

CDP Research Update -- September 26, 2013

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http://www.rand.org/pubs/research_briefs/RB9730.html

Reintegration After Deployment: Supporting Citizen Warriors and Their Families

by Laura Werber, Agnes Gereben Schaefer, Karen Chan Osilla, Elizabeth Wilke, Anny Wong, Joshua Breslau, Karin E. Kitchens

RAND Corporation
2013

A RAND study of the challenges that reserve component service members and their families face after deployment and the factors that contribute to successful reintegration led to a series of recommendations for the U.S. Department of Defense.

<http://link.springer.com/article/10.1007/s10755-013-9274-z>

Veteran Ally: Practical Strategies for Closing the Military-Civilian Gap on Campus.

Nicholas J. Osborne
Innovative Higher Education
September 2013

Since the Post-9/11 GI Bill was enacted in 2009, student veteran populations have nearly doubled while services that support their transition to higher education have dramatically increased. Despite a surge in resources, however, institutions are deficient in training faculty and staff about veterans' issues, consequently leaving student veterans susceptible to inaccurate perceptions about their service and wellbeing. In an effort to provide an inclusive environment for service members, this article discusses findings from two focus groups and 14 interviews with student veterans. Recommendations for training faculty and staff and enhancing the visibility of veterans' issues through Veteran Ally training and student veteran discussion panels are discussed.

http://www.fedprac.com/uploads/media/030080014_01.pdf

Adaptability and Resiliency of Military Families During Reunification: Results of a Longitudinal Study.

Peggy Anne Fisher McNulty, DrPH, RN, APRN, CAPT, NC, USN (Ret)
Federal Practitioner
August 2013

The introduction and background of this study was described in McNulty, 2008, and McNulty, 2010. These findings included the 3 months before reunification through 3 months after reunification occurred, indicating increased stress among families 3 months after the return of the spouse from Iraq. Many qualitative remarks summarized that the stigma of getting help kept many army soldiers from reaching out due to the real or perceived perception that their military careers would be adversely affected. An overall divorce rate of 7.6% was reported during this period. Active-duty spouses reported divorces at 8.6% compared with 4.7% in the reserve group. Those with children, those who were enlisted, and those married < 10 years were identified to be at risk for divorce.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-1-Is-2.pdf>

Journal of Military and Government Counseling

Volume 1, Number 2, 2013

Articles include:

How the Social Isolation Factor and Ineffective Counseling Theory are Impacting the Grieving Experience of Today's Young Military Widows

Tami J. Frye and Neil Duchac

Supporting Student Veterans: Current Landscape and Future Directions
Leigh Green and Seth Hayden

School Counselors' Observations of OEF/OIF Children and Families: Identifying Opportunities for Assistance
Angie Walinski, David Ray, and Joann Kirchner

Trends in Quality of Life Enhancements for Veterans with TBI: Implications for Rehabilitation Counselors
Chanpreet Singh

Graduate Student Paper – Eye movement desensitization and reprocessing (EMDR) treatment with combat veterans: A review of current literature
Angela E. Hubbard

<https://dspace.smith.edu/handle/11020/24248>

The things they carry : a study of transitional object use among U.S. military personnel during and after deployment

St. George, Julia
Thesis (M.S.W.)--Smith College School for Social Work, 2013

The purpose of this study was to explore how transitional objects are used during and after combat, and whether their use promotes resilience, reduces the effects of combat-related stress, and helps service members with "coming home" from war. The research looked for possible ties between objects with emotional significance that were carried during deployment and the effect the items had on service members' mental health and wellbeing. Sixty-six combat veterans of World War II through the wars in Iraq and Afghanistan completed an online survey consisting of multiple-choice, open-ended, and Likert scale questions that were used to capture their experiences with transitional objects. An additional six combat veterans took part in a structured focus group designed to gather more detailed, nuanced perspectives about the role that objects played for these veterans. Results indicate that the majority of veterans carried a special possession during combat and found it to be soothing or psychologically helpful in times of stress. Service members who used an object found it was more useful during their transition into combat than during their return home. Participants who did not carry an object stated they wanted to keep home and work separate, or did not feel the need to bring something along for comfort. Most survey participants indicated they have positive feelings when they think about their object today, while one-third indicated that the object is no longer important to them. Suggestions for future research were given, as well as implications for clinical practice with veterans and military couples.

<https://dspace.smith.edu/handle/11020/24249>

Clinician perspectives on using mindfulness-based therapeutic intervention when working with veterans

Stonecash, Lindsay E.

Thesis (M.S.W.)--Smith College School for Social Work, 2013

The purpose of this research study was to explore clinicians' perspectives on using mindfulness practices with veterans suffering from Posttraumatic Stress Disorder (PTSD) and other stress-related problems. While applying mindfulness techniques in clinical settings is not new to mental health fields, researchers have yet to agree on an explicit definition of mindfulness, and amid growing support for its efficacy, it remains to be categorized as evidence based practice for PTSD. Due to the high need for more widely available treatment interventions for veterans with PTSD, researchers are exploring the potential for mindfulness to be broadly applicable among populations seeking PTSD treatment. This exploratory study employed qualitative research methods to interview fourteen clinicians within the New Mexico Veterans Affairs Health Care System. The sample included licensed clinical social workers and clinical psychologists. Qualitative analysis indicated that mindfulness is seen and experienced as a helpful stand-alone intervention and also an adjunct to exposure therapies and clinical work in general. Naturally emerging themes in the interviews included discussion of the overarching impact mindfulness practices have had on participants' personal and professional lives, barriers that exist within the VA in some part due to large scale differences between VA and military culture and the culture of mindfulness. The study also generated discussion of opportunities for further use of mindfulness for veterans and clinicians with attention to the extent that mindfulness was already used. Limitations to the study were considered and questions for further inquiry stated.

<http://onlinelibrary.wiley.com/doi/10.1002/bsl.2091/abstract>

Effects and Outcomes in Civilian and Military Traumatic Brain Injury: Similarities, Differences, and Forensic Implications.

Lamberty, G. J., Nelson, N. W. and Yamada, T.

Behavioral Sciences & the Law

Article first published online: 16 SEP 2013

Traumatic brain injury (TBI) is a prominent public health problem in both civilian and military settings. This article discusses similarities and differences in the assessment and treatment of TBI and the attendant forensic implications. Acute care and management of moderate/severe TBI tend to be similar across environments, as is the recognition of disability status in affected individuals. By contrast, an increased focus on mild TBI in recent years has resulted in a reliance on self-report and screening measures to validate the occurrence of events leading to injury. This has complicated assessment, treatment and subsequent medicolegal proceedings. The neuropsychological literature has provided

significant guidance on these difficult issues, although the complexity of disability adjudication for active duty members of the military and veterans continues to pose challenges for clinicians in evaluative and treatment contexts. Copyright © 2013 John Wiley & Sons, Ltd.

<http://www.biomedcentral.com/1471-244X/13/230/abstract>

Distinctive emotional responses of clinicians to suicide-attempting patients - a comparative study.

Zimri S Yaseen, Jessica Briggs, Irina Kopeykina, Kali M Orchard, Jessica Silberlicht, Hetal Bhingradia and Igor I Galynker

BMC Psychiatry 2013, 13:230

Background

Clinician responses to patients have been recognized as an important factor in treatment outcome. Clinician responses to suicidal patients have received little attention in the literature however, and no quantitative studies have been published. Further, although patients with high versus low lethality suicidal behaviors have been speculated to represent two distinct populations, clinicians' emotional responses to them have not been examined.

Methods

Clinicians' responses to their patients when last seeing them prior to patients' suicide attempt or death were assessed retrospectively with the Therapist Response/Countertransference Questionnaire, administered anonymously via an Internet survey service. Scores on individual items and subscale scores were compared between groups, and linear discriminant analysis was applied to determine the combination of items that best discriminated between groups.

Results

Clinicians reported on patients who completed suicide, made high-lethality attempts, low-lethality attempts, or died unexpectedly non-suicidal deaths in a total of 82 cases. We found that clinicians treating imminently suicidal patients had less positive feelings towards these patients than for non-suicidal patients, but had higher hopes for their treatment, while finding themselves notably more overwhelmed, distressed by, and to some degree avoidant of them. Further, we found that the specific paradoxical combination of hopefulness and distress/avoidance was a significant discriminator between suicidal patients and those who died unexpectedly non-suicidal deaths with 90% sensitivity and 56% specificity. In addition, we identified one questionnaire item that discriminated significantly between high- and low-lethality suicide patients.

Conclusions

Clinicians' emotional responses to patients at risk versus not at risk for imminent suicide attempt may be distinct in ways consistent with responses theorized by Maltzberger and Buie in 1974. Prospective replication is needed to confirm these results, however. Our findings demonstrate the feasibility of using

quantitative self-report methodologies for investigation of the relationship between clinicians' emotional responses to suicidal patients and suicide risk.

<http://www.sciencedirect.com/science/article/pii/S0889159113003796>

Relationships between hair cortisol and marital status in female veterans.

A.R. Duffy, M. Groer, B. Kane, S. Williams

Brain, Behavior, and Immunity

Volume 32, Supplement, September 2013, Pages e39

Hair cortisol is thought to represent long-term activation of the HPA axis. An increasing body of research has used hair cortisol in research on disorders such as post-traumatic stress disorder (PTSD), generalized anxiety disorder, and depression, as well as in individuals who are unemployed or working night shift. This research examined a sample of 52 female veterans, collecting demographic information such as marital and employment status, as well as psychosocial factors such as PTSD, depression, anxiety, and pain. The mean hair cortisol level was 27.46 pg/mg. Results include a significantly lower hair cortisol in single women veterans compared to veterans who were married currently or at some point in time ($t = -2.734$, $p = .009$). In addition, married women had lower plasma IFN-gamma levels ($t = 2.61$, $p = .013$). Finally, single women were shown to drink less alcohol than married veterans ($t = 2.01$, $p = .05$). Current analysis suggests a trend in lower hair cortisol in women with higher PTSD scores. In the military, there is a high incidence of divorce and marriage difficulties. With these difficulties there may be an increase in chronic stress and alterations in the HPA axis and immunity.

<http://krex.k-state.edu/dspace/handle/2097/16473>

Therapy Dogs as a Preventive Measure for Rabies Exposure and Mental Health Issues in Deployed Troops.

Davenport, Jacob Monroe

Publication Date: 2013

Graduation Month: August

Degree: Master of Public Health

Department: Public Health Interdepartmental Program

Kansas State University

I have been fortunate to gain an invaluable experience while completing my Masters of Public Health at the Fort Riley Military base. Under the direction of Dr. Paul Benne and many of his support staff I have learned many aspects and functionality of the day-to-day operations of a public health department. My general idea going into this experience was to learn more about mental health of military staff in the

deployed environment and incorporating animal therapy programs into daily operations that would aide in the reduction of mental health related events. By interacting with animals in the deployed environment, the risk of rabies is of great concern for the safety of soldiers. Sadly, in the past the military has experienced a few cases of rabies transmission in active duty soldiers that have been exposed to infected animals. Incorporating animal therapy programs into a deployed environment would provide an alternative to soldiers seeking companionship from local dogs that have a high probability of being infected with Rabies.

<http://onlinelibrary.wiley.com/doi/10.1111/head.12216/abstract>

Headache Diagnoses Among Iraq and Afghanistan War Veterans Enrolled in VA: A Gender Comparison.

Carlson, K. F., Taylor, B. C., Hagel, E. M., Cutting, A., Kerns, R. and Sayer, N. A.

Headache: The Journal of Head and Face Pain

Article first published online: 19 SEP 2013

Objective

To examine the prevalence and correlates of headache diagnoses, by gender, among Iraq and Afghanistan War Veterans who use Department of Veterans Affairs (VA) health care.

Background

Understanding the health care needs of recent Veterans, and how these needs differ between women and men, is a priority for the VA. The potential for a large burden of headache disorders among Veterans seeking VA services exists but has not been examined in a representative sample.

Methods

We conducted a historical cohort study using national VA inpatient and outpatient data from fiscal year 2011. Participants were all (n = 470,215) Iraq and Afghanistan War Veteran VA users in 2011; nearly 13% were women. We identified headache diagnoses using International Classification of Diseases (ICD-9) diagnosis codes assigned during one or more VA inpatient or outpatient encounters. Descriptive analyses included frequencies of patient characteristics, prevalence and types of headache diagnoses, and prevalence of comorbid diagnoses. Prevalence ratios (PR) with 95% confidence intervals (CI) were used to estimate associations between gender and headache diagnoses. Multivariate models adjusted for age and race. Additional models also adjusted for comorbid diagnoses.

Results

In 2011, 56,300 (11.9%) Veterans received a headache-related diagnosis. While controlling for age and race, headache diagnoses were 1.61 times more prevalent (95% CI = 1.58-1.64) among women (18%) than men (11%). Most of this difference was associated with migraine diagnoses, which were 2.66 times more prevalent (95% CI = 2.59-2.73) among women. Cluster and post-traumatic headache diagnoses were less prevalent in women than in men. These patterns remained the same when also controlling for

comorbid diagnoses, which were common among both women and men with headache diagnoses. The most prevalent comorbid diagnoses examined were depression (46% of women with headache diagnoses vs 40% of men), post-traumatic stress disorder (38% vs 58%), and back pain (38% vs 46%).

Conclusions

Results of this study have implications for the delivery of post-deployment health services to Iraq and Afghanistan War Veterans. Migraine and other headache diagnoses are common among Veterans, particularly women, and tend to occur in combination with other post-deployment health conditions for which patients are being treated.

<http://www.sciencedirect.com/science/article/pii/S016517811300499X>

Risk factors for post-deployment posttraumatic stress disorder in national guard/reserve service members.

M. Tracie Shea, Madhavi K. Reddy, Audrey R. Tyrka, Elizabeth Sevin

Psychiatry Research, Available online 18 September 2013

Identification of factors that increase risk for PTSD in military personnel following deployments is critical to early intervention and prevention. The study tested hypothesized main and moderating risk factors for PTSD in National Guard/Reserve members deployed to Iraq or Afghanistan. Members of the National Guard/Reserves (n=238) completed diagnostic interviews and measures of risk factors at a post-deployment assessment conducted an average of four and a half months following return from deployment. Hierarchical multivariate logistic regression analyses were used to test hypotheses. Higher levels of combat exposure, life and family concerns during deployment, and post-deployment social support independently predicted PTSD. Life/family concerns during deployment and perceived adequacy of training and preparation were significant moderators of the association between combat exposure and PTSD. Among those with higher levels of both combat exposure and life and family stress, 27% had PTSD in contrast to 3% of those with high exposure but lower levels of such stress during deployment.

In addition to combat exposure, life and family stress during deployment is a particularly important predictor of PTSD. The findings highlight the importance of identifying and addressing such stress.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0075880>

Deployment and Post-Deployment Experiences in OEF/OIF Veterans: Relationship to Gray Matter Volume.

Aupperle RL, Connolly CG, Stillman AN, May AC, Paulus MP

PLoS ONE 8(9): e75880.

Recent wars and political conflicts have exposed United States military men and women to increased levels of combat trauma. These experiences often lead not only to posttraumatic stress disorder (PTSD) but also to other highly comorbid mental health conditions, such as alcohol use disorders or major depressive disorders. It is estimated that approximately 20% of military veterans develop PTSD [1], [2] while approximately 7–10% develop alcohol use disorders and 17% develop major depressive disorder [1], [3]. Previous research has established a relationship between severity and amount of traumatic experiences (e.g., combat or other previous trauma) with subsequent development of PTSD and other mental health symptoms [4]–[9]. However, recent research suggests that there may be other experiences that may influence the likelihood or severity of subsequent mental health disorders. With respect to combat-related PTSD, identified resiliency factors include quality of non-combat deployment experiences (i.e., unit support or cohesion), as well as family and social support, among others [4], [5], [9]–[12].

Magnetic resonance imaging (MRI) has been helpful in delineating how trauma experiences and PTSD may relate to structure of various brain regions. PTSD has repeatedly been associated with reduced volume of hippocampal regions (see recent meta-analyses, [13], [14]), which may relate to severity of combat experiences [15] and/or severity of PTSD symptoms [16]. Studies have also identified reduced amygdala volume for PTSD versus non-PTSD with and without trauma exposure [14], though findings with this region have not been as consistently reported. Functional activation of the insula cortex (and its role in monitoring internal bodily states) has been increasingly implicated in PTSD and other anxiety disorders [17] and recent studies have also associated PTSD with reduced gray matter volume in this region [18]–[20]. Studies have additionally identified decreased volume within the temporal cortex and several frontal cortical regions, including anterior cingulate, orbitofrontal, middle frontal, and inferior frontal regions, for PTSD compared to non-PTSD groups [14], [21]–[24].

While there has been a plethora of studies focused on identifying structural abnormalities related to trauma exposure or PTSD, there has been a relative lack of research examining the impact of other factors, such as comorbid symptoms or factors related to resiliency. Alcohol use disorders in particular have been associated with structural differences that overlap with those identified for PTSD – including reduced volume within cortical regions, hippocampus, amygdala, and insula, as well as striatal regions [25]–[28]. However, a recent meta-analysis suggests that at least the hippocampal volumetric differences in PTSD cannot be fully attributed to alcohol use disorders [29].

Several investigators [30]–[34] have proposed that combat trauma and PTSD do not occur in a vacuum and that other life experiences – either good or bad, recent or long past – influence neural development and post-traumatic behavioral responses. The current study was designed to investigate how risk and resiliency factors related to deployment experiences and post-deployment symptoms of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans relate to differences in gray matter volume. Specifically, we utilize MRI and voxel-based methods to investigate gray matter volumes related to the severity of combat experiences and deployment-related social support, as well as to post-deployment PTSD symptoms and level of alcohol use. In light of previous literature, we hypothesized that combat experiences and PTSD symptoms would relate to reduced hippocampal, amygdala, insula, and temporal and frontal cortical volumes. Further, we hypothesized that greater quality of deployment

social support would be a protective factor, serving as a moderator to reduce these volumetric effects. Lastly, we hypothesized that level of current alcohol use would relate to further volumetric reductions in hippocampal, amygdalar, and cortical regions as well as to volumetric reductions in striatal regions. Greater understanding of how these risk and resiliency factors relate to structural brain differences could provide insight concerning the development of post-traumatic mental health symptoms and potential strategies for prevention and treatment.

<http://www.scitechnol.com/2324-8947/2324-8947-2-109.php>

Does the Integration of Peers into the Treatment of Adults with Posttraumatic Stress Disorder Improve Access to Mental Health Care? A Literature Review and Conceptual Model.

Jain S, McLean C, Adler EP, Lindley SE, Ruzek JI, et al.

J Trauma Stress Disor Treat 2:3.

Objective:

There is a pressing need for interventions that make PTSD treatment more accessible. The aim of this review is to determine if the integration of peers, into the treatment of adults with posttraumatic stress disorder, represents such innovation.

Methods:

MEDLINE, PsychINFO, and Ovid were searched using key words: paraprofessional, peer, peer specialist, peer support technician, peer support, peer group, peer counseling and consumer provider. These keywords were searched in combination with PTSD to identify English language reports of relevance published between 1946 and 2012.

Results:

We reviewed the existing peer interventions published in the PTSD literature and found they fell into three categories which we name: Peer outreach for those exposed to traumatic events; Paraprofessional peer delivery of a trauma-focused intervention and Peer support for recovery from PTSD. We summarize each of these three categories with regards to how they make PTSD treatment more accessible.

Discussion:

Current evidence suggests that integrating peers into the treatment of adults with PTSD can enhance access to treatment. However the limited evidence supporting the effectiveness of peers in improving actual PTSD outcomes represents a significant limitation. This may be, in part, due to a lack of knowledge regarding the mechanisms of action via which peers could improve PTSD outcomes. We present a conceptual model that postulates regarding such mechanisms. Drawing from the broader literature, we also highlight key requirements for the successful future implementation of peers into the treatment of adults PTSD. We conclude with suggestions for future research in this area.

<http://www.jaapl.org/content/41/3/344.short>

A Novel Approach to Training Police Officers to Interact With Individuals Who May Have a Psychiatric Disorder.

Peter H. Silverstone, MD, Yasmeen I. Krameddine, BSc, David DeMarco and Robert Hassel, BEd

J Am Acad Psychiatry Law 41:3:344-355 (September 2013)

Police and law enforcement providers frequently come in contact with individuals who have psychiatric disorders. Repeated studies suggest that greater understanding of psychiatric conditions by police officers would be beneficial. However, few training approaches have been examined. We present a novel approach to training police officers to interact with those who may have a psychiatric disorder. This approach involved development of a program in which police officers interacted with actors highly trained to present one of six realistic psychiatric scenarios. Confidential feedback was given, both by experienced police officers and by the actors, to improve awareness of the officers' behavior. Qualitative feedback from both officers and actors was used to determine the acceptance of role-play training. A total of 663 police officers were trained, with feedback from 381. Results showed that this approach was well accepted by most police officers, and the use of carefully controlled role play in training for police is strongly recommended. Future analysis will determine whether training improves police behavior with respect to interaction with mentally ill individuals.

<http://www.ingentaconnect.com/content/springer/emdr/2013/00000007/00000003/art00002>

EMDR and Cognitive Behavioral Therapy in the Treatment of Panic Disorder: A Comparison.

Author: Faretta, Elisa

Source: Journal of EMDR Practice and Research, Volume 7, Number 3, 2013 , pp. 121-133(13)

A pilot comparison was made between two treatments for panic disorder, eye movement desensitization and reprocessing (EMDR) and cognitive behavioral therapy (CBT). Treatment was provided in the private practice settings of 7 credentialed therapists, whose treatment fidelity was monitored throughout the study. Five outcome measures were administered at pretreatment, posttreatment, and 1-year follow-up. There was significant improvement for participants in both groups (N = 19) after 12 sessions of treatment. No significant differences in outcome were seen between the 2 therapies, except for lower frequency of panic attacks reported by those in the EMDR group. The current study reanalyzed the data previously reported in Faretta (2012). Further research in this area is suggested.

<http://www.ncbi.nlm.nih.gov/pubmed/24055681>

Behav Res Ther. 2013 Aug 30;51(11):729-735. doi: 10.1016/j.brat.2013.08.003. [Epub ahead of print]

The effects of venlafaxine and cognitive behavioral therapy alone and combined in the treatment of co-morbid alcohol use-anxiety disorders.

Ciraulo DA, Barlow DH, Gulliver SB, Farchione T, Morissette SB, Kamholz BW, Eisenmenger K, Brown B, Devine E, Brown TA, Knapp CM.

Source: Department of Psychiatry, Boston University School of Medicine, Boston, MA, United States.
Electronic address: dciraulo@bu.edu.

The effects of the antidepressant venlafaxine (VEN-225 mg daily) and transdiagnostic cognitive behavioral treatment (CBT) alone and in combination on alcohol intake in subjects with co-morbid alcohol use disorders (AUDs) and anxiety disorders were compared. Drinking outcomes and anxiety were assessed for 81 subjects treated for 11 weeks with one of 4 conditions: 1) VEN-CBT, 2) VEN-Progressive Muscle Relaxation therapy (PMR), 3) Placebo (PLC)-CBT and 4) a comparison group of PLC-PMR. For subjects who reported taking at least one dose of study medication, the Time × Group interaction was significant for percent days of heavy drinking and drinks consumed per day. For the measure of percent days heavy drinking, the paired comparison of PLC-CBT versus PLC-PMR group indicated that the PLC-CBT group had greater drinking reductions, whereas other groups were not superior to the comparison group. In Week 11, the proportion of subjects in the PLC-CBT group that had a 50% reduction from baseline in percent days heavy drinking was significantly greater than those in the comparison group. Of the 3 "active treatment" groups only the PLC-CBT group had significantly decreased heavy drinking when contrasted to the comparison group. This finding suggests that the transdiagnostic CBT approach of Barlow and colleagues may have value in the management of heavy drinking in individuals with co-morbid alcoholism and anxiety.

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<http://www.ncbi.nlm.nih.gov/pubmed/24057158>

Curr Psychiatry Rep. 2013 Nov;15(11):405. doi: 10.1007/s11920-013-0405-0.

Neuroimaging studies in insomnia.

Spiegelhalder K, Regen W, Baglioni C, Riemann D, Winkelmann JW.

Source: Department of Psychiatry and Psychotherapy, University of Freiburg Medical Center, Hauptstraße 5, 79104, Freiburg, Germany, Kai.Spiegelhalder@uniklinik-freiburg.de.

Chronic insomnia is one of the most prevalent psychiatric disorders and has a significant impact on individual's health. However, the pathophysiology of the disorder is poorly understood. The current

review focuses on neuroimaging findings in insomnia. In summary, the current data suggest the following: (1) insomnia is characterized by corticolimbic overactivity during sleep and wakefulness that interferes with sleep initiation and/or maintenance; (2) insomnia patients' daytime performance is associated with a hypoactivation of task-related areas; (3) neurochemically, insomnia patients are probably characterized by reduced cortical GABA levels; (4) insomnia may be associated with abnormal brain morphometry in the frontal cortex, hippocampus and/or anterior cingulate cortex. Future investigations should include larger sample sizes or longitudinal within-subject comparisons. Other possible methodological improvements are discussed.

Drug Alcohol Depend. 2013 Aug 13. pii: S0376-8716(13)00303-7. doi: 10.1016/j.drugalcdep.2013.08.002. [Epub ahead of print]

Alcohol use and trauma exposure among male and female veterans before, during, and after military service.

Kelley ML, Runnals J, Pearson MR, Miller M, Fairbank JA; VA Mid-Atlantic MIRECC Women Veterans Workgroup; VA Mid-Atlantic MIRECC Registry Workgroup, Brancu M.

Source: Department of Psychology, Old Dominion University, Norfolk, VA 23529, USA. Electronic address: mkelley@odu.edu.

BACKGROUND:

The present study examined lifespan and combat-related trauma exposure as predictors of alcohol use among male and female veterans. Posttraumatic stress and depressive symptoms were examined as mediators of the effects of trauma exposure on alcohol use.

METHODS:

Data were examined from 1825 (1450 male, 375 female) veterans and active duty service members who took part in a multi-site research study conducted through the Department of Veterans Affairs Mid-Atlantic Mental Illness Research, Education and Clinical Center (VISN 6 MIRECC).

RESULTS:

For both men and women, depressive symptoms significantly mediated the effects of non-combat trauma exposure experienced before, during and after the military, as well as combat-exposure, on alcohol use. With posttraumatic stress symptoms, the models for men and women differed. For men, the effects of non-combat trauma exposure during and after military service, and combat exposure, on alcohol use were mediated by PTSD symptoms; however, for women, PTSD symptoms did not mediate these relationships.

CONCLUSION:

Findings are discussed in the context of potential gender differences in response to trauma such as use of alcohol to cope with traumatic events.

<http://www.ncbi.nlm.nih.gov/pubmed/23148901>

Cultur Divers Ethnic Minor Psychol. 2013 Jan;19(1):111-9. doi: 10.1037/a0030567. Epub 2012 Nov 12.

Race and gender discrimination in the Marines.

Foynes MM, Shipherd JC, Harrington EF.

Source: VA Boston Healthcare System, National Center for PTSD, Women's Health Sciences Division, Boston, MA 02130, USA. melissa.foynes2@va.gov

Although women of color have been hypothesized to experience double jeopardy in the form of chronic exposure to both race-based (RBD) and gender-based discrimination (GBD; Beal, 1970), few empirical investigations that examine both RBD and GBD in multiple comparison groups have been conducted. In addition to being one of the only simultaneous examinations of RBD and GBD in multiple comparison groups, the current study includes both self-report and objective behavioral data to examine the independent and interactive effects of both forms of discrimination. This study is also the first of its kind to examine these constructs in these ways and to explore their impact in a unique sample of ethnically diverse male and female Marine recruits (N = 1,516). As anticipated, both RBD and GBD had a strong and consistent negative impact on mental health symptoms (e.g., depression, anxiety), independent of the contributions of gender and race. Partial support was found for the hypothesis that people of color are able to maintain resiliency (as measured by physical fitness testing) in the face of low levels of RBD, but are less able to overcome the negative effects of discrimination at high levels. It is interesting to note that the interaction between race, gender, and levels of discrimination was only found with objective physical fitness test scores but not with self-report measures. These findings underscore the importance of including objective measures when assessing the impact of discrimination in order to understand these complex interrelationships.

<http://dspace.iup.edu/handle/2069/2044>

Examining the Impact of Selected New Media on Spousal Relationships in the Military

Stewart, Margaret C.

Indiana University of Pennsylvania
School of Graduate Studies and Research
Department of Communications Media
Doctoral Thesis
August 2013

The United States Armed Forces were once comprised primarily of single young men. The military began to diversify as servicemen married and started families. As women joined the service a growth in

military partnerships and dual-parent military households became increasingly prevalent. With these changes, coupled with the recent wars in Iraq and Afghanistan, challenges were realized about maintaining marital and family norms in balance with professional duties. The contemporary era of wars is hallmarked by longer tours and reoccurring deployments, further complicating the work-life balance for military personnel. This decade of wars parallels with innovation of new media and staggering societal adoption of online platforms for social networking and information-sharing. The trials and tribulations of deployment for military members and their loved ones require distinct efforts to communicate during extensive periods of time apart. With these modern outlets available to facilitate relational communication remotely, this study set forth to examine the impact of new media on spousal relationships in the military. Interviews with ten military spouses who experienced deployment indicated five themes regarding their use of new media: (1) mobility, (2) monitoring and surveillance, (3) community, (4) utility, and (5) uncertainty and urgency.

http://www.cstsonline.org/wp-content/uploads/CSTS_3D_FS_Book_WEB.pdf

Disaster, Disease and Distress: Resources to Promote Psychological Health and Resilience in Military and Civilian Communities

A Compilation of Fact sheets for Healthcare Providers and Families from the Center for the Study of Traumatic Stress

2013

Uniformed Services University

Edited by:

James E. McCarroll, Ph.D., M.P.H.

Nancy T. Vineburgh, M.A.

Robert J. Ursano, M.D.

This new book features 10 years of Center fact sheets on military and disaster health and mental health topics for health care providers, government and military leadership, service members, families and communities around the effects of traumatic exposure.

Links of Interest

PTSD Coach Online: VA site offers info, tools for living with condition

<http://www.stripes.com/blogs/the-ruptured-duck/the-ruptured-duck-1.160117/ptsd-coach-online-va-site-offers-info-tools-for-living-with-condition-1.241907>

Exposure therapy good addition for OCD treatment: study

http://www.nlm.nih.gov/medlineplus/news/fullstory_140586.html

2 Curious Causes Of Sleep Eating

http://www.huffingtonpost.com/2013/09/19/sleep-eating-at-night_n_3948444.html

Sleep Disorders Common in Service Members, Treatment Available

http://www.health.mil/News_And_Multimedia/News/detail/13-09-20/Sleep_Disorders_Common_in_Service_Members_Treatment_Available.aspx

Legion launches Suicide Prevention Web Center

<http://www.legion.org/veteranshealthcare/217131/legion-launches-suicide-prevention-web-center>

Navy Yard employees dealing with emotional trauma as they return to work

http://www.washingtonpost.com/politics/federal_government/navy-yard-employees-dealing-with-emotional-trauma-as-they-return-to-work/2013/09/18/04de54c0-1fd6-11e3-8459-657e0c72fec8_story.html

Veterans fear being stigmatized in wake of Navy Yard shooting

http://www.stltoday.com/news/national/veterans-fear-being-stigmatized-in-wake-of-navy-yard-shooting/article_2fc86306-4793-5141-89be-5e7b06727ebd.html

Army Major Who Overcame Injury, Suicidal Thoughts Shares Advice

http://www.health.mil/blog/13-09-19/Army_Major_Who_Overcame_Injury_Suicidal_Thoughts_Shares_Advice.aspx

Integrated Care for Multisensory Injury

<http://www.healio.com/psychiatry/journals/psycann/%7B0f510d86-064f-4a64-9f66-a2ebb7403cf4%7D/integrated-care-for-multisensory-injury>

Ambassador network launches to help military spouses find jobs

<http://www.nationalguard.mil/news/archives/2013/09/092313-Ambassador.aspx>

Veterans Dying From Overmedication

http://www.cbsnews.com/8301-18563_162-57603767/veterans-dying-from-overmedication/

Study of soldiers' resilience could lead to 'pre-emptive rehabilitation'

<http://www.edmontonjournal.com/news/Study+soldiers+resilience+could+lead+emptive/8941303/story.html>

Defense Department Conducting Review of Suicide Prevention Efforts

http://www.health.mil/News_And_Multimedia/News/detail/13-09-24/Defense_Department_Conducting_Review_of_Suicide_Prevention_Efforts.aspx

Reliable method detects suicidal propensity

http://www.eurekalert.org/pub_releases/2013-09/lu-rmd092413.php


Combat Stress vs. Post Traumatic Stress Disorder

<http://navymedicine.navylive.dodlive.mil/archives/5634>

Resource of the Week: [2014 Military Friendly Schools® List](#)

This popular annual list comprises “the top 20% of schools nationwide that deliver the best experience for military students.” The 2014 iteration has just been released.


The 2014 list of Military Friendly Schools® was compiled through extensive research and a free, data-driven, survey of more than 10,000 VA-approved schools nationwide. The survey results that comprise the 2014 list were independently tested by Ernst & Young LLP based upon the weightings and methodology established by Victory Media. Each year, schools taking the survey are held to a higher standard than the previous year via improved methodology, criteria and weightings developed with the assistance of an Academic Advisory Board (AAB) consisting of educators from schools across the country. A full list of Military Friendly Schools® board members can be found on the Advisory Board page. This year’s Military Friendly Schools® list criteria also incorporate a survey of over 4,000 actual student veterans. This feedback provides prospective military students with insight into the student veteran experience at particular institutions based on peer reviews from current students.

MILITARY FRIENDLY™

HomeFind Schools2014 MFS List

2014 Military Friendly Schools® List

Please select a state to filter the list



Select a Location: All Locations

☒ Include Virtual Schools☐ Reviewed Schools Only

- Student Veteran Reviews - Student Veteran Profile

All Locations

Alabama

- Alabama A & M University
- Amridge University, Inc.
- Athens State University

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