



CDP Research Update -- December 12, 2013

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000012/art00020>

Secondary Traumatic Stress in Military Primary and Mental Health Care Providers.

Authors: Kintzle, Sara; Yarvis, Jeffrey S.; Bride, Brian E.

Source: Military Medicine, Volume 178, Number 12, December 2013 , pp. 1310-1315(6)

The purpose of this study was to explore rates of secondary traumatic stress (STS) in a sample of 70 military primary and mental health care providers. The sample included working professionals within two military hospitals. Participants completed surveys containing a demographic questionnaire and the Secondary Traumatic Stress Scale.¹ Results of data analysis found military participants in the sample to be experiencing relatively low rates of STS. Over half of the sample reported endorsing at least one symptom of STS occurring within the last week, whereas 8% of participants indicated moderate to high symptomatology. The most frequently reported symptoms were feeling emotionally numb and trouble sleeping followed by the intrusive thoughts about clients. The least frequently reported symptom was feeling jumpy. Implications of study findings and recommendations for future research are outlined.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000012/art00021>

Postdeployment Experiences of Military Mental Health Providers.

Authors: Miller, Phil E.; Warner, Bud

Source: Military Medicine, Volume 178, Number 12, December 2013 , pp. 1316-1321(6)

The deployment experiences of military mental health providers (MMHP) since September 2001 have been largely unexamined. MMHP are an integral part to the military health system and play a key role in maintaining a fit fighting force. MMHP deploy and are expected to help others manage their deployment experiences while being faced with their own emotional challenges during deployment and while transitioning home. This study examines two questions: First, how do MMHP experience reintegration to their families and jobs after being deployed, and second, how do MMHP assess and cope with their own postdeployment issues. In this study, 27 mental health professionals including social workers, psychiatrist, and psychologist were interviewed to examine their deployment and postdeployment experiences. Results indicated 81% of MMHP recognized some level of dysfunction in their lives, at home, at work, or at both, upon their return from deployment. The ability for MMHP to manage their own reintegration issues has significance for their own personal well-being as well as their ability to provide specialized care for others. Attention needs to be given to how MMHP are supported postdeployment and

possibly tailor a transitional process for postdeployment reintegration based on the unique nature of their work.

<http://www.sciencedirect.com/science/article/pii/S0163834313003447>

Primary Care Clinician Responses to Positive Suicidal Ideation Risk Assessments in Veterans of Iraq and Afghanistan.

Steven K. Dobscha, MD, Lauren M. Denneson, PhD, Anne E. Kovas, MPH, Kathryn Corson, PhD, Drew A. Helmer, MD, MS, Matthew J. Bair, MD, MS

General Hospital Psychiatry, Available online 4 December 2013

Objective

To examine primary care clinician actions following positive suicide risk assessments administered to Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans.

Methods

We identified OEF/OIF veterans with positive templated suicide risk assessments administered in primary care settings of three VA Medical Centers. National VA datasets and manual record review were used to identify and code clinician discussions and actions following positive assessments. Bivariate analyses were used to examine relationships between patient characteristics and discussions of firearms access and alcohol/drug use.

Results

Primary care clinicians documented awareness of suicide risk assessment results for 157 of 199 (79%) patients with positive assessments. Most patients were assessed for mental health conditions and referred for mental health follow-up. Clinicians documented discussions about firearms access for only 15% of patients. Among patients whose clinicians assessed for substance abuse, 34% received recommendations to reduce alcohol or drug use. Depression diagnoses and suicidal ideation/behavior severity were significantly associated with firearms access discussions, while patient sex, military service branch, and substance abuse diagnoses were significantly associated with recommendations to reduce substance use.

Conclusion

Greater efforts are needed to understand barriers to clinicians' assessing, documenting, and counseling once suicidal ideation is detected, and to develop training programs and systems changes to address these barriers.

http://www.rand.org/pubs/research_reports/RR420.html

Out of the Shadows: The Health and Well-Being of Private Contractors Working in Conflict Environments

by Molly Dunigan, Carrie M. Farmer, Rachel M. Burns, Alison Hawks, Claude Messan Setodji

RAND Corporation, 2013

Over the past decade, private contractors have been deployed extensively around the globe. In addition to supporting U.S. and allied forces in Iraq and Afghanistan, contractors have assisted foreign governments, nongovernmental organizations, and private businesses by providing a wide range of services, including base support and maintenance, logistical support, transportation, intelligence, communications, construction, and security. At the height of the conflicts in Iraq and Afghanistan, contractors outnumbered U.S. troops deployed to both theaters. Although these contractors are not supposed to engage in offensive combat, they may nonetheless be exposed to many of the stressors that are known to have physical and mental health implications for military personnel. RAND conducted an online survey of a sample of contractors who had deployed on contract to a theater of conflict at least once between early 2011 and early 2013. The survey collected demographic and employment information, along with details about respondents' deployment experience (including level of preparation for deployment, combat exposure, and living conditions), mental health (including probable posttraumatic stress disorder, depression, and alcohol misuse), physical health, and access to and use of health care. The goal was to describe the contractors' health and well-being and to explore differences across the sample by such factors as country of citizenship, job specialty, and length and frequency of contract deployment. The findings provide a foundation for future studies of contractor populations and serve to inform policy decisions affecting contractors, including efforts to reduce barriers to mental health treatment for this population.

<http://www.ncbi.nlm.nih.gov/pubmed/24299092>

Psychiatry. 2013 Winter;76(4):336-48. doi: 10.1521/psyc.2013.76.4.336.

Use of evidence-based treatment for posttraumatic stress disorder in army behavioral healthcare.

Wilk JE, West JC, Duffy FF, Herrell RK, Rae DS, Hoge CW.

Objective:

To identify the extent to which evidence-based psychotherapy (EBP) and psychopharmacologic treatments for posttraumatic stress disorder (PTSD) are provided to U.S. service members in routine practice, and the degree to which they are consistent with evidence-based treatment guidelines.

Method:

We surveyed the majority of Army behavioral health providers (n = 2,310); surveys were obtained from 543 (26%). These clinicians reported clinical data on a total sample of 399 service member patients. Of these patients, 110 (28%) had a reported PTSD diagnosis. Data were weighted to account for sampling design and nonresponses.

Results:

Army providers reported 86% of patients with PTSD received evidence-based psychotherapy (EBP) for PTSD. As formal training hours in EBPs increased, reported use of EBPs significantly increased. Although EBPs for PTSD were reported to be widely used, clinicians who deliver EBP frequently reported not adhering to all core procedures recommended in treatment manuals; less than half reported using all the manualized core EBP techniques.

Conclusions:

Further research is necessary to understand why clinicians modify EBP treatments, and what impact this has on treatment outcomes. More data regarding the implications for treatment effectiveness and the role of clinical context, patient preferences, and clinical decision-making in adapting EBPs could help inform training efforts and the ways that these treatments may be better adapted for the military.

http://digitalcommons.unl.edu/arch_crp_profproj/7/

Planning for Student Veteran and Military Member Support Programs at the University of Nebraska-Lincoln

Daniel D. Moseman

University of Nebraska-Lincoln
Community and Regional Planning Program: Professional Projects

December 2013

The University of Nebraska-Lincoln (UNL) has recognized the importance of its student veteran and military member population and is undertaking a planning process to develop or improve its student veteran programs. The goal of this professional project is to present UNL with options and alternatives that could be used to develop these student veteran programs. The research associated with this project is timely and prudent, given the current reduction in military force size and the anticipated return of many thousand service members into post-secondary education.

This professional project provides information on three topics. First, research from credible sources determines the typical needs of a student veteran and military member (SVMM) population and the elements that should be present in well-designed university SVMM support

programs to meet these needs. Second, this project surveys the main SVMM support program elements of major public universities, primarily those belonging to the Big Ten Conference. Third, this project estimates the projected SVMM population levels for UNL over the next five years, especially in the counties located closest to the UNL campus.

http://works.bepress.com/cgi/viewcontent.cgi?article=1001&context=gladys_cole-morton

Experiences and Expectations of an African American Male Veteran Student in Higher Education

Gladys S. Cole-Morton

East Tennessee State University

November 2013

Since the Post 9/11 GI Bill an increasing number of veterans and military students are seeking to complete degrees online and through enrollment at campuses across the nation (Brown 2011). The increased number of military students in postsecondary education settings presents challenges and opportunities for both the veteran student and institution of higher education. Military students also referred to as veteran students are choosing to pursue postsecondary education for occupational and employment opportunities, personal growth and enrichment, and to utilize their Post—9/11 GI education benefits. It is expected that military personnel with past military service in Afghanistan and Iraq will become a growing student population enrolled in U.S postsecondary education. The purpose of this study is to evaluate the experiences and expectations of an African American male veteran student at an institution of higher education.

This qualitative research study included an in-depth interview with an African American male veteran student. Through interviewing the participant, I listened to the experiences and expectations from an African American male veteran student from Iraq War attending a state assisted predominantly Caucasian university. The collection and analysis of his stories gave me an understanding of his diverse needs, experiences, and expectations.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12061/abstract>

Meaning Made of Stress among Veterans Transitioning to College: Examining Unique Associations with Suicide Risk and Life-Threatening Behavior.

Holland, J. M., Malott, J. and Currier, J. M.

Suicide and Life-Threatening Behavior

Article first published online: 5 DEC 2013

Meaning made of stress has been shown to be a unique predictor of mental and physical health. In this study, we examined the unique associations between two facets of meaning made of stress (comprehensibility and footing in the world) and suicide risk and life-threatening behavior among military veterans who have transitioned to college were examined, controlling for demographic factors, religiousness, combat-related physical injury, combat exposure, depressive symptoms, and posttraumatic stress symptoms. Findings suggest that comprehensibility (having “made sense” of a stressor) is uniquely associated with lower suicide risk and a lower likelihood of driving under the influence of drugs or alcohol and engaging in self-mutilating behaviors.

<http://psycnet.apa.org/psycinfo/2013-42390-001/>

Narrative Centrality and Negative Affectivity: Independent and Interactive Contributors to Stress Reactions.

Rubin, David C.; Boals, Adriel; Hoyle, Rick H.

Journal of Experimental Psychology: General, Dec 2 , 2013

Reactions to stressful negative events have long been studied using approaches based on either the narrative interpretation of the event or the traits of the individual. Here, we integrate these 2 approaches by using individual-differences measures of both the narrative interpretation of the stressful event as central to one’s life and the personality characteristic of negative affectivity. We show that they each have independent contributions to stress reactions and that high levels on both produce greater than additive effects. The effects on posttraumatic stress symptoms are substantial for both undergraduates (Study 1, n = 2,296; Study 3, n = 488) and veterans (Study 2, n = 104), with mean levels for participants low on both measures near floor on posttraumatic stress symptoms and those high on both measures scoring at or above diagnostic thresholds. Study 3 included 3 measures of narrative centrality and 3 of negative affectivity to demonstrate that the effects were not limited to a single measure. In Study 4 (n = 987), measures associated with symptoms of posttraumatic stress correlated substantially with either measures of narrative centrality or measures of negative affectivity. The concepts of narrative centrality and negative affectivity and the results are consistent with findings from clinical populations using similar measures and with current approaches to therapy. In broad nonclinical populations, such as those used here, the results suggest that we might be able to substantially increase our ability to account for the severity of stress response by including both concepts. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://afs.sagepub.com/content/early/2013/11/25/0095327X13507258.abstract>

The All-volunteer Force and Crime: The Effects of Military Participation on Offending Behavior.

Jessica M. Craig and Nadine M. Connell

Armed Forces & Society 0095327X13507258, first published on December 3, 2013

Sampson and Laub's age-graded theory of informal social control posits that social bonds created through marriage, military, and employment lead to a decrease of criminal behavior or desistance. Most research has focused primarily on the roles of marriage and employment in this process, ignoring the impact of military service on future offending behavior. However, recent US military involvement in the Middle East suggests that the effects of military experience on individuals should be reevaluated. Using data collected from a more recent sample of military-involved individuals, all of whom served in the All-volunteer Force, this study examines how participation in the military impacts offending and potential desistance. The results demonstrate that, overall, modern-day military involvement does not have the same protective effect on future offending as observed in World War II samples. Racial subgroup analyses, however, suggest that military involvement leads to a greater likelihood of desistance for minority service members.

<http://informahealthcare.com/doi/abs/10.3109/10826084.2013.858168>

A Study of Multiple Behavioral Addictions in a Substance Abuse Sample.

Lisa Najavits, John Lung, Autumn Froias, Nancy Paull, Genie Bailey

Substance Use & Misuse

Posted online on December 4, 2013

Behavioral addictions (BAs) are underrecognized, even in addiction programs. We assessed BAs in a substance abuse sample (n = 51; data collection 2011–2012). A self-report Behavioral Addictions Screen, assessing eight BAs, was administered using an automated telephone system. Most endorsed at least one BA, with the most common shopping/spending; eating; work; computer/internet; and sex/pornography. Lowest were gambling, self-harm, and exercise. Some BAs were correlated with others. Gender, ethnicity, age, and positive depression and posttraumatic stress disorder screens were associated with specific BAs. Future research could

address interpretation of “addiction,” comparison to diagnostic interviews, relationship to substance use disorders, and larger samples.

<http://www.sciencedirect.com/science/article/pii/S002964651300100X>

Using a Web-based Patient-Provider Messaging System to Enhance Patient Satisfaction Among **Active Duty Sailors and Marines Seen in the Psychiatric Outpatient Clinic : A Pilot Study.**

Jane J. Abanes, DNP, RN, PMHCNS, PMHNP, Susie Adams, PhD, RN, PMHNP

Nursing Clinics of North America, Available online 6 December 2013

- In recent years, mental disorders among service members resulted in significant health care and occupational burden.
- Change is needed in successfully implementing patient improvement initiatives; however, change can only be achieved by engaging the participation of patients, clinicians, govern- ing bodies, policymakers, researchers, and others.
- Patient satisfaction is vital to the practice of psychiatry and remains one of the key indicators of whether the delivery of mental health care is adequate.
- Implementing a secure communication system, in addition to face-to-face engagement, has a potential to improve the 21st century health care system and help promote safe, effective, patient-centered, timely, efficient, and equitable mental health care.
- The impact of stressors experienced in the military has led to a surge of active duty service members seeking help through mental health services.

<http://quod.lib.umich.edu/m/mfr/4919087.0017.104?rgn=main;view=fulltext>

Vietnam in the Later Family: Self-reported Symptoms and Interpretations of Posttraumatic Stress.

Terri Kovach

Michigan Family Review

Volume 17, Issue 1, 2013

The influence of combat exposure in the Vietnam War continues into later family life as this veteran cohort ages and family structure expands. The author utilizes qualitative, phenomenological analysis to examine the meaning of PTSD symptoms such as re-

experiencing, avoidance/numbing, arousal, and social impairment and how they influence family function. Veterans describe how combat trauma shaped experiences of nightmares, callousness, triggers, anger, startling, control, and substance abuse and interpret those behaviors as damaging or enhancing their family relationships and friendships. This project has implications for veterans of the Gulf War and the current wars in the Middle East as well as for their families.

<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12054/abstract>

Psychologists and Medications in the Era of Interprofessional Care: Collaboration Is Less Problematic and Costly Than Prescribing.

William N. Robiner, Timothy R. Tumlin, Tanya L. Tompkins

Clinical Psychology: Science and Practice

Volume 20, Issue 4, pages 489–507, December 2013

Increasing emphasis on interprofessionalism and teamwork in healthcare renders psychologists' collaborations critical and invites reexamination of psychologists' roles related to medications. The Collaboration Level outlined by the American Psychological Association's Ad Hoc Task Force is more achievable and in synch with health reform than prescription privileges (RxP). RxP remains controversial due to training and safety concerns, lacking support from health professionals, psychologists, and consumers. Differences in educational preparation of psychologists relative to prescribing professionals are discussed. Enactment of only three of 170 RxP initiatives reveals RxP to be a costly, ineffectual agenda. Alternatives (e.g., integrated care, collaboration, telehealth) increase access without risks associated with lesser medical knowledge. Concerns about RxP and the movement toward team-based care warrant reconsideration of the profession's objectives regarding psychopharmacology.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000012/art00023>

Effect of Center-Based Counseling for Veterans and Veterans' Families on Long-Term Mental Health Outcomes.

Authors: O'Donnell, Meaghan; Varker, Tracey; Perry, Desmond; Phelps, Andrea

Source: Military Medicine, Volume 178, Number 12, December 2013 , pp. 1328-1334(7)

The Veterans and Veterans Families Counselling Service (VVCS), established by the Australian government, plays a pivotal role in providing mental health services to veterans and their families. This research explored the impact of center-based psychological counseling on depression, anxiety, stress, and alcohol use severity. A stratified sample of VVCS clients were invited to participate in this study. Data were collected on intake to the program, at the fifth counseling session, and 12 months after the commencement of counseling. Repeated-measures general linear model analyses were conducted to examine the impact of center-based counseling on depression, anxiety, stress, and alcohol severity over time. VVCS center-based counseling resulted in a significant reduction in depression, anxiety, stress, and alcohol use severity after five sessions, and these improvements were maintained over the next 12 months. Despite these improvements, however, participants continued to report moderate-to-severe levels of mental health problems. VVCS center-based counseling successfully reduced depression, anxiety, stress, and alcohol use symptom severity of veterans and their families. However, the clinical profiles of this population are often complex and challenges remain in terms of addressing the mental health needs of this group.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000012/art00019>

Randomized Controlled Trial of Accelerated Resolution Therapy (ART) for Symptoms of Combat-Related Post-Traumatic Stress Disorder (PTSD).

Authors: Kip, Kevin E.; Rosenzweig, Laney; Hernandez, Diego F.; Shuman, Amy; Sullivan, Kelly L.; Long, Christopher J.; Taylor, James; McGhee, Stephen; Girling, Sue Ann; Wittenberg, Trudy; Sahebzamani, Frances M.; Lengacher, Cecile A.; Kadel, Rajendra; Diamond, David M.

Source: Military Medicine, Volume 178, Number 12, December 2013 , pp. 1298-1309(12)

Objectives:

Therapies for post-traumatic stress disorder (PTSD) endorsed by the Department of Defense and Veterans Administration are relatively lengthy, costly, and yield variable success. We evaluated Accelerated Resolution Therapy (ART) for the treatment of combat-related psychological trauma.

Methods:

A randomized controlled trial of ART versus an Attention Control (AC) regimen was conducted among 57 U.S. service members/veterans. After random assignment, those assigned to AC were offered crossover to ART, with 3-month follow-up on all participants. Self-report symptoms of PTSD and comorbidities were analyzed among study completers and by the intention-to-treat principle.

Results:

Mean age was 41 ± 13 years with 19% female, 54% Army, and 68% with prior PTSD treatment. The ART was delivered in 3.7 ± 1.1 sessions with a 94% completion rate. Mean reductions in symptoms of PTSD, depression, anxiety, and trauma-related guilt were significantly greater ($p < 0.001$) with ART compared to AC. Favorable results for those treated with ART persisted at 3 months, including reduction in aggression ($p < 0.0001$). Adverse treatment-related events were rare and not serious.

Conclusions.

ART appears to be a safe and effective treatment for symptoms of combat-related PTSD, including refractory PTSD, and is delivered in significantly less time than therapies endorsed by the Department of Defense and Veterans Administration.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000012/art00022>

Evaluating the Benefits of a Live, Simulation-Based Telebehavioral Health Training for a Deploying Army Reserve Unit.

Mishkind, Matthew C.; Boyd, Amanda; Kramer, Gregory M.; Ayers, Tod; Miller, Peggy A.

Military Medicine, Volume 178, Number 12, December 2013 , pp. 1322-1327(6)

Telebehavioral health (TBH) has previously been reported as underutilized in the Afghan Theater of Operations despite efforts to expand the number of operational TBH sites. A lack of training on TBH services and equipment was identified as a probable cause. The National Center for Telehealth and Technology (T2) provided members of the 1972nd Medical Detachment (Combat Stress Control [CSC]) U.S. Army Reserve with an in-person TBH training designed to provide the unit with hands-on knowledge and skills to deliver TBH services in theater. A key training component consisted of placing unit members in live, simulated clinical and technical scenarios they were likely to encounter while deployed. Evaluations suggest that the training was successful at preparing the 1972nd CSC for its TBH mission. During its deployment, the 1972nd CSC led an approximate 40% expansion of TBH services, including the direct provision of around 700 clinical encounters. Several best practice recommendations were identified including: (1) maintain the hands-on component, (2) use lessons learned to develop scenarios, (3) incorporate training into daily activities, and (4) tailor training while ensuring that all stakeholders have the same base knowledge set. To our knowledge, this is the most comprehensive process improvement evaluation of a predeployment telehealth training available.

<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000012/art00024>

Comfort Levels of Active Duty Gay/Bisexual Male Service Members in the Military Healthcare System.

Authors: Biddix, Joseph M.; Fogel, Catherine I.; Perry Black, Beth

Source: Military Medicine, Volume 178, Number 12, December 2013 , pp. 1335-1340(6)

Before a revision of the “Don't Ask, Don't Tell” policy in 2010, sexual behaviors that lesbian, gay, and bisexual service members disclosed to military healthcare providers (MHCPs) were grounds for discharge. However, after the revision, service members either did not know about the revision, or were still uncomfortable approaching MHCPs. This study examined the comfort levels of active duty gay/bisexual males approaching MHCPs about sexuality/sexual health concerns. Using a quantitative descriptive approach, the 31-item survey developed for this study provided initial research data to inform future studies on this topic. The survey was available to participants from March 2 to April 3, 2012. Analyzing responses from 30 participants, the data revealed a strong correlation between service members' comfort disclosing their sexual orientation to a MHCP and their perception of how the military cares about them as a sexual minority. The data suggested differences in comfort levels among age cohorts disclosing their sexual orientation, in addition to differences between officers and enlisted men concerning the cost of seeing a nonmilitary healthcare provider. MHCPs should understand that establishing a relationship with service members that encourages disclosure can improve their view of the military healthcare system and help address sexual health concerns.

<http://www.sciencedirect.com/science/article/pii/S1074742713002426>

From Pavlov to PTSD: The extinction of conditioned fear in rodents, humans, and in anxiety disorders.

Michael B. VanElzaker, M. Kathryn Dahlgren, F. Caroline Davis, Stacey Dubois, Lisa M. Shin

Neurobiology of Learning and Memory, Available online 7 December 2013

Nearly 100 years ago, Ivan Pavlov demonstrated that dogs could learn to use a neutral cue to predict a biologically relevant event: after repeated predictive pairings, Pavlov's dogs were conditioned to anticipate food at the sound of a bell, which caused them to salivate. Like sustenance, danger is biologically relevant, and neutral cues can take on great salience when they predict a threat to survival. In anxiety disorders such as posttraumatic stress disorder (PTSD), this type of conditioned fear fails to extinguish, and reminders of traumatic events can cause pathological conditioned fear responses for decades after danger has passed. In this

review, we use fear conditioning and extinction studies to draw a direct line from Pavlov to PTSD and other anxiety disorders. We explain how rodent studies have informed neuroimaging studies of healthy humans and humans with PTSD. We describe several genes that have been linked to both PTSD and fear conditioning and extinction and explain how abnormalities in fear conditioning or extinction may reflect a general biomarker of anxiety disorders. Finally, we explore drug and neuromodulation treatments that may enhance therapeutic extinction in anxiety disorders.

<http://www.sciencedirect.com/science/article/pii/S1077722913001004>

Delivering a Brief Insomnia Intervention to Depressed VA Primary Care Patients.

Wilfred R. Pigeon, Jennifer Funderburk

Cognitive and Behavioral Practice, Available online 7 December 2013

Primary care is often the place where patients with depression and comorbid insomnia seek treatment. The experience of comorbid insomnia with depression can have a significant impact on the efficacy of other depression treatments and exacerbate depressive symptoms. Using the empirically based Cognitive-Behavioral Treatment for Insomnia (CBT-I) to target the comorbid experience of insomnia in patients with depression can help improve sleep and potentially modify some depressive symptoms. Additional rationale for such an approach includes that a positive therapeutic experience may enhance engagement with or adherence to other psychotherapeutic interventions. Although other brief CBT-I interventions have been developed for primary care, none of them were actually delivered to depressed patients or implemented in primary care. Therefore, this paper describes a brief CBT-I intervention that was designed to be delivered in 4 sessions lasting from 15 to 45 minutes each within a primary care setting to depressed veterans. A case study is provided along with sample materials used in this intervention. In addition, we share implementation tips based on our experiences and feedback from eight veterans who have completed the intervention to date. Overall, the intervention was generally well received and suggests that the intervention may be feasibly delivered in a primary care setting.

<http://guilfordjournals.com/doi/abs/10.1521/ijct.2013.6.4.325>

The Influence of Comorbid Depression and Conduct Disorder on MET/CBT Treatment Outcome for Adolescent Substance Use Disorders.

Jacqueline Hersh, John F. Curry, and Sara J. Becker

Although depression and conduct disorder frequently co-occur with substance use disorders (SUDs), few studies have investigated the individual and interactive effects of these conditions on SUD treatment outcome. Data were collected from 90 adolescents aged 13–21 ($M = 17.1$, $SD = 2.07$) who received a brief evidence-based intervention for SUD. Hierarchical regressions assessed the relationship among demographic variables, depression, conduct disorder, and two substance use outcomes (frequency and problems) at two intervals (three months, six months). Results revealed that higher baseline substance use and lower socioeconomic status significantly predicted higher substance problems and frequency at three months. At six months, higher three-month substance problems and lower depressive symptoms predicted substance problems. In addition, an interaction indicated that the effect of conduct disorder on substance problems was greatest at lower levels of depression. Results are discussed in the context of previous research indicating mixed effects of depression on SUD treatment outcome.

<http://www.sciencedirect.com/science/article/pii/S0022437513001692>

Airmen with mild traumatic brain injury (mTBI) at increased risk for subsequent mishaps.

Casserly R. Whitehead, Timothy S. Webb, Timothy S. Wells, Kari L. Hunter

Journal of Safety Research, Available online 7 December 2013

Background

Little is known regarding long-term performance decrements associated with mild Traumatic Brain Injury (mTBI). The goal of this study was to determine if individuals with an mTBI may be at increased risk for subsequent mishaps.

Methods

Cox proportional hazards modeling was utilized to calculate hazard ratios for 518,958 active duty U.S. Air Force service members (Airmen) while controlling for varying lengths of follow-up and potentially confounding variables. Two non-mTBI comparison groups were used; the second being a subset of the original, both without head injuries two years prior to study entrance.

Results

Hazard ratios indicate that the causes of increased risk associated with mTBI do not resolve quickly. Additionally, outpatient mTBI injuries do not differ from other outpatient bodily injuries in terms of subsequent injury risk.

Conclusions

These findings suggest that increased risk for subsequent mishaps are likely due to differences shared among individuals with any type of injury, including risk-taking behaviors, occupations, and differential participation in sports activities. Therefore, individuals who sustain an mTBI or injury have a long-term risk of additional mishaps.

Practical applications

Differences shared among those who seek medical care for injuries may include risk-taking behaviors (, and), occupations, and differential participation in sports activities, among others. Individuals with an mTBI should be educated that they are at risk for subsequent injury. Historical data supported no lingering effects of mTBI, but more recent data suggest longer lasting effects. This study further adds that one of the longer term sequelae of mTBI may be an increased risk for subsequent mishap.

<http://www.ncbi.nlm.nih.gov/pubmed/24320942>

Rehabil Psychol. 2013 Dec 9. [Epub ahead of print]

Traumatic Brain Injury and PTSD Screening Efforts Evaluated Using Latent Class Analysis.

Aralis HJ, Macera CA, Rauh MJ, Macgregor AJ.

Objective:

To empirically identify latent classes of service members according to persistent postconcussive symptom patterns and to characterize the identified classes relative to other postdeployment variables including posttraumatic stress disorder (PTSD) and mild traumatic brain injury (TBI) screening results. Such comparisons may directly inform policy regarding these routine assessments and translate to improved treatment decisions.

Method:

Self-report data were obtained for 12,581 combat-exposed male U.S. Navy and Marine Corps personnel who returned from deployment in 2008-2009 and completed a Post-Deployment Health Assessment (PDHA) and an associated Post-Deployment Health Reassessment (PDHRA). Persistent postconcussive symptoms indicated on the PDHRA were used as manifest variables in a latent class analysis yielding 4 distinct classes: systemic, cognitive/behavioral, comorbid, and nonpresenting.

Results:

Although the nonpresenting class endorsed few or no postconcussive symptoms, the systemic and cognitive/behavioral classes displayed elevated likelihoods of neurological and mental

health symptoms, respectively. Members of the comorbid class had an increased probability of reporting a wide range of symptoms across both domains. Characterization of identified classes suggested that class membership may indicate the presence or absence of persistent conditions resulting from head injury and/or mental health issues. Under this assumption, estimated class membership probabilities implied a rate of probable neurological injury among this sample to be 17.9%, whereas the standard assessments aimed at identifying repercussions of mild TBI reported a positive screening rate of only 13.1%.

Conclusions:

Findings suggest that the routinely administered PDHA and PDHRA appear to underestimate the true prevalence of service members experiencing postdeployment health problems. Supplemental items or an alternative screening algorithm incorporating persistent postconcussive symptoms may enable identification of additional cases requiring treatment following return from deployment. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24323692>

J Interpers Violence. 2013 Dec 8. [Epub ahead of print]

Social Reactions to Sexual Assault Disclosure and Problem Drinking: Mediating Effects of Perceived Control and PTSD.

Peter-Hagene LC, Ullman SE.

Sexual assault survivors receive various positive and negative social reactions to assault disclosures, yet little is known about mechanisms linking these social reactions to posttraumatic stress disorder (PTSD) symptoms and problem drinking. Data from a large, diverse sample of women who had experienced adult sexual assault were analyzed with structural equation modeling to test a theoretical model of the relationships between specific negative social reactions (e.g., controlling, infantilizing) and positive reactions (e.g., tangible support), perceived control over recovery, PTSD, and drinking outcomes (N = 1,863). A model disaggregating controlling reactions from infantilizing reactions showed that infantilizing reactions in particular related to less perceived control, which in turn was related to more PTSD and problem drinking, whereas controlling reactions were not related to perceived control, PTSD, or problem drinking. Tangible support was related to increased perceived control over recovery, yet it was not protective against PTSD or problem drinking. Finally, PTSD and drinking to cope fully mediated the effect of perceived control on problem drinking. Implications for practice and suggestions for future research are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/24318083>

Qual Life Res. 2013 Dec 7. [Epub ahead of print]

The association of PTSD with physical and mental health functioning and disability (VA Cooperative Study #569: the course and consequences of posttraumatic stress disorder in Vietnam-era Veteran twins).

Goldberg J, Magruder KM, Forsberg CW, Kazis LE, Ustün TB, Friedman MJ, Litz BT, Vaccarino V, Heagerty PJ, Gleason TC, Huang GD, Smith NL.

Source: Seattle Epidemiologic Research and Information Center (S-152-E), VA Puget Sound Health Care System, 1600 South Columbian Way, Seattle, WA, 98108, USA,

PURPOSE:

To assess the relationship of posttraumatic stress disorder (PTSD) with health functioning and disability in Vietnam-era Veterans.

METHODS:

A cross-sectional study of functioning and disability in male Vietnam-era Veteran twins. PTSD was measured by the Composite International Diagnostic Interview; health functioning and disability were assessed using the Veterans RAND 36-Item Health Survey (VR-36) and the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0). All data collection took place between 2010 and 2012.

RESULTS:

Average age of the 5,574 participating Veterans (2,102 Vietnam theater and 3,472 non-theater) was 61.0 years. Veterans with PTSD had poorer health functioning across all domains of VR-36 and increased disability for all subscales of WHODAS 2.0 (all $p < .001$) compared with Veterans without PTSD. Veterans with PTSD were in poorer overall health on the VR-36 physical composite summary (PCS) (effect size = 0.31 in theater and 0.47 in non-theater Veterans; $p < .001$ for both) and mental composite summary (MCS) (effect size = 0.99 in theater and 0.78 in non-theater Veterans; $p < .001$ for both) and had increased disability on the WHODAS 2.0 summary score (effect size = 1.02 in theater and 0.96 in non-theater Veterans; $p < .001$ for both). Combat exposure, independent of PTSD status, was associated with lower PCS and MCS scores and increased disability (all $p < .05$, for trend). Within-pair analyses in twins discordant for PTSD produced consistent findings.

CONCLUSIONS:

Vietnam-era Veterans with PTSD have diminished functioning and increased disability. The poor functional status of aging combat-exposed Veterans is of particular concern.

<http://www.ncbi.nlm.nih.gov/pubmed/24310782>

Soc Psychiatry Psychiatr Epidemiol. 2013 Dec 6. [Epub ahead of print]

Size of the social network versus quality of social support: which is more protective against PTSD?

Platt J, Keyes KM, Koenen KC.

Source: Columbia University Mailman School of Public Health, New York, NY, USA,
jmp2198@columbia.edu.

PURPOSE:

Supportive social networks are important to the post-traumatic response process. However, the effects of social network structure may be distinct from the perceived function of those networks. The present study examined the relative importance of role diversity and perceived strength of social support in mitigating post-traumatic stress disorder (PTSD).

METHODS:

Data were drawn from respondents who report lifetime potentially traumatic events in the National Epidemiologic Survey on Alcohol and Related Conditions (N = 31,650). The Social Network Index (SNI) was used to measure the diversity of social connections. The Interpersonal Support Evaluation List (ISEL-12) was used to measure the perceived availability of social support within the network. Odds of current PTSD were compared among individuals representing four dichotomous types of social support: high diversity/high perceived strength, high diversity/low perceived strength, low diversity/high perceived strength, and low diversity/low perceived strength to examine which type of support is more protective against PTSD.

RESULTS:

Unadjusted odds of PTSD were 1.59 (95 % CI 1.39-1.82) for those with low versus high perceived support strength, and 1.10 (0.94-1.28) among those with non-diverse versus diverse social networks. Compared to the reference group (high diversity/high perceived strength), the adjusted odds of current PTSD were higher for two groups: low diversity/low perceived strength (OR = 1.62; 1.33-1.99), and low diversity/high perceived strength (OR = 1.57; 1.3-1.91). The high diversity/low perceived strength group had no greater odds of PTSD (OR = 1.02; 0.81-1.28).

CONCLUSION:

The diversity of a social network is potentially more protective against PTSD than the perception of strong social support. This suggests that programs, which engage individuals in social groups and activities may effectively attenuate the risk of PTSD. A better understanding of how these networks operate with respect to PTSD prevention and mitigation holds promise for improving psychiatric health.

<http://www.ncbi.nlm.nih.gov/pubmed/24312590>

PLoS One. 2013 Dec 3;8(12):e81802. doi: 10.1371/journal.pone.0081802.

Efficacy of modafinil on fatigue and excessive daytime sleepiness associated with neurological disorders: a systematic review and meta-analysis.

Sheng P, Hou L, Wang X, Wang X, Huang C, Yu M, Han X, Dong Y.

Source: Department of Neurosurgery, Shanghai Institute of Neurosurgery, Military Institute of Neurosurgery, Changzheng Hospital, Second Military Medical University, Shanghai, China.

BACKGROUND:

Modafinil is a novel wake-promoting agent approved by the FDA ameliorating excessive daytime sleepiness (EDS) in three disorders: narcolepsy, shift work sleep disorder and obstructive sleep apnea. Existing trials of modafinil for fatigue and EDS associated with neurological disorders provided inconsistent results. This meta-analysis was aimed to assess drug safety and effects of modafinil on fatigue and EDS associated with neurological disorders.

METHODS:

A comprehensive literature review was conducted in order to identify published studies assessing the effects of modafinil on fatigue and EDS associated with neurological disorders. Primary outcomes included fatigue and EDS. Secondary outcomes included depression and adverse effects.

FINDINGS:

Ten randomized controlled trials were identified including 4 studies of Parkinson's disease (PD), 3 of multiple sclerosis (MS), 2 of traumatic brain injury (TBI) and 1 of post-polio syndrome (PPS). A total of 535 patients were enrolled. Our results suggested a therapeutic effect of modafinil on fatigue in TBI (MD -0.82 95% CI -1.54 - -0.11 p=0.02, I(2)=0%), while a beneficial effect of modafinil on fatigue was not confirmed in the pooled studies of PD or MS. Treatment results demonstrated a clear beneficial effect of modafinil on EDS in patients with PD (MD -2.45 95% CI -4.00 - -0.91 p=0.002 I(2)=14%), but not with MS and TBI. No difference was seen between modafinil and placebo treatments in patients with PPS. Modafinil seemed to have no therapeutic effect on depression. Adverse events were similar between modafinil and placebo groups except that more patients were found with insomnia and nausea in modafinil group.

CONCLUSIONS:

Existing trials of modafinil for fatigue and EDS associated with PD, MS, TBI and PPS provided inconsistent results. The majority of the studies had small sample sizes. Modafinil is not yet sufficient to be recommended for these medical conditions until solid data are available.

<http://www.ncbi.nlm.nih.gov/pubmed/24295024>

Health Psychol. 2013 Dec 2. [Epub ahead of print]

Can We Improve Cognitive-Behavioral Therapy for Chronic Back Pain Treatment Engagement and Adherence? A Controlled Trial of Tailored Versus Standard Therapy.

Kerns RD, Burns JW, Shulman M, Jensen MP, Nielson WR, Czlupinski R, Dallas MI, Chatkoff D, Sellinger J, Heapy A, Rosenberger P.

Objective:

This study evaluated whether tailored cognitive-behavioral therapy (TCBT) that incorporated preferences for learning specific cognitive and/or behavioral skills and used motivational enhancement strategies would improve treatment engagement and participation compared with standard CBT (SCBT). We hypothesized that participants receiving TCBT would show a lower dropout rate, attend more sessions, and report more frequent intersession pain coping skill practice than those receiving SCBT. We also hypothesized that indices of engagement and adherence would correlate with pre- to posttreatment changes in outcome factors.

Method:

One hundred twenty-eight of 161 consenting persons with chronic back pain who completed baseline measures were allocated to either TCBT or SCBT using a modified randomization procedure. Participants completed daily ratings of pain coping skill practice and goal accomplishment during treatment,

Results:

No significant differences between treatment groups were noted on measures of treatment engagement or adherence. However, these factors were significantly related to some pre- to posttreatment improvements in outcomes, regardless of treatment condition.

Conclusions:

Participants in this study evidenced a high degree of participation and adherence, but treatment tailored to take into account participant preferences, and that employed motivational enhancement strategies, failed to increase treatment participation over and above SCBT for chronic back pain. Evidence that participation and adherence were associated with positive outcomes supports continued clinical and research efforts focusing on these therapeutic processes. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/24290044>

J Psychosom Res. 2013 Dec;75(6):546-50. doi: 10.1016/j.jpsychores.2013.09.004. Epub 2013 Oct 2.

Longitudinal relationships of insomnia, nightmares, and PTSD severity in recent combat veterans.

Pigeon WR, Campbell CE, Possemato K, Ouimette P.

Source: Center of Excellence for Suicide Prevention, Canandaigua VA Medical Center, Canandaigua, NY, United States; Center for Integrated Healthcare, Syracuse VA Medical Center, Syracuse, NY, United States; Psychiatry Department, University of Rochester Medical Center, Rochester, NY, United States. Electronic address: Wilfred_Pigeon@urmc.rochester.edu.

OBJECTIVE:

This observational, longitudinal study of veterans with recent combat exposure describes the prevalence, severity and associations of posttraumatic stress disorder (PTSD), insomnia, and nightmares over time.

METHODS:

Eighty recent combat veterans recruited from Veterans Health Administration primary care settings met inclusion criteria including hazardous alcohol use and at least subthreshold PTSD. Insomnia status and nightmare status were assigned based on the Insomnia Severity Index total score and the PTSD Checklist nightmare item, respectively. Participants were re-assessed six months following their baseline assessment. Analyses of variance compared insomnia and nightmare groups on PTSD, depression, and alcohol use severity. Analyses of covariance (controlling for baseline differences) examined whether insomnia and/or nightmares were associated with the clinical course of PTSD. Persistence of conditions was also examined.

RESULTS:

At baseline, 74% presented with insomnia and 61% endorsed distressing nightmares. Insomnia was associated with significantly higher PTSD and depression severity at both baseline and six months. The presence of nightmares was associated with significantly higher PTSD severity at both time points and with depression severity at baseline only. Despite decreases in PTSD and depression severity, insomnia severity was relatively unchanged after six months. The prevalence and severity of nightmare complaints diminished modestly over time.

CONCLUSION:

Among this sample of recent combat veterans, insomnia and nightmares were each strongly associated with the severity of both PTSD and depressive symptoms. Over time, insomnia in

particular did not appear to resolve spontaneously and was associated with ongoing PTSD. Addressing insomnia early, therefore, may be a strategy to alter the course of PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/24286388>

Genes Brain Behav. 2013 Nov 8. doi: 10.1111/gbb.12102. [Epub ahead of print]

Understanding posttraumatic stress disorder: insights from the methylome.

Malan-Müller S, Seedat S, Hemmings SM.

Source: Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg, South Africa.

Genome-wide association studies (GWAS) have identified numerous disease-associated variants; however, these variants have a minor effect on disease and explain only a small amount of the heritability of complex disorders. The search for the missing heritability has shifted attention to rare variants, copy number variants, copy neutral variants and epigenetic modifications. The central role of epigenetics, and specifically DNA methylation, in disease susceptibility and progression has become more apparent in recent years. Epigenetic mechanisms facilitate the response to environmental changes and challenges by regulating gene expression. This makes the study of DNA methylation in psychiatric disorders such as posttraumatic stress disorder (PTSD) highly salient, as the environment plays such a vital role in disease aetiology. The epigenome is dynamic and can be modulated by numerous factors, including learning and memory, which are important in the context of PTSD. Numerous studies have shown the effects of early life events, such as maternal separation and traumas during adulthood, on DNA methylation patterns and subsequent gene expression profiles. Aberrations in adaptive DNA methylation contribute to disease susceptibility when an organism is unable to effectively respond to environmental demands. Epigenetic mechanisms are also involved in higher order brain functions. Dysregulation of methylation is associated with neurodevelopmental and neurodegenerative cognitive disorders, affective disorders, addictive behaviours and altered stress responses. A thorough understanding of how the environment, methylome and transcriptome interact and influence each other in the context of fear and anxiety is integral to our understanding and treatment of stress-related disorders such as PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24283446>

Psychodyn Psychiatry. 2013 Winter;41(4):513-40. doi: 10.1521/pdps.2013.41.4.513.

Using the internet to provide psychodynamic psychotherapy.

Johansson R, Frederick RJ, Andersson G.

Over the last 15 years, there has been a substantial increase in research and clinical implementations of Internet-delivered, cognitive behavioral therapy (ICBT). Several studies on ICBT have been in the format of guided self-help where a therapist guides the patient throughout the whole treatment. ICBT is typically in the form of self-help material (e.g., text or video) which is provided to a client over the Internet with additional therapist contact by e-mail. ICBT has been shown to be effective for various conditions and, in some studies, has shown to be as effective as face-to-face cognitive behavioral therapy for mild to moderate depression, anxiety disorders, and somatic problems. Recently, the field has expanded to include other orientations including psychodynamic psychotherapy. Currently, there are three randomized controlled trials that have tested the efficacy of psychodynamic psychotherapy delivered in this format. The latest published trial focused on an affect-focused, psychodynamic psychotherapy delivered to a sample of participants with mixed depression and anxiety disorders. This article aims to provide a deeper understanding of the process of providing psychodynamic psychotherapy via the Internet. We will give a detailed description of our latest manual and show how psychotherapeutic work is conducted utilizing this text. Furthermore, we provide examples of dialogue between therapist and client from the online environment. Similarities and differences between psychodynamic psychotherapy delivered over the Internet and in face-to-face formats are discussed.

Links of Interest

Money and career anxiety leading to series of soldier suicides, MPs told (Canada)

<http://www.timescolonist.com/life/health/money-and-career-anxiety-leading-to-series-of-soldier-suicides-mps-told-1.753594>

Medal of Honor recipient fights to remove stigma of PTSD

http://www.denverpost.com/breakingnews/ci_24635126/medal-honor-recipient-fights-remove-stigma-ptsd

SGM Academy students now learning to be resilience trainers

http://www.army.mil/article/116259/SGM_Academy_students_now_learning_to_be_resilience_trainers/

Suicidality test being brought to market

http://www.eurekalert.org/pub_releases/2013-12/m-st121213.php

How I Overcame the Stigma of Mental Illness and Saved My Life

http://www.health.mil/blog/13-12-04/How_I_Overcame_the_Stigma_of_Mental_Illness_and_Saved_My_Life.aspx

Military Health University Conducting Health Care Provider Study (USUHS)

http://www.health.mil/blog/13-11-22/Military_Health_University_Conducting_Health_Care_Provider_Study.aspx

Suicide Try While Young a 'Red Flag' for Lifelong Struggles, Study Finds

http://www.nlm.nih.gov/medlineplus/news/fullstory_143110.html

PTSD Might Lead to Sizable Weight Gain in Women

http://www.nlm.nih.gov/medlineplus/news/fullstory_142714.html

Military takes back claim of rampant PTSD among Guantanamo guards

<http://www.stripes.com/news/special-reports/post-traumatic-stress-disorder-ptsd/military-takes-back-claim-of-rampant-ptsd-among-guantanamo-guards-1.256705>

Veterans court program helps warriors battle addiction, mental health crises

http://www.washingtonpost.com/politics/veterans-court-program-helps-warriors-battle-addiction-mental-health-crisis/2013/12/02/d44cf352-5b6c-11e3-bf7e-f567ee61ae21_story.html

Resource of the Week -- [Staff Perspective: Examining Parents of Service Members and Veterans](#)

Staff Perspectives, a weekly feature on [CDP's blog](#) written by our professional staff members, is an ongoing series of articles about various aspects of military mental health. This week's feature, written by [Dr. Paula Domenici](#), is especially worthy of your attention, as it is focused on a group that is often ignored when it comes to military family issues – the parents of Service Members and Veterans.

Dr. Domenici, a coauthor of a recently published book on this topic -- [Courage After Fire for Parents of Service Members: Strategies for Coping When Your Son or Daughter Returns from Deployment](#) – reviews a 2012 article from the journal Contemporary Family Therapy, [Iraq and Afghanistan Veterans' Experiences Living with their Parents after Separation from the Military](#)

The article is an in-depth study “of 11 returned Veterans aged 22-52 living with their parents after separating from the military in California.” In general, the Veterans were grateful for the emotional support provided by their parents, but stresses emerged for the returned Veterans “over redefined roles in their families.”

Both Dr. Domenici and the authors of this journal article point to the need for more research on the “millions of mothers and fathers who wear these shoes.”

The screenshot shows the website header with navigation links (BLOG, SUPPORT, FAQ, NEWSROOM, CONTACT US), social media icons, a search bar, and a 'SIGN IN / REGISTER' button. The main navigation bar includes TRAINING, TAKE ACTION, DISORDERS, TREATMENTS, RESOURCES, MILITARY CULTURE, and ABOUT CDP. The page title is 'Home > Take Action > Blog > Staff Perspective: Examining Parents of Service Members and Veterans'. The main content area features a 'Recent Blog Posts' section with a featured post: 'Staff Perspective: Examining Parents of Service Members and Veterans' by Paula Domenici, dated 11.12.2013 12:11 PM. The post includes a photo of a woman and a quote: 'Iraq and Afghanistan Veterans' Experiences Living with their Parents after Separation from the Military' by Miranda Worthen, Rudolf Moos & Jennifer Ahern (2012), Contemporary Family Therapy, 34:362-375. The text discusses limited research on parents of service members and the experiences of 11 returned veterans living with their parents in California. A 'Related Content' sidebar on the right lists other articles, and a 'Newest Stories' section shows a recent post from 1 day 1 hour ago.

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