



CDP Research Update -- March 13, 2014

What's Here:

- Health & Social Work Special Issue: Service Members, Veterans and Their Families
- Military Parent Custody and Visitation (National Conference of State Legislatures)
- Suicide and Military Families: A Report on the Feasibility of Tracking Deaths by Suicide among Military Family Members
- Treating Behavioral Health Conditions of OEF/OIF Veterans and their Families: A State Needs Assessment of Civilian Providers.
- Psychological Fitness and Resilience A Review of Relevant Constructs, Measures, and Links to Well-Being (RAND)
- Attention Bias Variability and Symptoms of Posttraumatic Stress Disorder.
- Comorbid insomnia and obstructive sleep apnea in military personnel: correlation with polysomnographic variables.
- Occurrence of delayed-onset post-traumatic stress disorder: a systematic review and meta-analysis of prospective studies.
- Sexual Assault During the Time of Gulf War I: A Cross-Sectional Survey of U.S. Service Men Who Later Applied for Department of Veterans Affairs PTSD Disability Benefits.
- Relationship of Combat Experiences and Alcohol Misuse Among U.S. Special Operations Soldiers.
- Bibliography: Disorders of Sleep
- The Role of Eye Movement Desensitization and Reprocessing (EMDR) Therapy in Medicine: Addressing the Psychological and Physical Symptoms Stemming from Adverse Life Experiences.
- Psychological and Behavioral Treatments for Insomnia.
- Post acute crisis text messaging outreach for suicide prevention: A pilot study.
- Combat Operational Stress Control in Iraq and Afghanistan: Army Occupational Therapy.
- Tolerating Distress After Trauma: Differential Associations Between Distress Tolerance

and Posttraumatic Stress Symptoms.

- Spicing up the Military: Use and Effects of Synthetic Cannabis in Substance Abusing Army Personnel.
- Which symptoms of post-traumatic stress disorder are associated with suicide attempts?
- Engaging Military Parents in a Home-Based Reintegration Program: A Consideration of Strategies.
- Impact of Gender on Reactions to Military Sexual Assault and Harassment.
- Implementation of Online Suicide-Specific Training for VA Providers.
- The association between sleep disturbances and suicidal behaviors in patients with psychiatric diagnoses: a systematic review and meta-analysis.
- Psychometric Properties of the Saint Louis University Mental Status Examination (SLUMS) for the Identification of Mild Cognitive Impairment (MCI) in a Veteran Sample.
- STRoNG Intervention for Military Families With Young Children.
- Preliminary Findings for a Brief Posttraumatic Stress Intervention in Primary Mental Health Care.
- Tribal Veterans Representative (TVR) Training Program: The Effect of Community Outreach Workers on American Indian and Alaska Native Veterans Access to and Utilization of the Veterans Health Administration.
- Best practices for remote psychological assessment via telehealth technologies.
- Assessing Veteran Symptom Validity.
- PTSD, Endophenotypes, the RDoC, and the DSM-5.
- The Experience, Expression, and Control of Anger Following Traumatic Brain Injury in a Military Sample.
- Suicide Resilience Among Operation Enduring Freedom and Operation Iraqi Freedom Veterans: Sense of Coherence as a Moderator of the Relationship Between Traumatic Experiences and Suicidality.
- Using Structured Telephone Follow-up Assessments to Improve Suicide-Related Adverse Event Detection.
- Passive suicidal ideation: Still a high-risk clinical scenario.
- Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan.
- Links of Interest
- Resource of the Week: JournalGuide

<http://hsw.oxfordjournals.org/content/39/1.toc>

Health & Social Work

Volume 39, Issue 1

Special Issue: Service Members, Veterans, and Their Families

Abstract 1 of 7

GUEST EDITORIAL

Abstract 2 of 7

Increasing Military Social Work Knowledge: An Evaluation of Learning Outcomes

Service members and veterans face a myriad of health, mental health, and social challenges stemming from the combat and operational stressors experienced during deployment and the challenges of reintegration to civilian life. To intervene effectively with this population, social workers must be knowledgeable about these issues and the cultural context within which they occur. Although schools of social work across the country are developing course work in military social work, little is known about the learning outcomes of these courses. This article describes a military social work course that was developed to increase student preparedness to work with a military or veteran population and the learning outcomes achieved. Using a quasi-experimental pre-post design, this study compared the learning outcomes of students enrolled in the course with a group of students who had not taken the course. To measure this knowledge, the authors developed a 50-item Military Social Work Knowledge Scale for the study. Significant differences between pre- and posttest scores were found for the social work students enrolled in the course. Specific areas of knowledge that increased for the class participants included knowledge about cultural sensitivity to military populations and knowledge about service and advocacy frameworks. military military social work social work education veterans. © 2014 National Association of Social Workers

Abstract 3 of 7

Psychosocial Concerns of Veterans of Operation Enduring Freedom/Operation Iraqi Freedom

U.S. veterans present with complex medical and psychosocial concerns postdeployment. Identification of psychosocial concerns is necessary for appropriate and targeted social work interventions to improve delivery and receipt of health care through the U.S. Department of Veterans Affairs. The purpose of this article is to identify specific psychosocial concerns of veterans of Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) presenting at the War Related Illness and Injury Study Center. A retrospective chart review of psychosocial concerns from all OIF/OEF veterans seen from June 2008 to June 2010 provided data for this mixed methods study. Veterans in the sample (N = 356) reported an average of 5.2 psychosocial concerns (SD = 2.32, range = 0 to 11). The most commonly reported concerns were pain (72

percent), sleep (62 percent), cognition (61 percent), vocational issues (53 percent), education (49 percent), finances (42 percent), relationships (37 percent), anger (30 percent), substance abuse (23 percent), and social support (20 percent), though these categories were not exclusive and many veterans endorsed more than one category. Multiple psychosocial concerns reported by veterans suggest the need for targeted social work intervention. mental health psychosocial factors social work veterans. © 2014 National Association of Social Workers

Abstract 4 of 7

Impact of Gender on Reactions to Military Sexual Assault and Harassment

Research has shown that experiences of military sexual assault and harassment can have a negative impact on veterans' health and functioning, even years or decades later, thus clearly identifying this as an important area of concern for social workers. In addition to understanding the scope and general impact of military sexual assault and harassment, social workers also must thoroughly understand how different cultural factors may intersect with veterans' experiences. To this end, this article reviews the current knowledge base on how veterans' life experiences related to gender can affect their experience of and recovery from military sexual assault and harassment, highlights common gender-specific issues, and discusses implications for practice. military sexual assault sexual harassment trauma veterans. © 2014 National Association of Social Workers

Abstract 5 of 7

Fathering after Military Deployment: Parenting Challenges and Goals of Fathers of Young Children

Although often eagerly anticipated, reunification after deployment poses challenges for families, including adjusting to the parent–soldier's return, re-establishing roles and routines, and the potentially necessary accommodation to combat-related injuries or psychological effects. Fourteen male service members, previously deployed to a combat zone, parent to at least one child under seven years of age, were interviewed about their relationships with their young children. Principles of grounded theory guided data analysis to identify key themes related to parenting young children after deployment. Participants reported significant levels of parenting stress and identified specific challenges, including difficulty reconnecting with children, adapting expectations from military to family life, and coparenting. Fathers acknowledged regret about missing an important period in their child's development and indicated a strong desire to improve their parenting skills. They described a need for support in expressing emotions, nurturing, and managing their tempers. Results affirm the need for support to military families during reintegration and demonstrate that military fathers are receptive to opportunities to engage in parenting interventions. Helping fathers understand their children's behavior in the context of age-typical responses to separation and reunion may help them to renew parent–child relationships and reengage in optimal parenting of their young children. family relationships fathers military reintegration young children. © 2014 National Association of Social Workers

Abstract 6 of 7

Engaging Military Parents in a Home-Based Reintegration Program: A Consideration of

Strategies

For more than a decade, the long wars in Afghanistan and Iraq have placed tremendous and cumulative strain on U.S. military personnel and their families. The high operational tempo, length, and number of deployments—and greater in-theater exposure to threat—have resulted in well-documented psychological health concerns among service members and veterans. In addition, there is increasing and compelling evidence describing the significant deleterious impact of the deployment cycle on family members, including children, in military-connected families. However, rates of engagement and service utilization in prevention and intervention services continue to lag far below apparent need among service members and their families, because of both practical and psychological barriers. The authors describe the dynamic and ultimately successful process of engaging military families with young children in a home-based reintegration program designed to support parenting and strengthen parent–child relationships as service member parents move back into family life. In addition to the integration of existing evidence-based engagement strategies, the authors applied a strengths-based approach to working with military families and worked from a community-based participatory foundation to enhance family engagement and program completion. Implications for engagement of military personnel and their loved ones are discussed. engagement military families OEF/OIF/OND deployment parenting. © 2014 National Association of Social Workers

Abstract 7 of 7

Decreasing Role Strain for Caregivers of Veterans with Dependence in Performing Activities of Daily Living

In response to the implementation of new Patient Aligned Care Teams (PACT) within the Veterans Administration health care system, the interdisciplinary nature of social work in health care settings is expanding to address emerging needs of veterans and their caregivers. One such area of expansion is the receipt of extended care services in the veteran's home environment. Social workers within PACT, also known as the patient-centered medical home, are tasked with movement of health care resources and care coordination centered around veterans in their residences. This presents social workers in the health care setting with new challenges for dealing with high burden and role strain for caregivers of veterans in noninstitutional settings who are dependent in performing activities of daily living. The current article establishes an approach, grounded in community science, for interventions within the Veterans Health Administration aimed at alleviating caregivers' role strain when caring for veterans with functional disabilities while optimizing implementation of home care and care coordination. © 2014 National Association of Social Workers

<http://www.ncsl.org/research/military-and-veterans-affairs/military-parent-custody-and-visitation.aspx>

Military Parent Custody and Visitation

National Conference of State Legislatures

3/3/2014

Over the last decade, legislation addressing issues facing military parents has become a national trend. With the number of custody and visitation issues among military families growing, the National Conference of Commissioners on Uniform State Laws drafted the Uniform Deployed Parents Custody and Visitation Act (UDPCVA) to allow states to adopt a procedure for courts to use when faced with this unique situation. During the 2013 legislative session, eight states enacted nine bills addressing deployed parent custody and visitation. Of those eight states, Colorado, Nevada, North Carolina, and North Dakota became the first in the nation to adopt the UDPCVA. For more information about this legislation passed during the 2013 legislative session, visit the Child Support Project's [2013 Military Parent Custody and Visitation Legislation](#) page.

Already during the 2014 legislative session, four states—Mississippi, South Dakota, Tennessee and Utah—and the District of Columbia have introduced bills to adopt the Uniform Deployed Parents Custody and Visitation Act (UDPCVA). In addition to those states seeking to adopt the UDPCVA, six other states have 16 pending bills for consideration during the 2014 legislative session that address some aspect of military parent custody and visitation.

Below is a map illustrating the states that have legislation, a description of the Uniform Deployed Parent Custody and Visitation Act, and a 50-state survey of how states currently address the issue.

http://i.cdn.turner.com/cnn/2014/images/02/05/final_report.pdf

Suicide and Military Families: A Report on the Feasibility of Tracking Deaths by Suicide among Military Family Members

Defense Suicide Prevention Office (DSPO)

Generated on 2013 Jan 09 (but apparently released just recently)

The Department of Defense (DoD) acknowledges family member resilience as a key component of Service member resilience and the readiness of the entire Joint Force. This report is in response to the Senate (SASC) and House Armed Service Committee (HASC) Reports requesting an assessment of the “ability of the Services to collect information and perform analysis on suicide among immediate family members as part of their suicide information retention and analysis.”

The Department reviewed its ability to collect information and perform analysis of suicide among family members (as defined in title 10 , U . S . Code) as part of DoD’s suicide surveillance

efforts. Currently, the Department does not have the ability to investigate, monitor, or receive notification of military family member deaths. This report details the feasibility of an approach that could provide DoD an ability to track, retain, and analyze suicide death information of military family members. This report also includes an overview of associated costs and limitations to this approach.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.890884>

Treating Behavioral Health Conditions of OEF/OIF Veterans and their Families: A State Needs Assessment of Civilian Providers.

Sally Koblinsky, Leigh Leslie, Emily T. Cook

Military Behavioral Health

Published online: 24 Feb 2014

With the return of troops from Afghanistan and Iraq, increasing numbers of civilian behavioral health providers are treating veterans and their families for service-related conditions. However, little is known about civilian providers' capacity to meet the needs of this population. A statewide needs assessment of 1,665 clinicians examined their screening/referral practices, knowledge and confidence in treating 14 veteran conditions, and training interests. Overall, providers had limited knowledge and confidence to treat veteran conditions, but reported high interest in training to enhance their clinical skills. Findings informed the training of 690 state clinicians to provide culturally-competent behavioral healthcare for veterans and their families.

http://www.rand.org/pubs/research_reports/RR102.html

Psychological Fitness and Resilience A Review of Relevant Constructs, Measures, and Links to Well-Being

by Sean Robson

RAND Corporation, 2014

This report is one of a series designed to support Air Force leaders in promoting resilience among its Airmen, civilian employees, and Air Force family members. It examines the relationship between psychological fitness and resilience, using key constructs found in the scientific literature that address self-regulation, positive affect, perceived control, self-efficacy, self-esteem, and optimism. Supporting or increasing the levels of the key measures of

psychological fitness identified in this report may facilitate resilience and can protect Airmen, civilian employees, and Air Force families from the negative effects of stress. The report also reviews construct measures, well-being, and resilience outcomes as well as interventions designed to promote the psychological fitness constructs.

<http://www.ncbi.nlm.nih.gov/pubmed/24604631>

J Trauma Stress. 2014 Mar 6. doi: 10.1002/jts.21899. [Epub ahead of print]

Attention Bias Variability and Symptoms of Posttraumatic Stress Disorder.

Iacoviello BM, Wu G, Abend R, Murrough JW, Feder A, Fruchter E, Levinstein Y, Wald I, Bailey CR, Pine DS, Neumeister A, Bar-Haim Y, Charney DS

Cognitive theories implicate information-processing biases in the etiology of anxiety disorders. Results of attention-bias studies in posttraumatic stress disorder (PTSD) have been inconsistent, suggesting biases towards and away from threat. Within-subject variability of attention biases in posttraumatic patients may be a useful marker for attentional control impairment and the development of posttrauma symptoms. This study reports 2 experiments investigating threat-related attention biases, mood and anxiety symptoms, and attention-bias variability following trauma. Experiment 1 included 3 groups in a cross-sectional design: (a) PTSD, (b) trauma-exposed without PTSD, and (c) healthy controls with no trauma or Axis I diagnoses. Greater attention-bias variability was found in the PTSD group compared to the other 2 groups ($\eta^2=.23$); attention-bias variability was significantly and positively correlated ($r = .37$) with PTSD symptoms. Experiment 2 evaluated combat-exposed and nonexposed soldiers before and during deployment. Attention-bias variability did not differentiate groups before deployment, but did differentiate groups during deployment ($\eta^2=.16$); increased variability was observed in groups with acute posttraumatic stress symptoms and acute depression symptoms only. Attention-bias variability could be a useful marker for attentional impairment related to threat cues associated with mood and anxiety symptoms after trauma exposure. Published © 2014. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/24594464>

Mil Med. 2014 Mar;179(3):294-300. doi: 10.7205/MILMED-D-13-00396.

Comorbid insomnia and obstructive sleep apnea in military personnel: correlation with polysomnographic variables.

Mysliwiec V1, Matsangas P, Baxter T, McGraw L, Bothwell NE, Roth BJ

OBJECTIVES:

Military personnel undergoing polysomnography are typically diagnosed only with obstructive sleep apnea (OSA). Comorbid insomnia with OSA is a well-established, underappreciated diagnosis. We sought to determine if military personnel with mild OSA met clinical criteria for insomnia and if there was a pattern of polysomnogram (PSG) variables that identified insomnia in these patients.

METHODS:

Retrospective chart review of military personnel with mild OSA; cluster analysis to describe PSG variables.

RESULTS:

206 personnel assessed, predominately male (96.6%), mean age 36.5 ± 8.14 years, body mass index 30.2 ± 3.66 kg/m² and apnea hypopnea index of 8.44 ± 2.92 per hour; 167 (81.1%) met criteria for insomnia. Cluster analysis identified a group of patients (N = 52) with PSG variables of increased wakefulness after sleep onset 77.3 minutes (27.7) ($p < 0.001$) and decreased sleep efficiency 82.6% (5.82) ($p < 0.001$) consistent with insomnia. Patients in this group were more likely to meet criteria for insomnia with an odds ratio 5.27 (1.20, 23.1), ($p = 0.009$).

CONCLUSIONS:

The majority of military personnel with mild OSA meet criteria for insomnia. Roughly one-third of these patients can be identified by a pattern of PSG variables. Recognizing and treating both comorbid insomnia and OSA could improve clinical outcomes. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://www.ncbi.nlm.nih.gov/pubmed/24599261>

Scand J Work Environ Health. 2014 Mar 6. pii: 3420. doi: 10.5271/sjweh.3420. [Epub ahead of print]

Occurrence of delayed-onset post-traumatic stress disorder: a systematic review and meta-analysis of prospective studies.

Utzon-Frank N, Breinegaard N, Bertelsen M, Borritz M, Eller NH, Nordentoft M, Olesen K, Rod NH, Rugulies R, Bonde JP.

OBJECTIVE:

Post-traumatic stress disorder (PTSD) develops according to consensus criteria within the first 1-6 months after a horrifying traumatic event, but it is alleged that PTSD may develop later. The objective was to review the evidence addressing occurrence of PTSD with onset >6 months after a traumatic event (delayed-onset PTSD).

METHODS:

Through a systematic search in PubMed, EMBASE, and PsycINFO, we identified 39 studies with prospective ascertainment of PTSD. A meta-analysis was performed in order to obtain a weighted estimate of the average proportion of delayed-onset PTSD cases, and meta-regression was used to examine effects of several characteristics

RESULTS:

Delayed-onset PTSD was reported in all studies except one, and the average prevalence across all follow-up time was 5.6% [95% confidence interval (95% CI) 4.3-7.3%]. The proportion with delayed-onset PTSD relative to all cases of PTSD was on average 24.5% (95% CI 19.5-30.3%) with large variation across studies. In six studies with sub-threshold symptom data, delayed-onset PTSD seemed most likely an aggravation of early symptoms. The proportion with delayed-onset PTSD was almost twice as high among veterans and other professional groups compared to non-professional victims.

CONCLUSION:

Descriptive follow-up data suggest that PTSD may manifest itself >6 months after a traumatic event, delayed-onset PTSD most often, if not always, is preceded by sub-threshold PTSD symptoms, and a higher proportion of PTSD cases are delayed among professional groups. Contextual factors and biased recall may inflate reporting of PTSD and a cautious interpretation of prevalence rates seems prudent.

<http://www.ncbi.nlm.nih.gov/pubmed/24594463>

Mil Med. 2014 Mar;179(3):285-93. doi: 10.7205/MILMED-D-12-00513

Sexual Assault During the Time of Gulf War I: A Cross-Sectional Survey of U.S. Service Men Who Later Applied for Department of Veterans Affairs PTSD Disability Benefits.

Murdoch M, Polusny MA, Street A, Noorbaloochi S, Simon AB, Bangerter A, Grill J, Voller E

OBJECTIVES:

To estimate the cumulative incidence of sexual assault during the time of Gulf War I among male Gulf War I Veterans who later applied for Department of Veterans Affairs (VA) post-traumatic stress disorder disability benefits and to identify potential risk and protective factors for sexual assault within the population.

METHOD:

Mailed, national, cross-sectional survey supplemented with VA administrative and clinical data.

RESULTS:

Of 2,415 Veterans sampled, 1,700 (70%) responded. After adjusting for nonignorable missing

data, the cumulative incidence of sexual assault during Gulf War I in this population ranged from 18% [95% confidence intervals (CI): 5.0%-51.9%] to 21% (95% CI: 20.0-22.0). Deployment was not associated with sexual assault [Odds Ratio (OR), 0.96; 95% CI: 0.75-1.23], but combat exposure was (OR, 1.80; 95% CI: 1.52-2.10). Other correlates of sexual assault within the population included working in a unit with greater tolerance of sexual harassment (OR, 1.80; 95% CI: 1.52-2.10) and being exposed to more sexual identity challenges (OR, 1.76; 95% CI: 1.55-2.00).

CONCLUSIONS:

The 9-month cumulative incidence of sexual assault in this particular population exceeded the lifetime cumulative incidence of sexual assault in U.S. civilian women. Although Persian Gulf deployment was not associated with sexual assault in this population, combat exposure was. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00400>

Relationship of Combat Experiences and Alcohol Misuse Among U.S. Special Operations Soldiers.

Skipper, Leonard D.CPT; Forsten, Robert D.COL; Kim, Eugene H.LTC; Wilk, Joshua D.; and Hoge, Charles W.

Military Medicine 2014 179:3, 301-308

This study examined the association between specific combat experiences and postdeployment hazardous drinking patterns on selected military populations that are considered high risk, such as personnel belonging to U.S. Army Special Operations Forces. Data collection were conducted in a 5-year span in which 1,323 Special Operations Forces Soldiers were surveyed anonymously from 3 to 6 months after returning from deployment to Iraq/Afghanistan regarding their combat experiences and mental health. Combat items were independently analyzed and placed into the following categories: (1) Fighting, (2) Killing, (3) Threat to oneself, (4) Death/Injury of others, and (5) Atrocities. Alcohol misuse was measured using the Alcohol Use Disorders Identification Test-Consumption. Of the Soldiers sampled, 15% (N = 201) screened positive for alcohol misuse 3 to 6 months postdeployment. Combat experiences relating to fighting, threat to oneself, and atrocities were significantly related to alcohol misuse when analyzed individually. However, when factors were analyzed simultaneously, combat experiences in the fighting category were significantly associated with a positive screen for alcohol misuse. In conclusion, Soldiers belonging to certain elite combat units are significantly more likely to screen positive for alcohol misuse if they are exposed to specific types of fighting combat experiences versus any other type of combat exposure.

<http://focus.psychiatryonline.org/article.aspx?articleID=1838889>

Bibliography: Disorders of Sleep

FOCUS

Winter 2014, Vol. XII, No. 1

This section contains a compilation of recent publications that have shaped the thinking in the field as well as classic works that remain important to the subject reviewed in this issue. This bibliography has been compiled by experts in the field and members of the editorial and advisory boards. Entries are listed chronologically and within years by first author. Articles from the bibliography that are reprinted in this issue are in bold type.

<http://www.thepermanentejournal.org/files/Winter2014/EyeMovementDesensitization.pdf>

The Role of Eye Movement Desensitization and Reprocessing (EMDR) Therapy in Medicine: Addressing the Psychological and Physical Symptoms Stemming from Adverse Life Experiences.

Francine Shapiro, PhD

The Permanente Journal

Winter 2014/ Volume 18, No. 1

Background:

A substantial body of research shows that adverse life experiences contribute to both psychological and biomedical pathology. Eye movement desensitization and reprocessing (EMDR) therapy is an empirically validated treatment for trauma, including such negative life experiences as commonly present in medical practice. The positive therapeutic outcomes rapidly achieved without homework or detailed description of the disturbing event offer the medical community an efficient treatment approach with a wide range of applications.

Methods:

All randomized studies and significant clinical reports related to EMDR therapy for treating the experiential basis of both psychological and somatic disorders are reviewed. Also reviewed are the recent studies evaluating the eye movement component of the therapy, which has been posited to contribute to the rapid improvement attributable to EMDR treatment.

Results:

Twenty-four randomized controlled trials support the positive effects of EMDR therapy in the treatment of emotional trauma and other adverse life experiences relevant to clinical practice. Seven of 10 studies reported EMDR therapy to be more rapid and/or more effective than trauma-focused cognitive behavioral therapy. Twelve randomized studies of the eye movement component noted rapid decreases in negative emotions and/or vividness of disturbing images, with an additional 8 reporting a variety of other memory effects. Numerous other evaluations document that EMDR therapy provides relief from a variety of somatic complaints.

Conclusion:

EMDR therapy provides physicians and other clinicians with an efficient approach to address psychological and physiologic symptoms stemming from adverse life experiences. Clinicians should therefore evaluate patients for experiential contributors to clinical manifestations.

<http://journals.psychiatryonline.org/article.aspx?articleid=1838882>

Psychological and Behavioral Treatments for Insomnia.

Brenda Byrne, Ph.D.

FOCUS

Winter 2014, Vol. XII, No. 1

Insomnia, a costly public health problem, can be precipitated by multiple forms of stress. Sleep difficulties have many sources, some based in medical or mental health disorders and some based in other sleep disorders or in substance abuse. Primary insomnia, not accounted for by other health or sleep disorders, has been addressed by psychological and behavioral treatments, which offer remedies for the perpetuating factors that extend insomnia into chronic forms. Many people prefer not to rely on hypnotic medications as a permanent solution to insomnia. A report by the American Academy of Sleep Medicine (AASM) has identified several nonmedication-based interventions judged to be effective and recommended in the treatment of chronic primary insomnia. These include stimulus control, sleep restriction, relaxation training, cognitive behavior therapy, paradoxical intention, and biofeedback. Models of physiological, behavioral, cognitive, and metacognitive factors support these treatments and account for their effects.

<http://www.sciencedirect.com/science/article/pii/S0165178114001723>

Post acute crisis text messaging outreach for suicide prevention: A pilot study.

Sofian Berrouiguet, Michel Gravey, Mickaël Le Galudec, Zarrin Alavi, Michel Walter

Psychiatry Research

Available online 6 March 2014

Several post suicide prevention strategies such as sending postcards or making phone calls have been used to keep in contact with suicide attempters. The continuity of care has been beneficial to the prevention of post acute suicidal behaviors. The aim of the study was to evaluate the technical feasibility and acceptability of text messaging outreach in post-acute suicide attempters. Eighteen post-suicidal patients were included in a prospective, monocentric, open-label, 2 months pilot study. The text messages were sent from the intranet program that we specially developed for the study. Technical feasibility of this text message intervention was evaluated by the analysis of text message reports. Acceptability of such intervention was evaluated by a standardized phone interview. Our study showed that receiving text messages sent from an intranet program after a suicide attempt is technically possible. This post-crisis outreach program was accepted by the patients who found it to have a positive preventive impact. Text messaging outreach offers several advantages such as lower cost, and easier utilization compared to current post acute care strategies. We suggest further randomized controlled trials in a large sample of suicidal patients to assess the efficacy of this novel outreach tool for prevention of post-acute suicide.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00452>

Combat Operational Stress Control in Iraq and Afghanistan: Army Occupational Therapy.

Enrique Smith-Forbes, SP USA; Cecilia Najera, SP USA; Donald Hawkins, SP USA

Military Medicine

One of the primary roles for U.S. Army Occupational Therapists (OTs) during combat operations is the Behavioral Health (BH) mission. Army OTs have been involved in Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) providing BH treatment to service members, serving in Brigade Combat Teams, and Combat Stress Control Units, however, the impact of the OT BH mission has been scarcely documented. Although the theoretical deployment role of OTs in Combat and Operational Stress Control (COSC) operations has been described, the literature provides minimal experiential application of OTs in the COSC role. This article describes the deployed operational roles of three OTs, two deployed during OIF and one in OEF during 2008–2010. Deployed assignments included positions as Officers in Charge of restoration centers, and of prevention centers to include animal-assisted therapy, and disaster response. Occupational therapists play a vital role within the COSC unit as they add the unique perspective of assessing the service member's functional performance in daily living

occupations.

<http://link.springer.com/article/10.1007/s10862-014-9413-6>

Tolerating Distress After Trauma: Differential Associations Between Distress Tolerance and Posttraumatic Stress Symptoms.

Mathew G. Fetzner, Daniel L. Peluso, Gordon J. G. Asmundson

Journal of Psychopathology and Behavioral Assessment

March 2014

Distress tolerance has been implicated in disorders of emotional regulation, such as eating disorders and borderline personality disorder; however, much less attention has been given to distress tolerance in the context of posttraumatic stress (PTS). Several conceptual linkages between distress tolerance and PTS exist. Low distress tolerance may increase negative appraisals, reducing an individual's propensity to deal with distressing mental symptoms immediately after a trauma. Relatedly, a perceived inability to cope with the distress brought on by trauma-related memories and cues may engender maladaptive coping strategies. The few published studies examining the relationship between distress tolerance and PTS have demonstrated that lower distress tolerance was associated with increased PTS symptomatology, including increased avoidance, hyperarousal, and re-experiencing. The current study sought to replicate and extend the emerging empirical base by examining the relationship between distress tolerance and the four distinct PTS symptom clusters, while controlling for time since the index trauma and depressive symptoms. Results indicated that distress tolerance accounted for significant unique variance in re-experiencing and avoidance but not negative emotionality and hyperarousal symptoms. There was also a strong positive association between the number of traumas endorsed by participants, depression, and PTS symptoms. Findings suggest that distress tolerance is associated with PTS, lending further support to the putative relationship between PTS and distress tolerance. Accordingly, developing treatment protocols designed to increase distress tolerance in individuals affected by PTS may reduce symptom severity and increase coping abilities.

<http://www.sciencedirect.com/science/article/pii/S0306460314000562>

Spicing up the Military: Use and Effects of Synthetic Cannabis in Substance Abusing Army Personnel.

Denise Walker, Clayton Neighbors, Thomas Walton, Adam Pierce, Lyungai Mbilinyi, Debra

Kaysen, Roger Roffman

Addictive Behaviors

Available online 3 March 2014

Synthetic cannabis (SC) use has been increasing within the United States. Due to difficulties with its detection through standard testing, it may be an attractive substance of abuse for military personnel. However, few studies have examined the consequences of its use in this population, including evidence for its potential for abuse and dependence. Participants included 368 active-duty Army personnel who expressed interest in participating in a “check-up” around their alcohol or substance use, of whom 294 (80%) met DSM-IV criteria for substance abuse or dependence (including alcohol, illicit drugs, and prescription medications) and were not engaged in substance abuse treatment. Forty-one participants (11%) reported using SC in the last 90 days. Of those, 27 listed SC as their drug of choice. There were no significant differences in race, ethnicity, deployment history, or religion between SC users and others. Users of SC were generally younger and had less education and income than those who used only alcohol. Among SC users, 12% met criteria for drug abuse and 68% for dependence. Participants perceived SC use to be significantly more prevalent among military personnel than among civilians. Results suggest that SC is prevalent among substance-using soldiers and that DSM-IV criteria for abuse and dependence apply to SC. In addition, results highlight the importance of assessing and treating SC use among active-duty military personnel.

<http://www.sciencedirect.com/science/article/pii/S0887618513002247>

Which symptoms of post-traumatic stress disorder are associated with suicide attempts?

Zeynep M.H. Selaman, Hayley K. Chartrand, James M. Bolton, Jitender Sareen

Journal of Anxiety Disorders

Volume 28, Issue 2, March 2014, Pages 246–251

Individuals with post-traumatic stress disorder are at increased risk for suicide attempts. The present study aimed to determine which of the specific DSM-IV symptoms of post-traumatic stress disorder (PTSD) are independently associated with suicide attempts. Data came from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The NESARC has a sample size of N = 34 653. The full sample size included in analyses was 2322 individuals with PTSD. Among individuals with lifetime PTSD, after adjusting for sociodemographic factors, as well as any mood, substance, personality, or anxiety disorder (excluding PTSD), increasing numbers of re-experiencing and avoidance symptoms were significantly correlated with suicide attempts. Of the specific symptoms, having physical

reactions by reminders of the trauma, being unable to recall some part of it, and having the sense of a foreshortened future, were all associated with suicide attempts. These findings will help extend our understanding of the elevated risk for suicide attempts in individuals with PTSD.

<http://hsw.oxfordjournals.org/content/39/1/47>

Engaging Military Parents in a Home-Based Reintegration Program: A Consideration of Strategies.

Abigail M. Ross and Ellen R. DeVoe

Health Social Work (2014) 39 (1): 47-54

For more than a decade, the long wars in Afghanistan and Iraq have placed tremendous and cumulative strain on U.S. military personnel and their families. The high operational tempo, length, and number of deployments—and greater in-theater exposure to threat—have resulted in well-documented psychological health concerns among service members and veterans. In addition, there is increasing and compelling evidence describing the significant deleterious impact of the deployment cycle on family members, including children, in military-connected families. However, rates of engagement and service utilization in prevention and intervention services continue to lag far below apparent need among service members and their families, because of both practical and psychological barriers. The authors describe the dynamic and ultimately successful process of engaging military families with young children in a home-based reintegration program designed to support parenting and strengthen parent–child relationships as service member parents move back into family life. In addition to the integration of existing evidence-based engagement strategies, the authors applied a strengths-based approach to working with military families and worked from a community-based participatory foundation to enhance family engagement and program completion. Implications for engagement of military personnel and their loved ones are discussed.

<http://hsw.oxfordjournals.org/content/early/2014/02/20/hsw.hlu004.short>

Impact of Gender on Reactions to Military Sexual Assault and Harassment.

Margret E. Bell[†], Jessica A. Turchik and Julie A. Karpenko

Health Social Work (2014)
doi: 10.1093/hsw/hlu004

Research has shown that experiences of military sexual assault and harassment can have a

negative impact on veterans' health and functioning, even years or decades later, thus clearly identifying this as an important area of concern for social workers. In addition to understanding the scope and general impact of military sexual assault and harassment, social workers also must thoroughly understand how different cultural factors may intersect with veterans' experiences. To this end, this article reviews the current knowledge base on how veterans' life experiences related to gender can affect their experience of and recovery from military sexual assault and harassment, highlights common gender-specific issues, and discusses implications for practice.

<http://link.springer.com/article/10.1007/s40596-014-0039-5>

Implementation of Online Suicide-Specific Training for VA Providers.

Elizabeth Marshall, Janet York, Kathryn Magruder, Derik Yeager, Rebecca Knapp, Mark L. De Santis, Louisa Burriss, Mary Mauldin, Stan Sulkowski, Charlene Pope, David A. Jobes

Academic Psychiatry

February 2014

Objective

Due to the gap in suicide-specific intervention training for mental health students and professionals, e-learning is one solution to improving provider skills in the Veterans Affairs (VA) health system. This study focused on the development and evaluation of an equivalent e-learning alternative to the Collaborative Assessment and Management of Suicidality (CAMS) in-person training approach at a Veteran Health Affairs medical center.

Methods

The study used a multicenter, randomized, cluster, and three group design. The development of e-CAMS was an iterative process and included pilot testing. Eligible and consenting mental health providers, who completed a CAMS pre-survey, were randomized. Provider satisfaction was assessed using the standard VA evaluation of training consisting of 20 items. Two post training focus groups, divided by learning conditions, were conducted to assess practice adoption using a protocol focused on experiences with training and delivery of CAMS.

Results

A total of 215 providers in five sites were randomized to three conditions: 69 to e-learning, 70 to in-person, 76 to the control. The providers were primarily female, Caucasian, midlife providers. Based on frequency scores of satisfaction items, both learning groups rated the trainings positively. In focus groups representing divided by learning conditions, participants described positive reactions to CAMS training and similar individual and institutional barriers to full implementation of CAMS.

Conclusions

This is the first evaluation study of a suicide-specific e-learning training within the VA. The e-CAMS appears equivalent to the in-person CAMS in terms of provider satisfaction with training and practice adoption, consistent with other comparisons of training deliveries across specialty areas. Additional evaluation of provider confidence and adoption and patient outcomes is in progress. The e-CAMS has the potential to provide ongoing training for VA and military mental health providers and serve as a tutorial for psychiatrists in preparation for specialty boards.

<http://www.systematicreviewjournal.com/content/pdf/2046-4053-3-18.pdf>

The association between sleep disturbances and suicidal behaviors in patients with psychiatric diagnoses: a systematic review and meta-analysis.

Malik S, Kanwar A, Sim LA, Prokop LJ, Wang Z, Benkhadra K, Murad MH

BACKGROUND:

Identifying patients with increased risk of suicidal behaviors is a constant challenge and concern for clinicians caring for patients with psychiatric conditions. We conducted a systematic review to assess the association between suicidal behaviors and sleep disturbances in psychiatric patients.

METHODS:

A systematic literature search of Ovid Medline In-Process & Other Non-Indexed Citations, Ovid MEDLINE, Ovid EMBASE, Ovid PsycInfo, Ovid Cochrane Database of Systematic Reviews, Ovid Cochrane Central Register of Controlled Trials, and Scopus was conducted using earliest inclusive dates to 28 June 2013. Eligible studies were comparative observational studies that reported sleep disturbances in psychiatric patients and the outcome of interest (any type of suicidal behaviors). Pairs of reviewers extracted descriptive data, study quality, and outcomes. Odds ratios (OR) and 95% confidence intervals (CI) were pooled across studies using the random-effects model. Newcastle-Ottawa scale was used to critically appraise study quality.

RESULTS:

Nineteen studies met the inclusion criteria. Compared to those without sleep disturbances, patients with psychiatric diagnoses and co-morbid sleep disturbances were significantly more likely to report suicidal behaviors (OR = 1.99, 95% CI 1.72, 2.30, P <0.001). The association was also demonstrated across several psychiatric conditions including depression (OR = 3.05, 95% CI 2.07, 4.48, P <0.001), post-traumatic stress disorder (PTSD) (OR = 2.56, 95% CI 1.91, 3.43, P <0.001), panic disorder (OR = 3.22, 95% CI 1.09, 9.45, P = 0.03), and schizophrenia (OR = 12.66, 95% CI 1.40, 114.44, P = 0.02). In subgroup analysis based on the type of sleep disorder, we also found suicidal behavior to be significantly associated with the presence of insomnia, parasomnias, and sleep-related breathing disorders, but not hypersomnias.

CONCLUSIONS:

This systematic review and meta-analysis suggests that in patients with psychiatric diagnoses, sleep disturbances are associated with the increased risk of suicidal behaviors.

http://scholarworks.gsu.edu/psych_diss/125/

Psychometric Properties of the Saint Louis University Mental Status Examination (SLUMS) for the Identification of Mild Cognitive Impairment (MCI) in a Veteran Sample.

Susan Stern

Dissertation, PhD, Psychology

Georgia State University

Date of Award

Summer 8-12-2014

The Saint Louis University Mental Status (SLUMS) Examination is a relatively new brief cognitive screening measure developed for use with veterans. To date, there has been a paucity of research on its psychometric properties. Using a sample of 148 male veterans referred to a VA Mild Cognitive Impairment (MCI) Clinic for evaluation, the SLUMS' ability to discriminate between MCI versus other diagnoses or no diagnosis was compared to results from a more comprehensive neuropsychological battery. Approximately 51% of the sample was diagnosed with MCI, 16% with Major Depressive Disorder (MDD), 17% did not meet criteria for a diagnosis, and 16% were given some other DSM-IV-TR diagnosis. The SLUMS demonstrated poor internal consistency (Cronbach's $\alpha = .57$), but scores were significantly correlated with scores on every neuropsychological measure, except for Trails B. Diagnostic discriminability was comparable to that of the more time intensive neuropsychological battery for discriminating between MCI and no diagnosis, and MCI and MDD. In the current sample, a cutoff score of 25 was optimal for discriminating between MCI and no diagnosis, whereas a slightly lower cutoff score of 24 is recommended for discriminating between MCI and those with MDD. Diagnostic indicators were poor for the SLUMS and the battery when discriminating between MCI and a heterogeneous group of other disorders. Possible reasons for low reliability in such a screening measure in the context of convergent validity are discussed. It is concluded that the SLUMS may be a viable brief cognitive screening measure in such veteran populations, particularly when discriminating between MCI and MDD; however, additional studies should be completed to evaluate other forms of consistency, such as test-retest reliability.

<http://journals.psychiatryonline.org/article.aspx?articleid=1831925>

STRoNG Intervention for Military Families With Young Children.

Katherine L. Rosenblum, Ph.D.; Maria Muzik, M.D.

Psychiatric Services 2014; doi: 10.1176/appi.ps.650302

Military families face unique challenges. Although many exhibit remarkable resilience in the face of hardship, a steep rise in rates of divorce, child behavior problems, and parental mental illness during and after deployment highlights the need for family support. Approximately 40% of children in military families are under age five. Separation from one parent, coupled with heightened distress of the parent left behind, places young children at risk. Reunification poses challenges as well, including the need to reestablish relationships, roles, and routines and to accommodate combat-related injuries or illness. As one father in our program shared, “He was born, and I was deployed before he was walking. And when I came back, he was standing, gripping onto (his mother’s) leg—looking at me like, ‘That’s who?’ She had to tell him, ‘That’s Daddy.’” Another father commented, “When I came back, it was difficult . . . trying to find that closeness and trying to find that reconnect.” Thus the challenges faced by military families during this unique period require special attention and support.

<http://psycnet.apa.org/psycinfo/2014-07933-001/>

Preliminary Findings for a Brief Posttraumatic Stress Intervention in Primary Mental Health Care.

Harmon, A. Lisa; Goldstein, Elizabeth S. R.; Shiner, Brian; Watts, Bradley V.

Psychological Services, Mar 3 , 2014

A team of clinicians at a small rural Veterans’ Health Administration (VHA) medical center piloted a brief psychological intervention for posttraumatic stress in a primary mental health care setting. Symptom measures were completed by veterans before and after receiving the brief trauma treatment (BTT), and were then analyzed using paired t tests. In our uncontrolled study, we found a statistically insignificant improvement in symptoms of posttraumatic stress disorder, though there were statistically significant, but not clinically significant, improvements in depression and general anxiety. The intervention may enhance subsequent specialty mental health engagement. Fifty-one veterans (62.20%) went on to receive psychotherapy in a specialty mental health setting, which represents a substantial increase in specialty psychotherapy engagement compared to reports elsewhere in the literature. Lack of controlled comparison precludes definitive conclusions, but the current preliminary results support future studies of brief psychological interventions in primary care settings, including randomized

controlled comparisons. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s10900-014-9846-6>

Tribal Veterans Representative (TVR) Training Program: The Effect of Community Outreach Workers on American Indian and Alaska Native Veterans Access to and Utilization of the Veterans Health Administration.

L. Jeanne Kaufmann, W. J. “Buck” Richardson Jr., James Floyd, Jay Shore

Journal of Community Health

March 2014

American Indians and Alaska Natives serve at the highest rate of any US race or ethnic group, yet are the most underserved population of Veterans and do not take advantage of the Department of Veterans Affairs (VA) benefits and services. Barriers to seeking care include stigma, especially for mental health issues; distance to care; and lack of awareness of benefits and services they are entitled to receive. In response to this underutilization of the VA, an innovative program—the Tribal Veterans Representative (TVR) program—was developed within the VA to work with American Indians and Alaska Natives in rural and remote areas. The TVR goes through extensive training every year; is a volunteer, a Veteran and tribal community member who seeks out unenrolled Native Veterans, provides them with information on VA health care services and benefits, and assists them with enrollment paperwork. Being from the community they serve, these outreach workers are able to develop relationships and build rapport and trust with fellow Veterans. In place for over a decade in Montana, this program has enrolled a countless number of Veterans, benefiting not only the individual, but their family and the community as well. Also resulting from this program, are the implementation of Telemental Health Clinics treating Veterans with PTSD, a transportation program helping Veterans get to and from distant VA facilities, a Veteran Resource Center, and a Veteran Tribal Clinic. This program has successfully trained over 800 TVRs, expanded to other parts of the country and into remote areas of Alaska.

<http://psycnet.apa.org/journals/pro/45/1/27/>

Best practices for remote psychological assessment via telehealth technologies.

Luxton, David D.; Pruitt, Larry D.; Osenbach, Janyce E.

Professional Psychology: Research and Practice, Vol 45(1), Feb 2014, 27-35

The use and capabilities of telehealth technologies to conduct psychological assessments remotely are expanding. Clinical practitioners and researchers need to be aware of what influences the psychometric properties of telehealth-based assessments to assure optimal and competent assessments. The purpose of this review is to discuss the specific factors that influence the validity and reliability of remote psychological assessments and to provide best practices recommendations. Specific factors discussed include the lack of physical presence, technological issues, patient and provider acceptance of and comfort with technology, and procedural issues. Psychometric data regarding telehealth-based psychological assessment and limitations to these data, as well as cultural, ethical, and safety considerations are discussed. The information presented is applicable to all mental health professionals who conduct psychological assessment with telehealth technologies. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s12207-014-9190-2>

Assessing Veteran Symptom Validity.

Arthur C. Russo

Psychological Injury and Law

March 2014

The accurate assessment of veteran symptom validity is a type of disciplined and reasoned inquiry towards the truth. This inquiry includes a two-part recognition (1) that assessing veteran truthfulness is properly part of accurately assessing veteran symptoms and (2) that the institutional environment must allow such inquiries to proceed unimpeded. This article identifies the institutional and veteran-based threats to the accurate assessment of veteran truthfulness, with suggestions on managing the former and discerning the latter. Starting with a description of the conflicting ethical-moral and utilitarian-political forces inherent in the Department of Veteran Affairs (VA), this article describes how these forces act to undermine the accurate assessment of veteran symptoms via both institution-wide systemic practices and local medical center-specific pressures towards collusive lying. It then details a strategy for accurately assessing and responsibly reporting the validity of veteran symptoms using Lonergan's fourfold method for conducting an inquiry towards the truth. Finally, it illustrates how responsibly assessing veteran symptom validity within VA is fundamentally a matter of personal integrity since there is no judicial overview and few external consequences. It argues that the assessment report is a moral action that constitutes examiners as conscientious to the degree that they attend or fail to attend to the data of experience, are intelligent or obtuse in forming insights, are reasonable or unreasonable in their judgments, and are responsible or irresponsible in their actions.

<http://link.springer.com/article/10.1007/s12207-014-9187-x>

PTSD, Endophenotypes, the RDoC, and the DSM-5.

Gerald Young

Psychological Injury and Law

March 2014

The search for endophenotypes that stand between genetics and disease has been applied to the diagnostic entity of Posttraumatic Stress Disorder (PTSD). Advances are being made in understanding the pathway to disorder in PTSD in terms of brain regions, neuronal networks, stress-related systems (e.g., the hypothalamic–pituitary–adrenal (HPA) axis), and their underlying genetic and neurogenetic bases. The latter are affected by gene–environmental interactions and epigenetic effects, and the environment and context reciprocally interrelate with them, as well. Therefore, a primary focus on (neuro)pathophysiological intermediates in the disease pathway, as appears emphasized in the research domain criteria (RDoC) approach to etiology of psychiatric disorder, and to which the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) subscribes, might detract from a more inclusive biopsychosocial approach that would be more applicable in the case of PTSD. The paper undertakes a comprehensive review of the recent literature in the areas of endophenotypes, neurogenetics, epigenetics, neural networks, HPA axis, neuronal networks, pathways, the PTSD five-factor model, allostasis, and the RDoC criteria for psychiatric diagnosis, and then returns to the topic of endophenotypes. Neuronal networks constitute one integrating area that could help in arriving at an appropriate model of PTSD endophenotype. Pathway analysis provides a rich field for discerning individual differences in PTSD development, more so than the static approach of using DSM-5 symptom criteria. A model of endophenotypes is presented, which considers these factors in relation to PTSD. The paper concludes with implications for the DSM-5, for practice and for court, especially that it would be premature to seek individual biomarkers of PTSD given the current state of knowledge, even if it is burgeoning.

http://journals.lww.com/headtraumarehab/Abstract/publishahead/The_Experience,_Expression,_and_Control_of_Anger.99790.aspx

The Experience, Expression, and Control of Anger Following Traumatic Brain Injury in a Military Sample.

Bailie, Jason M. PhD; Cole, Wesley R. PhD; Ivins, Brian MPS; Boyd, Cynthia PhD; Lewis, Steven MD; Neff, John MD; Schwab, Karen PhD

Journal of Head Trauma Rehabilitation

POST AUTHOR CORRECTIONS, 28 February 2014

Objective:

To investigate the impact of traumatic brain injury (TBI) on the experience and expression of anger in a military sample.

Participants:

A total of 661 military personnel with a history of TBI and 1204 military personnel with no history of TBI.

Design:

Cross-sectional, between-group design, using multivariate analysis of variance.

Main Measure:

State-Trait Anger Expression Inventory-2 (STAXI-2).

Results:

Participants with a history of TBI had higher scores on the STAXI-2 than controls and were 2 to 3 times more likely than the participants in the control group to have at least 1 clinically significant elevation on the STAXI-2. Results suggested that greater time since injury (ie, months between TBI and assessment) was associated with lower scores on the STAXI-2 State Anger scale.

Conclusion:

Although the results do not take into account confounding psychiatric conditions and cannot address causality, they suggest that a history of TBI increases the risk of problems with the experience, expression, and control of anger. This bolsters the need for proper assessment of anger when evaluating TBI in a military cohort.

(C) 2014 Wolters Kluwer Health | Lippincott Williams & Wilkins

https://etd.ohiolink.edu/ap/10?227199453862265::NO:10:P10_ETD_SUBID:90042

Suicide Resilience Among Operation Enduring Freedom and Operation Iraqi Freedom Veterans: Sense of Coherence as a Moderator of the Relationship Between Traumatic Experiences and Suicidality.

Benson, Kathleen M.

2013, Doctor of Philosophy, University of Akron, Counseling Psychology.

With approximately 6,000 U.S. veteran deaths by suicide annually, the examination of protective factors against suicidality among returning veterans has received growing attention (DVA, 2010, January). This study examined the influence of one potential protective factor, a sense of coherence (SOC) as defined by Antonovsky (1979), on the relationship between combat distress and suicidality among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans. Data from 157 OEF/OIF combat veterans were collected in the primary care waiting area at a VA Medical Center. The average age in the sample was 35.67 (SD = 5.0) and was comprised of predominately White, single, and employed male veterans. Findings from correlation analyses found negative associations between SOC and suicidality, SOC and combat distress; as well as a positive association between combat distress and suicidality. No support for the associations between suicidality and time since active duty service, combat exposure and combat distress, or pre-deployment history of traumatic experiences and combat distress were found.

Support was found for the primary hypothesis that predicted SOC would moderate the relationship between combat distress and suicidality. The interaction between SOC and combat distress was a significant predictor of suicidality above and beyond the significant contribution of combat distress and SOC alone. Simple slope analyses indicated that among OEF/OIF veterans with a high SOC, combat distress and suicidality are unrelated suggesting that SOC acts as a buffer. However, among OEF/OIF veterans with a low SOC, the positive relationship between combat distress and suicidality is stronger.

This study has several important implications based on the findings stated above. First, it is important for researchers and clinicians to address the phenomenological experience of combat rather than exclusive reliance on mental health symptom inventories in the examination of suicidal risk. Second, the findings provide support that SOC has a mechanistic function in the construct of psychological resilience and may act as a protective factor against suicidality among OEF/OIF veterans who served in a combat-zone. Lastly, the use of theoretical frameworks in conducting resilience research is an important implication for future research examining psychological resilience among OEF/OIF veterans.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12088/abstract>

Using Structured Telephone Follow-up Assessments to Improve Suicide-Related Adverse Event Detection.

Arias, S. A., Zhang, Z., Hillerns, C., Sullivan, A. F., Boudreaux, E. D., Miller, I. and Camargo, C. A.

Suicide and Life-Threatening Behavior

Article first published online: 3 MAR 2014

Adverse event (AE) detection and reporting practices were compared during the first phase of the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE), a suicide intervention study. Data were collected using a combination of chart reviews and structured telephone follow-up assessments postenrollment. Beyond chart reviews, structured telephone follow-up assessments identified 45% of the total AEs in our study. Notably, detection of suicide attempts significantly varied by approach with 53 (18%) detected by chart review, 173 (59%) by structured telephone follow-up assessments, and 69 (23%) marked as duplicates. Findings provide support for utilizing multiple methods for more robust AE detection in suicide research.

<http://www.currentpsychiatry.com/the-publication/issue-single-view/passive-suicidal-ideation-still-a-high-risk-clinical-scenario/651a76321f5ec282d271b194343a9bfd.html>

Passive suicidal ideation: Still a high-risk clinical scenario.

Robert I. Simon, MD

Current Psychiatry 2014 March;13(3):13-15.

The commonly held belief that passive suicidal ideation poses less risk for suicide than active suicidal ideation is steeped in the lore of psychiatric practice. "Passive suicidal ideation" appears countless times in psychiatric records, articles, texts, guidelines, and clinical discourse. When a patient reports passive suicide ideation, the clinician may seize upon it as an indicator of low risk of suicide. The clinician may feel relieved and not perform a thorough suicide risk assessment.

Whether suicide ideation is active or passive, the goal is the same—terminating one's life. Suicidal ideation, such as the wish to die during sleep, to be killed in an accident, or to develop terminal cancer, may seem relatively innocuous, but it can be just as ominous as thoughts of hanging oneself. Although passive suicidal ideation may allow time for interventions, passive ideation can suddenly turn active.

<http://smh.sagepub.com/content/early/2014/01/09/2156869313512212>

Warring Identities: Identity Conflict and the Mental Distress of American Veterans of the Wars in Iraq and Afghanistan.

R. Tyson Smith, Gala True

Society and Mental Health

January 9, 2014

Drawing from 26 life story interviews of recent American veterans, this paper analyzes the identity struggle faced by soldiers returning from Operation Iraqi Freedom and Operation Enduring Freedom and reentering the civilian world. Instead of examining veterans' problems as a consequence of post-combat mental illnesses such as PTSD and major depression, we analyze the contrast between the participants' identities as soldiers and their identities as civilians. We find that the postwar transition causes adverse mental health effects that stem from contrasts between the military's demands for deindividuation, obedience, chain-of-command, and dissociation and the civilian identity expectations of autonomy, self-advocacy, and being relational. Veterans' reintegration to civilian society is further hindered by a culture that is perceived (by veterans) as having decreased understanding of the soldier/veteran experience itself. These identity conflicts—what we term warring identities—have an important yet understudied effect on veterans' combat-related mental health problems.

Links of Interest

Reported High Rates of Military Mental Illness Are Wrong and Dangerous

http://www.huffingtonpost.com/allen-frances/reported-high-rates-of-mi_b_4905631.html

Anxiety symptoms in depression: clinical and conceptual considerations

<http://www.medicographia.com/2014/02/anxiety-symptoms-in-depression-clinical-and-conceptual-considerations/>

Combat training gives students a glimpse of soldier life

<http://www.qwhatchet.com/2014/03/06/combat-training-gives-students-a-glimpse-of-soldier-life/>

Returning vets face 'warring identities' distress

http://www.eurekalert.org/pub_releases/2014-03/bu-rvf030614.php

Access to social workers could keep veterans out of criminal justice

system http://www.eurekalert.org/pub_releases/2014-03/uom-ats030614.php

Collecting Data on a Good Night's Sleep

<http://well.blogs.nytimes.com/2014/03/10/collecting-data-on-a-good-nights-sleep/>

Bath salts--what's in a name?

http://www.army.mil/article/121068/Bath_salts_what_s_in_a_name/

Victim rights strengthened by DoD change

http://www.army.mil/article/120806/Victim_rights_strengthened_by_DoD_change/

'We have to learn how to come home,' says veteran

<http://www.theolympian.com/2014/03/08/3022742/we-have-to-learn-how-to-come-home.html>

Two Definitions for Chronic Multisymptom Illness Afflicting Gulf War Veterans Should Guide VA Treatment and Research

<http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=18623>

Half of Veterans Prescribed Medical Opioids Continue to Use Them Chronically, Study Finds

<http://www.painmed.org/2014press/files/half-of-veterans-prescribed-medical-opioids-continue-to-use-them-chronically.pdf>

Reminder From A Marine: Civilians And Veterans Share Ownership Of War

<http://www.npr.org/2014/03/06/286378088/reminder-from-a-marine-civilians-and-veterans-share-ownership-of-war>

Resource of the Week: [JournalGuide](#)

This online tool, which just went live in beta, purports to help researchers find the most appropriate scholarly journals in which to publish. Enter your article title and the abstract (which can be “scrambled” for greater anonymity) and click Search. Easy enough.

You can set up an account here and save your searches and suggested journals. Users also also encouraged to rate journals by offering input on:

- How long did it really take to get published in that journal?
- How much did it cost, including figure and other fees?
- What advice would you give to authors considering this journal?

According to a [press release](#):

While JournalGuide’s most complete journal data are currently in the biomedical fields, the team is working with major publishers to add title/abstract metadata from over 30,000 additional journals, and is gathering general information for the journal-specific pages across all disciplines. Robust keyword-driven search in fields outside of the biomedical sciences will be available by summer 2014.

An extensive [FAQ](#) provides detailed information.

Find the best journal for your research

Search journals by

Paper Match

Journal Name

Category

Publisher

Manuscript title (or top keywords):

Manuscript abstract: (or supporting keywords)

SEARCH

RESET

SCRAMBLE

2 2 4 8 3 9 7 4

Article titles in database

Have a paper?

Find the best journal for your manuscript with our search tools and comparison tools.

Got published?

Now accepting ratings! Search for a journal's profile page and click on "Rate this journal" to get started.

Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749