PTSD (analysis 1) and examine whether our observation of larger amygdala volume in individuals with PTSD could be accounted for by the presence of trauma exposure in childhood and the severity of combat exposure in adulthood (analysis 2).

Design

Cross-sectional magnetic resonance imaging.

Setting

Veterans Affairs Palo Alto Health Care System Inpatient Trauma Recovery Program and Veterans Affairs New England Health Care System Outpatient PTSD program.

Participants

Ninety-nine combat-exposed veterans from the Vietnam Conflict or the Persian Gulf War who had been exposed to substantial military operational stress.

Main Outcome Measures

Amygdala volume adjusted for total cerebral volume, Life Events Checklist, and the Combat Exposure Scale.

Results

Analysis 1 indicated that combat-exposed individuals with PTSD exhibited larger total amygdala volume compared with their non-PTSD counterparts (99 individuals, $P = .047$). Analysis 2 indicated that greater severity of combat exposure (87 individuals, $P = .02$), as well as the interaction between the presence of early life trauma and the severity of combat exposure (87 individuals, $P = .008$), were significantly associated with smaller total amygdala volume. The PTSD diagnosis continued to explain larger amygdala volume (87 individuals, $P = .006$).

Conclusions

Posttraumatic stress disorder is associated with enlarged amygdala volume, above the variance accounted for by a history of early life trauma and severity of adult trauma exposure. The discrepancy between our and prior findings may be explained by variability in these trauma indices in previous investigations. These findings support additional study of amygdala structure in human stress disorders and further delineation of the role of early and adult trauma on associated neurologic changes.

<http://journals.psychiatryonline.org/article.aspx?articleid=1372986>

Evaluation of a Mentoring Program for PTSD Clinic Managers in the U.S. Department of Veterans Affairs.

Craig S. Rosen, Ph.D.; Tam Nguyen, Ph.D.; Nancy C. Bernardy, Ph.D.; Jessica L. Hamblen, Ph.D.; Josef I. Ruzek, Ph.D.; Matthew J. Friedman, M.D., Ph.D.

Psychiatric Services, VOL. 63, No. 10

Objective:

This evaluation study elicited feedback from participants in a novel program intended to help posttraumatic stress disorder (PTSD) clinical managers address organizational challenges in providing services and improving care.

Methods:

Program participants were invited to respond to an online survey developed for this study; 46% (N=121) responded.

Results:

Two-thirds of survey respondents had engaged in mentoring program activities ten or more times in the past six months. Roughly half the respondents reported that the program helped them be more connected to other clinics, learn about innovations in care, and feel more supported. Those who participated more often ($\beta = .25$, $p < .01$) and rated their mentors highly ($\beta = .59$, $p < .01$) reported greater benefits from the program.

Conclusions:

Mentees who were actively engaged with the mentoring program reported significant benefits. Efforts are under way to enhance the program by strengthening mentor selection and training.

<http://online.liebertpub.com/doi/abs/10.1089/neu.2012.2506>

Residual Effects of Combat-Related Mild Traumatic Brain Injury.

Dr. Anthony P. Kontos, Dr. Russ S Kotwal, Dr. RJ Elbin, Dr. Robert H Lutz, Dr. Robert D Forsten, and Dr. Peter J Benson

Journal of Neurotrauma

Online Ahead of Editing: October 2, 2012

Mild traumatic brain injury (mTBI) has gained considerable notoriety during the past decade of conflict in Afghanistan and Iraq. However, the relationship between combat-related mTBI and residual mTBI symptoms, post-traumatic stress disorder (PTSD) symptoms, and neurocognitive deficits remains unclear. The purpose of the study was to compare residual mTBI and PTSD symptoms, and neurocognitive deficits among U.S. Army Special Operations Command (USASOC) personnel with diagnosed blunt, blast, and blast-blunt combination mTBIs. This study involved a retrospective medical records review of 27,169 USASOC personnel who completed a military version of the Immediate Post-Concussion Assessment Cognitive Test (ImPACT), Post-Concussion Symptom Scale (PCSS), and PTSD Checklist (PCL) between November 2009 and December 2011. Of the 22,203 personnel who met criteria for the study, 2,813 (12.7%) had a diagnosis of at least one mTBI. A total of 28% (n= 410) of USASOC personnel with a history of diagnosed mTBI reported clinical levels of PTSD symptoms. Personnel with a history of diagnosed blunt (OR= 3.58), blast (OR= 4.23) or combination (OR= 5.73) mTBI were at significantly ($p=.001$) greater risk of reporting clinical levels of PTSD symptoms than those with no history of mTBI. A dose-response gradient for exposure to blast/combination mTBI on clinical levels of PTSD symptoms was also significant ($p=.001$). Individuals with blast/combination mTBIs scored higher in residual mTBI ($p=.001$) and PTSD symptoms ($p=.001$), and performed worse on tests of visual memory ($p=.001$), and reaction time ($p=.001$) than those with blunt or no mTBI history. Individuals with combination mTBIs scored lower in verbal memory ($p=.02$) than those with blunt mTBIs. Residual PTSD and mTBI symptoms appear to be more prevalent in personnel with blast mTBI. A dose-response gradient for blast mTBI and symptoms suggests that repeated exposures to these injuries may have lingering effects.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00020>

Association Between Mental Health Conditions Diagnosed During Initial Eligibility for Military Health Care Benefits and Subsequent Deployment, Attrition, and Death by Suicide Among Active Duty Service Members.

Authors: Ireland, Robert R.; Kress, Amii M.; Frost, Lucinda Z.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1149-1156(8)

Objective:

To examine incidence of mental health diagnoses during initial service of U.S. active duty military members and identify associations with deployment, attrition, and suicide.

Methods:

A retrospective cohort of 576,502 service members (SMs) newly enlisted between 2003 and 2006 was identified. Data included medical encounter, deployment and attrition, and suicide. Multivariable logistic regression models examine the association between mental health diagnoses coded within the SMs' first 6 months of eligibility for health care benefits and deployment. Multivariable Cox proportional hazards models quantify the association between mental health diagnoses and attrition and suicide.

Results:

The cumulative incidence of mental health diagnoses was approximately 9% at 6 months of service. Adjustment, depressive, and anxiety disorders were most common. Those with any mental health diagnosis during initial eligibility had increased risk of early attrition and were 77% less likely to deploy. Early mental health diagnoses were not statistically significantly associated with death by suicide.

Conclusion:

Mental health diagnoses during initial eligibility are common and associated with reduced odds of deployment and increased risk of early attrition. Policies designed to either retain or discharge SMs with a mental health diagnosis identified during initial training merit close examination in light of these findings.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00025>

Postdeployment Alcohol Use, Aggression, and Post-Traumatic Stress Disorder.

Authors: Brown, Janice M.; Williams, Jason; Bray, Robert M.; Hourani, Laurel

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1184-1190(7)

Current military personnel are at risk of developing serious mental health problems, including chronic stress disorders and substance use disorders, as a result of military deployment. The most frequently studied effect of combat exposure is post-traumatic stress disorder (PTSD). High-risk behaviors,

including alcohol use and aggression, have been associated with PTSD, but the optimal cutoff score on the PTSD Checklist (PCL) for determining the risk for these behaviors has not been clearly delineated. Using postdeployment active duty (AD) and Reserve component military personnel, the relation between various cutoff scores on the PCL and engaging in high-risk behaviors was examined. AD personnel, for every outcome examined, showed significantly greater odds for each problem behavior when PCL scores were 30 or higher compared to those with PCL scores in the 17 to 29 range. A similar pattern was shown for Reserve component personnel with respect to several problem behaviors, although not for alcohol use behaviors. The differences in problem behaviors for these two populations may be an indication that deployment experiences and combat exposure affect them differently and suggest that despite lower critical PCL scores, AD personnel may be at higher risk for developing problems as a function of the deployment cycle.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00027>

Use of Portable Sleep Monitors to Diagnose Sleep Apnea During Predeployment Assessment.

Authors: Senchak, Andrew J.; Frey, William C.; O'Connor, Peter D.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1196-1201(6)

Introduction:

Portable sleep monitors (PMs) may be more expeditious and convenient than in-laboratory sleep studies in diagnosing obstructive sleep apnea (OSA). We report for the first time the use of PMs in a military population to demonstrate feasibility in predeployment assessments.

Methods:

A nested, descriptive study was undertaken at 7 military medical facilities as part of a larger clinical trial. Subjects answered two questionnaires to identify OSA symptoms and used an ApneaLink Plus portable monitor to test for OSA. Descriptive statistics were used to characterize the subjects and to report results of PM use. Results: 101 subjects were enrolled, and 77 subjects completed the study. 4.0% of subjects did not tolerate PM use. We found 15 subjects with OSA, with mean age of 31.4 ± 12.8 years, mean body mass index of 33.0 ± 7.4 kg/m², and mean apnea-hypopnea index of 19.6 ± 13.9 per hour. Subjects with OSA were more likely to have high pretest probability of disease than those without OSA.

Conclusion:

We demonstrate that PMs are well-tolerated and can successfully identify OSA in those with high pretest probability. We propose a method to implement PM use during predeployment assessments.

<http://www.ingentaconnect.com/content/amsus/zmm/2012/00000177/00000010/art00028>

Why Strong Tobacco Control Measures “Can’t” Be Implemented in the U.S. Military: A Qualitative Analysis.

Authors: Smith, Elizabeth A.; Malone, Ruth E.

Source: Military Medicine, Volume 177, Number 10, October 2012 , pp. 1202-1207(6)

The Institute of Medicine recently called for a tobacco-free military, citing evidence that high rates of tobacco use harm readiness and create enormous costs for the Department of Defense and the Veterans Administration. The pro-tobacco activities of the tobacco industry and others, sometimes supported by military authorities even when prohibited by policy, have created a culture highly hospitable to smoking. Through qualitative secondary analysis of data from interviews and focus groups, this article explores the reasons enlisted personnel and their supervisors, installation tobacco control managers, and service policy leaders give for why tobacco control policy change “cannot” effectively be achieved. Three primary reasons were given: policies would impinge on the “right to smoke,” policies would be unenforceable and lead to disciplinary breakdown, and the rights of civilian workers on military installations precluded policy enforcement. Yet evidence suggests that these reasons are not only invalid, but inconsistent with military policies addressing other threats to the health of personnel. This pervasive tobacco “exceptionalism” is a significant barrier to achieving a tobacco-free military. The military, Congress, and the President should re-evaluate the “can’t’s” that have prevented effective action, and act to regulate and eventually abolish tobacco use in the armed forces.

<http://www.ncbi.nlm.nih.gov/pubmed/23043148?dopt=Abstract>

Phys Ther. 2012 Oct 4. [Epub ahead of print]

Work Reintegration for Veterans With Mental Disorders: A Systematic Literature Review to Inform Research.

Vantil L, Fikretoglu D, Pranger T, Patten S, Wang J, Wong M, Zamorski M, Loisel P, Corbière M, Shields N, Thompson J, Pedlar D.

Source: L. VanTil, Research Directorate, Veterans Affairs Canada, 161 Grafton St, PO Box 7700, Charlottetown, Prince Edward Island, C1A 8M9 Canada.

Abstract

Background Some Veterans, and especially those with mental disorders, have trouble reintegrating into the civilian workforce. **PURPOSE:** The objectives were to describe the scope of the existing literature on mental disorders and unemployment; and to identify factors potentially associated with reintegration of workers with mental disorders into the workforce. **Data Sources.** The following databases were searched from their respective inception dates: MEDLINE, EMBASE, Cumulative Index Nursing Allied Health

(CINAHL), and PsycINFO. Study Selection. In-scope studies had both (a) quantitative measures of employment and (b) study populations with well-described mental disorders (eg. anxiety, depression, PTSD, substance-use disorders). Data Extraction. A systematic and comprehensive search of the relevant published literature up to July 2009 was conducted that identified a total of 5,195 articles. From that list 81 in-scope studies were identified. An update to July 2012 identified 1,267 new articles, resulting in an additional 16 in-scope articles. Data Synthesis. Three major categories emerged from the in-scope articles: Return to Work, Supported Employment, and Reintegration. The literature on Return to Work and Supported Employment is well summarized by existing reviews. Reintegration literature included 32 in-scope articles; only 10 of these were conducted in populations of Veterans. Limitations. Studies of Reintegration to work were not similar enough to synthesize, and it was inappropriate to pool results for this category of literature. CONCLUSIONS: This comprehensive literature review found limited knowledge about how to integrate people with mental disorders into a new workplace following a prolonged absence (over one year). Even more limited knowledge was found for Veterans. The results informed the next steps for our research team, to enhance successful reintegration of Veterans with mental disorders into the civilian workplace.

<http://www.ncbi.nlm.nih.gov/pubmed/23042887?dopt=Abstract>

Science. 2012 Oct 5;338(6103):79-82. doi: 10.1126/science.1222942.

The science of resilience: implications for the prevention and treatment of depression.

Southwick SM, Charney DS.

Source: Yale University School of Medicine and Yale Child Study Center, U.S. Department of Veterans Affairs (VA) National Center for Post-Traumatic Stress Disorder, VA Connecticut Healthcare System, 950 Campbell Avenue 116A, West Haven, CT 06516, USA.

Abstract

Human responses to stress and trauma vary widely. Some people develop trauma-related psychological disorders, such as posttraumatic stress disorder (PTSD) and depression; others develop mild to moderate psychological symptoms that resolve rapidly; still others report no new psychological symptoms in response to traumatic stress. Individual variability in how animals and humans respond to stress and trauma depends on numerous genetic, developmental, cognitive, psychological, and neurobiological risk and protective factors.

<http://www.ncbi.nlm.nih.gov/pubmed/22409642?dopt=Abstract>

J Consult Clin Psychol. 2012 Jun;80(3):331-41. Epub 2012 Mar 12.

Postdeployment Battlemind training for the U.K. armed forces: a cluster randomized controlled trial.

Mulligan K, Fear NT, Jones N, Alvarez H, Hull L, Naumann U, Wessely S, Greenberg N.

Source: Academic Centre for Defence Mental Health, King's College London, London, United Kingdom.

Abstract

OBJECTIVE:

Combat exposure can increase the risk of subsequent psychological ill-health in armed forces (AF) personnel. A U.S. postdeployment psycho-educational intervention, Battlemind, showed a beneficial effect on mental health in U.S. military personnel exposed to high combat levels. We evaluated the effectiveness of an anglicized version of postdeployment Battlemind.

METHOD:

Battlemind was adapted for the United Kingdom. The main amendments were to sections about carrying weapons, driving, and alcohol misuse. The anglicized Battlemind was compared with the U.K. standard postdeployment brief in a cluster randomized controlled trial. At baseline, 2,443 U.K. AF personnel returning from Afghanistan via Cyprus completed questionnaires about their combat experiences and mental health. Of these, 1,616 (66%) completed 6-month follow-up questionnaires. We used the Posttraumatic Stress Disorder Checklist (PCL-C) to measure probable posttraumatic stress disorder and the General Health Questionnaire (GHQ-12) to measure common mental disorders. Secondary outcomes included alcohol misuse, assessed with the Alcohol Use Disorders Identification Test (AUDIT), and binge drinking. Mixed-effects models were used to account for possible cluster effects.

RESULTS:

We did not find a difference in mental health or overall AUDIT score. Those who received Battlemind versus the standard brief were less likely to report binge drinking, although the effect size was small (adjusted odds ratio = 0.73, 95% CI [0.58, 0.92]).

CONCLUSIONS:

The anglicized Battlemind did not improve mental health but had a modest impact on the reporting of binge drinking. Alcohol misuse is problematic in military populations; therefore, an intervention that reduces binge drinking may be helpful.

<http://www.ncbi.nlm.nih.gov/pubmed/23032317?dopt=Abstract>

J Spec Oper Med. 2012 Fall;12(3):23-35.

Special operations forces and incidence of post-traumatic stress disorder symptoms.

Hing M, Cabrera J, Barstow C, Forsten R.

Abstract

To determine the rates of Post-traumatic Stress Disorder (PTSD) positive symptom scores in Special Operations Forces (SOF) personnel, an anonymous survey of SOF was employed, incorporating the PTSD Checklist (PCL-M) with both demographic and deployment data. Results indicate that all SOF units studied scored above the accepted cut-offs for PTSD positive screening.¹ When total symptom severity score exceeded established cutoff points and were combined with criteria for Diagnostic and Statistical Manual of Mental Disorders, Edition 4 (DSM-IV) diagnosis of PTSD,² approximately 16-20% of respondents met scoring threshold for positive screening, almost double those of conventional Army units. Collectively, Special Forces (SF) Soldiers and SOF combat-arms Soldiers had significantly higher PCL-M scores than their non-combat-arms SOF counterparts. SOF Soldiers with three or more deployments to Afghanistan had significantly higher PCL-M scores. Considering the evidence suggesting that SOF Soldiers are hyper-resilient to stress, these results should drive further research schemata and challenge clinical assumptions of PTSD within Special Operations.

<http://www.ncbi.nlm.nih.gov/pubmed/22511726?dopt=Abstract>

Psychosom Med. 2012 Jun;74(5):471-5. Epub 2012 Apr 17.

Combat-exposed war veterans at risk for suicide show hyperactivation of prefrontal cortex and anterior cingulate during error processing.

Matthews S, Spadoni A, Knox K, Strigo I, Simmons A.

Source: VA San Diego Healthcare System, La Jolla, San Diego, CA 92093-0603, USA.
scmatthews@ucsd.edu

Abstract

OBJECTIVE:

Suicide is a significant public health problem. Suicidal ideation (SI) increases the risk for completed suicide. However, the brain basis of SI is unknown. The objective of this study was to examine the neural correlates of self-monitoring in individuals at risk for suicide. We hypothesized that combat veterans with a history of SI relative to those without such a history would show altered activation in the anterior cingulate cortex and related circuitry during self-monitoring.

METHODS:

Two groups of combat-exposed war veterans (13 men with and 13 men without history of SI) were studied. Both the SI and non-SI participants had two or more of the following: a) current major depressive disorder, b) current posttraumatic stress disorder, and c) history of mild traumatic brain injury, and each subject performed a validated stop task during functional magnetic resonance imaging. Error-related activation was compared between the SI and non-SI groups.

RESULTS:

The SI group demonstrated more error-related activation of the anterior cingulate (8256 mm³, $t = 2.51$) and prefrontal cortex (i.e., clusters >2048 mm³, voxelwise $p < .05$). The SI and non-SI participants showed similar behavioral task performance (i.e., mean error rate, F values < 0.63, p values > .43; and mean reaction times, $F = 0.27$, $p = .61$).

CONCLUSIONS:

These findings suggest neural correlates of altered self-monitoring in individuals with a history of SI and may further suggest that functional magnetic resonance imaging could be used to identify individuals at risk for suicide before they engage in suicidal behavior.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21741/abstract>

The Influence of Depressive Symptoms on Suicidal Ideation Among U.S. Vietnam-Era and Afghanistan/Iraq-Era Veterans With Posttraumatic Stress Disorder.

Nicole D. Pukay-Martin, Kristin E. Pontoski, Melissa A. Maxwell, Patrick S. Calhoun, Courtney E. Dutton, Carolina P. Clancy, Michael A. Hertzberg, Claire F. Collie, Jean C. Beckham

Journal of Traumatic Stress

Article first published online: 9 OCT 2012

Major depressive disorder (MDD) co-occurs frequently with posttraumatic stress disorder (PTSD), and both disorders are linked to suicidal ideation. An emergent literature examines suicidal ideation in U.S. Afghanistan/Iraq-era veterans. Little research, however, has studied the role of PTSD and comorbid MDD on suicidal ideation across service eras. Therefore, this study aimed to examine the impact of depression on suicidal ideation in Afghanistan/Iraq-era and Vietnam-era veterans with PTSD. The sample included 164 Vietnam and 98 Afghanistan/Iraq veterans diagnosed with PTSD at a VA outpatient PTSD Clinic. Using structured interviews, 63% of the Vietnam sample and 45% of the Afghanistan/Iraq sample were diagnosed with comorbid current MDD. Measures included self-report assessments of PTSD and depressive symptoms and the Personality Assessment Inventory. Results of analyses suggested that in veterans of both eras, PTSD, MDD, and their interaction were significantly related to suicidal ideation (PTSD: $\eta^2 = .01$; MDD: $\eta^2 = .10$; PTSD \times MDD: $\eta^2 = .02$). For veterans reporting greater depressive symptoms, there was a stronger relationship between PTSD symptoms and suicidal ideation. These results suggest that veterans from both eras display a similar clinical presentation and highlight the need to consider depressive symptoms when assessing veterans with PTSD. Future research should examine suicidal ideation and behaviors as they change over time in these two cohorts.

<http://www.ncbi.nlm.nih.gov/pubmed/23044668?dopt=Abstract>

J Clin Psychol. 2012 Oct 8. doi: 10.1002/jclp.21926. [Epub ahead of print]

Client Perceptions of Therapy Component Helpfulness in Group Cognitive-Behavioral Therapy for Anxiety Disorders.

Smith AH, Norton PJ, McLean CP.

Source: University of Houston.

Abstract

OBJECTIVE(S):

Treatment credibility and client satisfaction have received relatively little research attention, but extant findings indicate that some clients and therapists differ in their perceptions of what is helpful about therapy, with greater divergence related to poorer outcomes. This study examined relationships between treatment credibility, perceptions of therapy helpfulness, and treatment response.

METHOD:

Participants were 48 individuals (60.4% female; 53.2% Caucasian; mean age 32.79 years) with an anxiety disorder diagnosis. Participants completed a 12-week transdiagnostic treatment protocol; treatment credibility was rated after session 2, and treatment component helpfulness was rated posttreatment.

RESULTS:

Treatment response was significantly correlated with perceived helpfulness of cognitive restructuring and exposure techniques, but not treatment credibility. Treatment responders recognized the helpfulness of factors considered to be important therapeutic processes.

CONCLUSIONS:

Findings emphasize the importance of client perceptions of cognitive and behavioral techniques in treatment and suggest the need to monitor client perceptions throughout the treatment process.

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<http://www.ncbi.nlm.nih.gov/pubmed/23044651?dopt=Abstract>

Int J Geriatr Psychiatry. 2012 Nov;27(11):1106-11. doi: 10.1002/gps.2826. Epub 2011 Dec 23.

Post-traumatic stress disorder symptoms in emotionally distressed individuals referred for a depression prevention intervention: relationship to problem-solving skills.

Kasckow J, Brown C, Morse J, Begley A, Bensasi S, Reynolds CF 3rd.

Source: VA Pittsburgh MIRECC and Behavioral Health, Pittsburgh, PA, USA; UPMC Western Psychiatric Institute and Clinics, Pittsburgh, PA, USA.

Abstract

OBJECTIVES:

This study examined the rates of syndromal and subthreshold post-traumatic stress disorder (PTSD) and PTSD symptom scores in participants with symptoms of emotional distress, subsyndromal depression, and a history of traumatic exposure. Participants had been referred to a study of an indicated depression prevention intervention using problem-solving therapy in primary care. We hypothesized that higher severity of PTSD symptom scores would predict poorer problem-solving skills. In addition, some reports have suggested that there are higher rates of PTSD in minority populations relative to Caucasians; thus we hypothesized that race would also predict problem-solving skills in these individuals.

METHODS:

We examined the rates of traumatic exposure, syndromal, and subthreshold PTSD. In those exposed to trauma, we performed a multiple linear regression to examine the effects of PTSD symptoms, depression symptoms, race, age, and gender on social problem-solving skills.

RESULTS:

Of the 244 participants, 64 (26.2%) reported a traumatic event; 6/234 (2.6%) had syndromal PTSD, and 14/234 (6.0%) had subthreshold PTSD. By way of regression analysis, higher PTSD symptom scores predicted poorer problem-solving skills. In addition, racial status (Caucasian vs. African American) predicted problem-solving skills; Caucasians exhibited lower levels of problem-solving skills.

CONCLUSIONS:

Individuals presenting with subsyndromal depressive symptoms may also have a history of traumatic exposure, subthreshold and syndromal PTSD. Thus, screening these individuals for PTSD symptoms is important and may inform clinical management decisions because problem-solving skills are lower in those with more severe PTSD symptoms (even after adjusting for race, age, gender, and depressive symptoms). Copyright © 2011 John Wiley & Sons, Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/23044243?dopt=Abstract>

Gen Hosp Psychiatry. 2012 Oct 5. pii: S0163-8343(12)00276-9. doi: 10.1016/j.genhosppsy.2012.09.004. [Epub ahead of print]

Obsessive compulsive disorder in veterans in primary care: prevalence and impairment.

Gros DF, Magruder KM, Frueh BC.

Source: Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC, USA; Medical University of South Carolina, Charleston, SC, USA. Electronic address: groisd@musc.edu.

Abstract

OBJECTIVE:

Obsessive compulsive disorder (OCD) is a severely impairing psychiatric disorder with an estimated 12-month prevalence of 0.39% to 1.20% in community settings. However, there has been little research on the prevalence of OCD in primary care settings and veteran samples. Thus, the present study investigated prevalence, comorbidity, and physical and mental health impairment of veterans with OCD.

METHOD:

A total of 854 veterans participated in a cross-sectional investigation in primary care clinics in four Veteran Affairs Medical Centers. Participants completed the Mini International Neuropsychiatric Interview, Clinician-Administered PTSD Scale and Short-Form Health Survey.

RESULTS:

A total of 1.9% of participants met the diagnostic criteria for OCD based on the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition. Participants with OCD were significantly younger and demonstrated greater psychiatric comorbidity than participants without OCD. Participants with OCD also reported significantly more severe physical health impairment (role limitation, pain, general health), mental health impairment (emotional well-being, role limitations, energy/fatigue) and impairment in social functioning than participants without OCD.

CONCLUSIONS:

These findings demonstrate moderately high prevalence and severe impairment associated with OCD in veterans, thus highlighting the need for improved recognition, assessment and specialized treatments for OCD in primary care settings and with veteran patients.

Published by Elsevier Inc.

<http://www.biomedcentral.com/1471-244X/12/166/abstract>

Comparison of the effectiveness of trauma-focused cognitive behavioral therapy and paroxetine treatment in PTSD patients: Design of a randomized controlled trial

A. Rosaura Polak, Anke B. Witteveen, Rogier S. Visser, Brent C. Opmeer, Nienke Vulink, Martijn Figee, Damiaan Denys and Miranda Olff

BMC Psychiatry 2012, 12:166

Published: 9 October 2012

Background

The two most common interventions for Posttraumatic Stress Disorder (PTSD) are pharmacological

treatment with SSRIs such as paroxetine and psychological treatment such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). International guidelines recommend trauma-focused psychological interventions for all PTSD patients as first-line treatment (NICE). However, no clear-cut evidence is available to support this recommendation.

Methods

In order to compare pharmacological treatment (paroxetine) and psychological treatment (TF-CBT) in (cost-) effectiveness on the short and the long term, we will randomize 90 patients with chronic PTSD to either paroxetine (24 weeks) or TF-CBT (10--12 weeks). We will assess symptom severity and costs before and after the intervention with the Clinician Administered PTSD Scale (CAPS), the Clinical Global Impression Scale (CGI) and the Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (TiC-P).

Discussion

This study is unique for its direct comparison of the most commonly used psychological intervention (TF-CBT) and pharmacological intervention (paroxetine) on (cost-) effectiveness on the short and the long term. The anticipated results will provide relevant evidence concerning long-term effects and relapse rates and will be beneficial in reducing societal costs. It may also provide information on who may benefit most from which type of intervention. Some methodological issues will be discussed.

Links of Interest

As Military Suicides Rise, Focus Is on Private Weapons

<http://www.nytimes.com/2012/10/08/us/with-military-suicides-rising-new-policies-take-shape.html>

Army works to reduce soldiers' suicides, increase available help

http://www.pennlive.com/midstate/index.ssf/2012/10/army_suicides.html

We Can't Treat Soldiers' PTSD without a Better Diagnosis

http://www.csicop.org/si/show/we_cant_treat_soldiers_ptsd_without_a_better_diagnosis/

Warrior Stress

<https://battletap.org/WarriorStress.aspx>

Police Jumper Squads Spend Tense Hours Trying to Save People From Themselves

<http://www.nytimes.com/2012/10/07/nyregion/police-jumper-squads-spend-tense-hours-trying-to-save-people-from-themselves.html>

Humanitarian Work May Raise Risk of Anxiety, Depression

http://www.nlm.nih.gov/medlineplus/news/fullstory_129980.html

Trauma Switch Identified: Mechanism Protects Our Brains from Turning Stress and Trauma Into Post-Traumatic Stress Disorder

<http://www.sciencedaily.com/releases/2012/10/121005103330.htm>

Mobile App Keeps Comforting Memories Close at Hand

http://www.health.mil/blog/12-10-05/Mobile_App_Keeps_Comforting_Memories_Close_at_Hand.aspx

Recalibrating Therapy for Our Wired World

<http://www.nytimes.com/2012/10/09/health/recalibrating-therapy-for-a-wired-world-the-digital-doctor.html>

Combat Veterans With PTSD, Anger Issues More Likely To Commit Crimes: New Report

http://www.huffingtonpost.com/2012/10/09/veterans-ptsd-crime-report_n_1951338.html

See also:

Veterans: Coming Home

http://www.huffingtonpost.com/2012/10/02/veterans-coming-home_n_1932366.html

Troubled vets pose problem for police

<http://www2.tbo.com/news/breaking-news/2012/oct/10/namaino1-troubled-vets-pose-problem-for-police-ar-527494/>

UCLA Dentistry receives major grant to develop saliva test to predict onset of PTSD

http://www.eurekalert.org/pub_releases/2012-10/uoc--udr100912.php

PTSD And Drones: Emotional Costs Far Away From The Battlefield

http://www.huffingtonpost.com/2012/10/10/ptsd-drones_n_1954940.html

Despite Access to Care, Male Veterans in Poorer Health than Civilian Men

<http://www.cfah.org/hbns/archives/getDocument.cfm?documentID=22555>

Research Tip of the Week: [Subject Guides from the Dudley Knox Library, Naval Postgraduate School](#)

You're probably familiar with the [Naval Postgraduate School](#) (NPS), which "provides high-quality, relevant and unique advanced education and research programs that increase the combat effectiveness of the Naval Services, other Armed Forces of the U.S. and our partners, to enhance our national security." You don't have to be affiliated with the NPS to take advantage of some of the resources offered by its [Dudley Knox Library](#), including a collection of [bibliographies](#) and [Calhoun](#), "the Institutional Archive (or Repository) for the Naval Postgraduate School...built for the purpose of making NPS-created scholarly content visible, searchable and freely available to the public."

The Library's collection of [subject guides](#) is particularly worthy of your attention. They are grouped into several categories: Military Resources, Resources by Type, Business and Management, Sciences, Political Science, Mobile, information about the Library itself, Research Tools, Academic Writing, and Special

Topics. Looking for [Military Images](#)? [Defense Budget Information](#)? [Directives, Instructions, Specifications & Standards](#)?

How about a guide to [Graphic Novels](#)?

Spend some time looking around here and don't reinvent the research wheel. Some knowledgeable folks have already gone to the trouble of rounding up the best information on many topics of interest.

The screenshot shows the Dudley Knox Library website. At the top, there is a navigation bar with links for NPS Home, About NPS, Academics, Administration, Library, Research, Technology, and Services. Below this is a search bar with a 'GO' button. The main header features the Naval Postgraduate School logo and the text 'DUDLEY KNOX LIBRARY'. A secondary navigation bar includes Library, Services, Information, Research Tools, and Help. The main content area is titled 'Subject Guides' and includes a breadcrumb trail: 'For Distance Learners > Research Tools > Subject Guides by Topic'. On the left, there are 'QUICK LINKS' (Ask a Librarian, Search BOSUN Catalog, Search Databases, Find eJournals, Find Subject Guides, Request Article or Book, Sign Up For a Workshop) and 'LIBRARY CONTACT' information (Dudley Knox Library, 411 Dyer Road, Monterey, CA 93943, (831) 656-2947, DSN: 756-2947, Send Feedback). The main content is organized into columns of subject guides: MILITARY RESOURCES (Acquisition and Contracting, Civil Affairs and Rule of Law, Defense Analysis, Defense Budget Information, Joint Issues, Lessons Learned, Military Equipment, Military Images, Military Information, Military Internet, Military Manpower, Military Publications, Military Transportation and Logistics, Vietnam Conflict Resources), BUSINESS AND MANAGEMENT (Finding Company Information, GSBPP Resources), SCIENCES (Astronautics & Space Systems, Computer & Information Sciences, Cost Estimation & Analysis, Operations Research, Satellite Communication, Systems Engineering, Unmanned Systems (UxS)), POLITICAL SCIENCE (Asian Resources, Conflict & Peacekeeping, Congressional Information Resources, Defense Budget Information, International Information, Latin American Resources, Middle East, National Security Affairs), MOBILE (QR Codes, DKL Mobile Website (mDKL)), DUDLEY KNOX LIBRARY (Dudley Knox Library Administration, 2011 Dudley Knox Library Annual Report, 2010 Dudley Knox Library Annual Report), SPECIAL TOPICS (Alumni Access, Dudley Knox Library LibGuides, Graphic Novels, Homeland Security Resources, Terrorism, Terrorist Group Profiles), RESEARCH TOOLS (Calhoun, the NPS Institutional Archive, Cool Tools for Researchers, Homeland Security Digital Library, Military and Government RSS Feeds, NPS Theses and How to Find Them, Reference Tools, Searching the Web, Web Finding Tools), and ACADEMIC WRITING (Avoiding Plagiarism, Citation Styles, Copyright at NPS, Refworks Citation Manager, Thesis Resources, Writing Resources).

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