



## CDP Research Update -- January 8, 2015

### What's Here:

- Professional Psychology: Research and Practice -- Special Issue: Research on Psychological Issues and Interventions for Military Personnel, Veterans, and Their Families
- PTSD Monthly Update - December 2014: Animated Whiteboard Videos on PTSD
- Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S. (RAND)
- Clinicians Trauma Update Online (National Center for PTSD)
- The insomnia and suicide link: toward an enhanced understanding of this relationship.
- Behavioral economic strategies for promoting adherence to sleep interventions.
- Posttraumatic Stress Disorder and Sleep-Disordered Breathing:A Review of Comorbidity Research.
- Binge Drinking and the Risk of Suicidal Thoughts, Plans, and Attempts.
- Herbal medicine for insomnia: a systematic review and meta-analysis.
- Comparison of DSM-IV and Proposed ICD-11 Formulations of PTSD Among Civilian Survivors of War and War Veterans.
- Predictors of Treatment Interest and Treatment Initiation in a VA Outpatient Trauma Services Program Providing Evidence-Based Care.
- Nocturnal Autonomic Balance and Sleep in PTSD and Resilience.
- Acquired Equivalence in U.S. Veterans With Symptoms of Posttraumatic Stress: Reexperiencing Symptoms Are Associated With Greater Generalization.
- A Pilot Examination of the Use of Narrative Therapy With Individuals Diagnosed With PTSD.
- Self-Forgiveness, Posttraumatic Stress, and Suicide Attempts Among Military Personnel and Veterans.
- Socioeconomic Disparities in Sleep Duration Among Veterans of the US Wars in Iraq and Afghanistan.

- The Effect of Sleep Problems on Suicidal Risk Among Young Adults in the Presence of Depressive Symptoms and Cognitive Processes.
- Feedback Blunting: Total Sleep Deprivation Impairs Decision Making That Requires Updating Based on Feedback.
- Caffeine improves reaction time, vigilance and logical reasoning during extended periods with restricted opportunities for sleep.
- A Qualitative Study of Veterans on Long-Term Opioid Analgesics: Barriers and Facilitators to Multimodality Pain Management.
- Service Member Need and Supportive Services Use by Military/Veteran Spouses.
- Identifying High-Needs Families in the United States Air Force New Parent Support Program.
- Stress-Related Growth among Suicide Survivors: The Role of Interpersonal and Cognitive Factors.
- Consequences of Making Weight: A Review of Eating Disorder Symptoms and Diagnoses in the United States Military.
- The validity of military screening for mental health problems: diagnostic accuracy of the PCL, K10 and AUDIT scales in an entire military population.
- Impact of combat events on first responders: experiences of the armed conflict in Uruzgan, Afghanistan.
- Reintegration processes affecting military families involved in domestic moves: From the father's view.
- Gender-sensitive therapy with male servicemen: An integration of recent research and theory.
- Sleep-Disordered Breathing in Patients With Posttraumatic Stress Disorder.
- Re-integration of military soldiers to a non-war environment and the coping skills they employ, as observed by their wives
- Low testosterone in a young combat veteran with dual diagnosis and suicidal behavior: a case study.
- Prospectively assessed clinical outcomes in concussive blast vs nonblast traumatic brain injury among evacuated US military personnel.
- Risk factors for relapse to problem drinking among current and former US military personnel: a prospective study of the Millennium Cohort.
- Factors Associated With Burnout Among Active Duty versus National Guard/Reserve U.S. Air Force Pararescuemen.

- Service Member Need and Supportive Services Use by Military/Veteran Spouses.
- Posttraumatic Stress Disorder and Sleep.
- Links of Interest
- Resource of the Week: Pentagon Library Military Documents Research Guide

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<http://psycnet.apa.org/index.cfm?fa=browsePA.volumes&jcode=pro>

Professional Psychology: Research and Practice

Editor: Ronald Brown, PhD

**Special Issue: Research on Psychological Issues and Interventions for Military Personnel, Veterans, and Their Families**

Guest Editor: Connie S. Chan

2014 Volume 45, Issue 6 (Dec)

Introduction to the special section: Research on psychological issues and interventions for military personnel, veterans, and their families.

Pages 395-397

Chan, Connie S.

Are communities ready? Assessing providers' practices, attitudes, and knowledge about military personnel.

Pages 398-404

Miller, Katherine E.; Finn, Jacob A.; Newman, Elana

Post-deployment difficulties and help seeking barriers among military veterans: Insights and intervention strategies.

Pages 405-409

Cornish, Marilyn A.; Thys, Amanda; Vogel, David L.; Wade, Nathaniel G.

Providing coordinated care to veterans of Iraq and Afghanistan wars with complex psychological and social issues in a department of veterans affairs medical center: Formation of seamless transition committee.

Pages 410-415

Mallen, Michael J.; Schumacher, Marianne M.; Leskela, Jennie; Thuras, Paul; Frenzel, Mark

Moving forward: A problem-solving training program to foster veteran resilience.

Pages 416-424

Tenhula, Wendy N.; Nezu, Arthur M.; Nezu, Christine Maguth; Stewart, Michael O.; Miller, Sarah A.; Steele, Jennifer; Karlin, Bradley E.

Trauma among justice-involved veterans.

Pages 425-432

Hartwell, Stephanie W.; James, Amy; Chen, Jie; Pinals, Debra A.; Marin, Martha C.; Smelson, David

An empirical investigation of challenges and recommendations for welcoming sexual and gender minority veterans into VA care.

Pages 433-442

Sherman, Michelle D.; Kauth, Michael R.; Ridener, Lauren; Shipherd, Jillian C.; Bratkovich, Kristi; Beaulieu, Gregory

Gender-sensitive therapy with male servicemen: An integration of recent research and theory.

Pages 443-451

Danforth, Lindsay; Wester, Stephen R.

The impact of military deployment and reintegration on children and parenting: A systematic review.

Pages 452-464

Creech, Suzannah K.; Hadley, Wendy; Borsari, Brian

Correction to Creech, Hadley, and Borsari (2014).

Page 464

No authorship indicated

Family adjustment of deployed and nondeployed mothers in families with a parent deployed to Iraq or Afghanistan.

Pages 465-477

Gewirtz, Abigail H.; McMorris, Barbara J.; Hanson, Sheila; Davis, Laurel

With or without you: Preliminary evidence that attachment avoidance predicts nondeployed spouses' reactions to relationship challenges during deployment.

Pages 478-487

Borelli, Jessica L.; Sbarra, David A.; Snavely, Jonathan E.; McMakin, Dana L.; Coffey, John K.; Ruiz, Sarah K.; Wang, Binghuang A.; Chung, Samuel Y.

One day at a time: The experiences of partners of veterans with posttraumatic stress disorder.

Pages 488-495

Mansfield, Alyssa J.; Schaper, Kim M.; Yanagida, Alana M.; Rosen, Craig S.

Parent–child attachment during the deployment cycle: Impact on reintegration parenting stress.  
Pages 496-503  
Louie, Ashley D.; Cromer, Lisa DeMarni

Barriers to seeking mental health services among adolescents in military families.  
Pages 504-513  
Becker, Sara J.; Swenson, Rebecca R.; Esposito-Smythers, Christianne; Cataldo, Andrea M.; Spirito, Anthony

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<http://content.govdelivery.com/accounts/USVHA/bulletins/e60ca9>

PTSD Monthly Update - December 2014

### **Animated Whiteboard Videos on PTSD**

The Web revolutionized how people learn and share information.

Since launching [www.ptsd.va.gov](http://www.ptsd.va.gov) in 1995, we continue to expand our online resources to reach trauma survivors wherever they are and whenever they need help.

Check out our new whiteboards; short animated videos that combine narration with hand-drawn images. The series can also be found and shared easily on YouTube.

Videos include:

- What is PTSD - Get an overview of PTSD basics, such as types of trauma and symptoms.
- "Evidence-based" Treatment: What Does It Mean? - Learn what it takes for a treatment to be considered evidence-based.
- PTSD Treatment: Know Your Options - Get an overview of evidence-based treatments for PTSD, such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT).
- Prolonged Exposure for PTSD: Learn what happens in PE and how this treatment can help improve PTSD.
- Cognitive Processing Therapy for PTSD - Learn what happens in CPT and how this treatment can help improve PTSD.

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[http://www.rand.org/pubs/research\\_reports/RR578.html](http://www.rand.org/pubs/research_reports/RR578.html)

**Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S.**

Ryan Andrew Brown, Grant N. Marshall, Joshua Breslau, Coreen Farris, Karen Chan Osilla, Harold Alan Pincus, Teague Ruder, Phoenix Voorhies, Dionne Barnes-Proby, Katherine Pfrommer, Lisa Miyashiro, Yashodhara Rana, David M. Adamson

RAND Corporation, 2015

With many service members now returning to the United States from the recent conflicts in Iraq and Afghanistan, concern over adequate access to behavioral health care (treatment for mental, behavioral, or addictive disorders) has risen. Yet data remain very sparse regarding how many service members (and their dependents) reside in locations remote from behavioral health providers, as well as the resulting effect on their access to and utilization of care. Little is also known about the effectiveness of existing policies and other efforts to improve access to services among this population. To help fill these gaps, a team of RAND researchers conducted a geospatial analysis using TRICARE and other data, finding that roughly 300,000 military service members and 1 million dependents are geographically distant from behavioral health care, and an analysis of claims data indicated that remoteness is associated with lower use of specialty behavioral health care. A review of existing policies and programs discovered guidelines for access to care, but no systematic monitoring of adherence to those guidelines, limiting their value. RAND researchers recommend implementing a geospatial data portal and monitoring system to track access to care in the military population and mark progress toward improvements in access to care. In addition, the RAND team highlighted two promising pathways for improving access to care among remote military populations: telehealth and collaborative care that integrates primary care with specialty behavioral care.

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[http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu\\_v8n6.pdf](http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v8n6.pdf)

### **CTU-Online (Clinicians Trauma Update Online)**

National Center for PTSD

Issue 8(6)

December 2014

CTU - Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PILOTS ID for easy access.

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<http://www.sciencedirect.com/science/article/pii/S1087079214001038>

**The insomnia and suicide link: toward an enhanced understanding of this relationship.**

Andrea A. Woznica, Colleen E. Carney, Janice R. Kuo, Taryn G. Moss

Sleep Medicine Reviews

Available online 16 October 2014

doi:10.1016/j.smr.2014.10.004

Despite current knowledge of risk factors for suicidal behaviors, suicide remains a leading cause of death worldwide. This suggests a strong need to identify and understand additional risk factors. A number of recent studies have identified insomnia as a modifiable, independent suicide risk factor. Although a link between insomnia and suicide is emerging, further research is required in order to understand the nature of the relationship. Accordingly, this paper presents an overview of the insomnia and suicide literature to-date, and a discussion of two major limitations within this literature that hinder its progress. First, the classification and assessment of insomnia and suicide-related thoughts and behaviors are inconsistent across studies; and second, there is a lack of empirical studies focused on investigating mediators of the insomnia and suicide relationship. Suggestions are offered within this paper for future studies to address these issues and facilitate new developments in this important research area. Following these suggested lines of research will ultimately inform whether insomnia treatments, particularly cognitive-behavioral therapy for insomnia, can be used to target suicide risk prevention and intervention.

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<http://www.sciencedirect.com/science/article/pii/S1087079214001221>

**Behavioral economic strategies for promoting adherence to sleep interventions.**

Jack Stevens, Ph.D.

Sleep Medicine Reviews

Available online 18 November 2014

doi:10.1016/j.smr.2014.11.002

Cognitive-behavioral treatment for insomnia and continuous positive airway pressure therapy for obstructive sleep apnea are among the most efficacious sleep interventions. Unfortunately, adherence levels are disappointingly low for these interventions. Behavioral economics offers a promising framework for promoting adherence, often through relatively brief and straightforward strategies. The assumptions, goals, and key strategies of behavioral economics will be introduced. These strategies include providing social norms information, changing defaults, using the compromise effect, utilizing commitment devices, and establishing lottery-based

systems. Then, this review will highlight specific behavioral economic approaches to promote patient adherence for three major sleep interventions: (1) behavioral treatment for pediatric insomnia, (2) cognitive-behavioral treatment for adult insomnia, and (3) continuous positive airway pressure for obstructive sleep apnea. Next, behavioral economic strategies will be discussed as ways to improve health care provider adherence to clinical practice guidelines regarding appropriate prescribing of hypnotics and ordering sleep-promoting practices for hospitalized inpatients. Finally, possible concerns that readers may have about behavioral economics strategies, including their efficacy, feasibility, and sustainability, will be addressed.

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<http://www.sciencedirect.com/science/article/pii/S108707921400121X>

### **Posttraumatic Stress Disorder and Sleep-Disordered Breathing: A Review of Comorbidity Research.**

Barry Krakow, Victor A. Ulibarri, Bret Moore, Natalia D. McIver

Sleep Medicine Reviews

Available online 20 November 2014

doi:10.1016/j.smr.2014.11.001

Posttraumatic stress disorder (PTSD) and sleep-disordered breathing (SDB) are common disorders, but limited data address their co-morbidity. Emerging research indicates PTSD and SDB may co-occur more frequently than expected and may impact clinical outcomes. This review describes historical developments that first raised suspicions for a co-morbid relationship between PTSD and SDB, including barriers to the recognition and diagnosis of this co-morbidity. Objective diagnostic data from polysomnography studies in PTSD patients reveal widely varying prevalence rates for co-morbidity (0 to 90%). Use of standard, recommended technology (nasal cannula pressure transducer) versus older, less reliable technology (thermistor/thermocouple) appears to have influenced objective data acquisition and therefore SDB rates in sleep studies on PTSD patients. Studies using higher quality respiratory sensors demonstrated the highest prevalence of SDB in PTSD patients. Clinical relevance, theoretical models and research recommendations are discussed. The lack of widely acknowledged, tested, or proven explanatory models and pathophysiological mechanisms to understand the relationship between these two disorders may prove formidable barriers to further investigations on prevalence and clinical relevance, albeit both conditions are associated with waking or sleeping hyperarousal activity, which may inform future studies.

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<http://www.sciencedirect.com/science/article/pii/S0306460314004298>

### **Binge Drinking and the Risk of Suicidal Thoughts, Plans, and Attempts.**



Cristie Glasheen, Michael R. Pemberton, Rachel Lipari, Elizabeth Copello, Margaret E. Mattson

Addictive Behaviors

Available online 12 December 2014

doi:10.1016/j.addbeh.2014.12.005

### Background

Major depression is one of the strongest known risk factors for suicide. However, of the estimated 8.5 million adults with serious thoughts of suicide in the past year, only half had a major depressive episode (MDE). Identifying risk factors for suicide in the absence of depression may provide additional targets for prevention and intervention. This study uses nationally representative data to evaluate the association of binge drinking with suicidal thoughts, plans, and attempts in adults with and without MDE.

### Methods

Combined 2008-2012 National Survey on Drug Use and Health data were analyzed. Sex-stratified prevalence estimates of past year suicide indicators were generated by past month binge drinking and past year MDE status. Logistic regression was used to evaluate the association of binge drinking with suicide indicators by sex with and without MDE.

### Results

Unadjusted prevalence estimates for suicide indicators in males and females were higher among binge drinkers than among nonbinge drinkers, regardless of MDE status. Regression analyses indicated that binge drinking was associated with suicidal thoughts (adjusted odds ratio [aOR] = 1.51, 95% confidence interval [CI] = 1.28-1.79), plans (aOR = 1.75, CI = 1.23-2.48), and attempts (aOR = 2.57, CI = 1.74-3.79) in females without MDE and with suicidal thoughts in males without MDE (aOR = 1.25, CI = 1.04-1.49). Among males and females with MDE, binge drinking was not associated with any of the suicide indicators ( $p > .05$ ).

### Conclusions

Binge drinking in females without MDE may be an indicator for identifying at risk individuals for targeting suicide prevention activities.

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<http://www.sciencedirect.com/science/article/pii/S1087079214001476>

### **Herbal medicine for insomnia: a systematic review and meta-analysis.**

Matthew J. Leach, Amy Page

Sleep Medicine Reviews

Available online 17 December 2014

doi:10.1016/j.smr.2014.12.003

Insomnia is a prevalent sleep disorder that can profoundly impact a person's health and wellbeing. Herbal medicine represents one of the most frequently used complementary and alternative treatments of insomnia. However, the safety and efficacy of herbal medicine for treatment of this disorder is currently uncertain. In order to ascertain the evidence base for herbal medicine for insomnia, we systematically searched 17 electronic databases and the reference lists of included studies for relevant randomised controlled trials (RCTs). Fourteen RCTs, involving a total of 1,602 participants with insomnia, met the inclusion criteria. Four distinct orally administered herbal monopreparations were identified (i.e. valerian, chamomile, kava and wuling). There was no statistically significant difference between any herbal medicine and placebo, or any herbal medicine and active control, for any of the 13 measures of clinical efficacy. As for safety, a similar or smaller number of adverse events per person were reported with kava, chamomile and wuling when compared with placebo. By contrast, a greater number of events per person were reported with valerian. While there is insufficient evidence to support the use of herbal medicine for insomnia, there is a clear need for further research in this area.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21969/abstract>

### **Comparison of DSM-IV and Proposed ICD-11 Formulations of PTSD Among Civilian Survivors of War and War Veterans.**

Morina, N., van Emmerik, A. A. P., Andrews, B. and Brewin, C. R.

Journal of Traumatic Stress

Volume 27, Issue 6, pages 647–654, December 2014

DOI: 10.1002/jts.21969

The World Health Organization recently proposed a reformulation of posttraumatic stress disorder (PTSD) for the 11th edition of the International Classification of Diseases (ICD-11), employing only 6 symptoms. The aim of this study was to investigate the impact of this reformulation of PTSD as compared to criteria according to Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994) on the prevalence of current PTSD as well as comorbid major depressive episode and anxiety disorders other than PTSD. Study 1 involved previously collected interviews with 560 Kosovar civilian war survivors; Study 2 employed a previously collected sample of 142 British war veterans. Results revealed no change in the diagnostic status under the criteria proposed for ICD-11 in 87.5% of civilian war survivors and 91.5% of war veterans. Participants who only met the newly proposed criteria showed lower rates of comorbid major depressive episode than participants who only met DSM-IV criteria (13.6% vs. 43.8% respectively). Rates of comorbid anxiety disorders did not significantly differ between participants who lost or gained a PTSD diagnosis under the proposed criteria.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21975/abstract>

### **Predictors of Treatment Interest and Treatment Initiation in a VA Outpatient Trauma Services Program Providing Evidence-Based Care.**

Lamp, K., Maieritch, K. P., Winer, E. S., Hessinger, J. D. and Klenk, M.

Journal of Traumatic Stress

Volume 27, Issue 6, pages 695–702, December 2014

DOI: 10.1002/jts.21975

The present study explored interest in treatment and treatment initiation patterns among veterans presenting at a VA posttraumatic stress disorder (PTSD) clinic. U.S. veterans who were referred for treatment of posttraumatic stress symptoms (N = 476) attended a 2-session psychoeducation and orientation class where they completed measures of demographic variables, PTSD and depression symptom severity, and interest in treatment. Consistent with previous literature and our hypotheses, Vietnam (OR = 1.78) and Persian Gulf veterans (OR = 2.05) were more likely than Iraq and Afghanistan veterans to initiate treatment. Veterans reporting more severe PTSD and depression symptoms were more likely to initiate treatment than not (OR for PTSD = 1.02, OR for depression = 1.02). Interest in treatment emerged as a strong predictor of treatment initiation. Specifically, interest in trauma-focused treatment showed a significant independent predictive effect on initiation such that veterans who expressed interest in trauma-focused treatment were significantly more likely to initiate treatment than those who did not express interest (OR = 2.13). Building interest in trauma-focused treatment may be a vital component for engaging veterans in evidence-based trauma-focused therapy.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21973/abstract>

### **Nocturnal Autonomic Balance and Sleep in PTSD and Resilience.**

Kobayashi, I., Lavela, J. and Mellman, T. A.

Journal of Traumatic Stress

Volume 27, Issue 6, pages 712–716, December 2014

DOI: 10.1002/jts.21973

Posttraumatic stress disorder (PTSD) has been associated with heightened nocturnal autonomic nervous system (ANS) arousal and sleep disturbances. It has been suggested that relationships between sleep and nocturnal ANS activity are influenced by insomnia; however,

investigation of this relationship has been limited in PTSD. This study examined nocturnal ANS activity and its relationship to sleep in PTSD and resilience. Physically healthy young adult African Americans with current PTSD (n = 20) or who had never had PTSD despite exposure to a high-impact traumatic event (resilient, n = 18) were monitored with ambulatory electrocardiograms and actigraphy for 24-hr periods. Frequency-domain heart-rate variability measures, that is, low-frequency to high-frequency ratios (LF/HF), which index sympathetic nervous system activity, and normalized HF (nHF), which indexes parasympathetic nervous system activity were examined. Normalized HF during the time-in-bed period was lower for those with PTSD than those with resilience (p = .041). Total sleep time was strongly correlated with time-in-bed LF/HF (r = -.72) and nHF (r = .75) in the resilient group, but these were not correlated in the PTSD group. The results suggest elevated nocturnal ANS arousal and dissociation between ANS activity and total sleep time in PTSD.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21974/abstract>

**Acquired Equivalence in U.S. Veterans With Symptoms of Posttraumatic Stress: Reexperiencing Symptoms Are Associated With Greater Generalization.**

Kostek, J. A., Beck, K. D., Gilbertson, M. W., Orr, S. P., Pang, K. C. H.

Journal of Traumatic Stress

Volume 27, Issue 6, pages 717–720, December 2014

DOI: 10.1002/jts.21974

The severity and number of reexperiencing symptoms (e.g., flashbacks) show considerable variability across individuals with posttraumatic stress disorder (PTSD). One interpretation of reexperiencing symptoms invokes generalization: Specifically, the traumatic memory may be stored in such a way that neutral stimuli that only vaguely resemble some feature of the traumatic event are sufficient to trigger the memory. If this is the case, then individuals with higher levels of reexperiencing symptoms might show greater generalization, even in contexts unrelated to trauma. In the current study, an acquired equivalence test was used to assess associative learning and generalization in 114 U.S. veterans who were also given a test of declarative memory. PTSD symptoms were rated by the veteran. After adjusting for demographic variables, psychoactive medication use, and initial learning, regression analyses showed that the number of PTSD reexperiencing symptoms significantly improved the model for generalization ( $\beta = -.23$ ,  $R^2 = .34$ ) but not associative learning or declarative memory. The results support the idea that generalization is linked to reexperiencing symptoms, is not limited to learning about traumatic events, and can emerge even in a relatively innocuous computer-based learning task.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21966/abstract>

## **A Pilot Examination of the Use of Narrative Therapy With Individuals Diagnosed With PTSD.**

Erbes, C. R., Stillman, J. R., Wieling, E., Bera, W. and Leskela, J.

Journal of Traumatic Stress

Volume 27, Issue 6, pages 730–733, December 2014

DOI: 10.1002/jts.21966

Narrative therapy is a postmodern, collaborative therapy approach based on the elaboration of personal narratives for lived experiences. Many aspects of narrative therapy suggest it may have great potential for helping people who are negatively affected by traumatic experiences, including those diagnosed with posttraumatic stress disorder (PTSD). The potential notwithstanding, narrative therapy is relatively untested in any population, and has yet to receive empirical support for treatment among survivors of trauma. A pilot investigation of the use of narrative therapy with 14 veterans with a diagnosis of PTSD (11 treatment completers) is described. Participants completed structured diagnostic interviews and self-report assessments of symptoms prior to and following 11 to 12 sessions of narrative therapy. After treatment, 3 of 11 treatment completers no longer met criteria for PTSD and 7 of 11 had clinically significant decreases in PTSD symptoms as measured by the Clinician Administered PTSD Scale. Pre- to posttreatment effect sizes on outcomes ranged from 0.57 to 0.88. These preliminary results, in conjunction with low rates of treatment dropout (21.4%) and a high level of reported satisfaction with the treatment, suggest that further study of narrative therapy is warranted as a potential alternative to existing treatments for PTSD.

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<http://psycnet.apa.org/psycinfo/2014-51948-001/>

## **Self-Forgiveness, Posttraumatic Stress, and Suicide Attempts Among Military Personnel and Veterans.**

Bryan, AnnaBelle O.; Theriault, Jacqueline L.; Bryan, Craig J.

Traumatology

Dec 1 , 2014

<http://dx.doi.org/10.1037/trm0000017>

Limited research has focused on protective factors associated with decreased suicide risk among military personnel and veterans. Self-forgiveness, defined as “the act of generosity and kindness toward the self following self-perceived inappropriate action,” may be associated with decreased risk for suicide ideation and attempts, but few studies have examined this

relationship. In a sample of 476 military personnel and veterans enrolled in college classes, self-forgiveness was associated with significantly less severe posttraumatic stress symptoms ( $\beta = -.131, p = .001$ ) and was lowest among those participants who had made a suicide attempt,  $F(2, 435) = 26.861, p < .001$ . Results of multinomial logistic regression indicated that self-forgiveness did not significantly differentiate participants with a history of suicide ideation from those who had never been suicidal (AOR = 1.03,  $p = .750$ ), but self-forgiveness significantly differentiated participants who had attempted suicide from those who had only considered suicide (AOR = 1.08,  $p = .048$ ). Self-forgiveness did not moderate the effects of posttraumatic stress on either suicide ideation or suicide attempts. Results suggest self-forgiveness may reduce risk for suicide attempts among military personnel and veterans with a history of suicide ideation. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302375>

### **Socioeconomic Disparities in Sleep Duration Among Veterans of the US Wars in Iraq and Afghanistan.**

Rachel Widome, PhD, MHS, Agnes Jensen, BS, and Steven S. Fu, MD, MSCE

American Journal of Public Health  
e-View Ahead of Print  
doi: 10.2105/AJPH.2014.302375

We characterized socioeconomic disparities in short sleep duration, which is linked to multiple adverse health outcomes, in a population-based sample of veterans of the US wars in Iraq and Afghanistan who had interacted with the Minneapolis VA Health Care System. Lower reported household assets, lower food security, greater reported discrimination, and lower subjective social status were significantly ( $P < .05$ ) related to less sleep, even after adjusting for demographics, health behaviors, and posttraumatic stress disorder diagnosis. Assisting veterans to navigate social and socioeconomic stressors could promote healthful sleep and overall health. (Am J Public Health. Published online ahead of print December 18, 2014: e1–e5. doi:10.2105/AJPH.2014.302375)

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<http://www.tandfonline.com/doi/abs/10.1080/13811118.2014.986697>

### **The Effect of Sleep Problems on Suicidal Risk Among Young Adults in the Presence of Depressive Symptoms and Cognitive Processes.**

Dafna Weis , Lee Rothenberg , Lital Moshe , David A. Brent , Sami Hamdan

We aimed to investigate the effect of sleep problems, depression, and cognitive processes on suicidal risk among 460 young adults. They completed self-report questionnaires assessing suicidal behavior, sleep quality, depressive symptoms, emotion regulation, rumination, and Impulsivity. Suicidal participants exhibited higher rates of depressive symptoms, sleep problems, expressive suppression, rumination, and impulsivity. A confirmatory factor analysis model revealed pathways to suicidal risk that showed no direct pathways between sleep problems and suicidal risk. Instead, sleep was related to suicidal risk via depression and rumination, which in turn increased suicidal risk. These results suggest that addressing sleep problems will be useful in either the treatment or prevention of depressive and rumination symptoms and reduction in suicidal risk.

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<http://www.ncbi.nlm.nih.gov/pubmed/25515105>

Sleep. 2014 Nov 3. pii: sp-00400-14. [Epub ahead of print]

### **Feedback Blunting: Total Sleep Deprivation Impairs Decision Making That Requires Updating Based on Feedback.**

Whitney P, Hinson JM, Jackson ML, Van Dongen HP.

#### Study Objectives:

To better understand the sometimes catastrophic effects of sleep loss on naturalistic decision making, we investigated effects of sleep deprivation on decision making in a reversal learning paradigm requiring acquisition and updating of information based on outcome feedback.

#### Design:

Subjects were randomized to a sleep deprivation or control condition, with performance testing at baseline, after 2 nights of total sleep deprivation (or rested control), and following 2 nights of recovery sleep. Subjects performed a decision task involving initial learning of go and no go response sets followed by unannounced reversal of contingencies, requiring use of outcome feedback for decisions. A working memory scanning task and psychomotor vigilance test were also administered.

#### Setting:

Six consecutive days and nights in a controlled laboratory environment with continuous behavioral monitoring.

Subjects:

Twenty-six subjects (22-40 y of age; 10 women).

Interventions:

Thirteen subjects were randomized to a 62-h total sleep deprivation condition; the others were controls.

Results:

Unlike controls, sleep deprived subjects had difficulty with initial learning of go and no go stimuli sets and had profound impairment adapting to reversal. Skin conductance responses to outcome feedback were diminished, indicating blunted affective reactions to feedback accompanying sleep deprivation. Working memory scanning performance was not significantly affected by sleep deprivation. And although sleep deprived subjects showed expected attentional lapses, these could not account for impairments in reversal learning decision making.

Conclusions:

Sleep deprivation is particularly problematic for decision making involving uncertainty and unexpected change. Blunted reactions to feedback while sleep deprived underlie failures to adapt to uncertainty and changing contingencies. Thus, an error may register, but with diminished effect because of reduced affective valence of the feedback or because the feedback is not cognitively bound with the choice. This has important implications for understanding and managing sleep loss-induced cognitive impairment in emergency response, disaster management, military operations, and other dynamic real-world settings with uncertain outcomes and imperfect information. © 2014 Associated Professional Sleep Societies, LLC.

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<http://link.springer.com/article/10.1007/s00213-014-3834-5>

**Caffeine improves reaction time, vigilance and logical reasoning during extended periods with restricted opportunities for sleep.**

Gary H. Kamimori, Tom M. McLellan, Charmaine M. Tate, David M. Voss, Phil Niro, Harris R. Lieberman

Psychopharmacology  
December 2014

Rationale

Various occupational groups are required to maintain optimal physical and cognitive function during overnight periods of wakefulness, often with less than optimal sleep. Strategies are required to help mitigate the impairments in cognitive function to help sustain workplace safety and productivity.



## Objectives

To test the effectiveness of repeated 200 mg doses of caffeine on cognitive function and live-fire marksmanship with soldiers during three successive nights of sustained wakefulness followed by 4-h afternoon sleep periods.

## Methods

Twenty Special Forces personnel ( $28.6 \pm 4.7$  years,  $177.6 \pm 7.5$  cm and  $81.2 \pm 8.0$  kg) were randomly assigned to receive four 200-mg doses of caffeine ( $n = 10$ ) or placebo ( $n = 10$ ) during the late evening and early morning hours during three successive days. An afternoon 4-h sleep period followed. The psychomotor (PVT) and field (FVT) vigilance, logical reasoning (LRT) tests and a vigilance monitor assessed cognitive function throughout the study. Live-fire marksmanship requiring friend–foe discrimination was assessed.

## Results

Caffeine maintained speed on the PVT ( $p < 0.02$ ), improved detection of events during FVT ( $p < 0.001$ ), increased number of correct responses to stimuli as assessed by the vigilance monitor ( $p < 0.001$ ) and increased response speed during the LRT ( $p < 0.001$ ) throughout the three overnight testing periods. Live-fire marksmanship was not altered by caffeine.

## Conclusions

A total daily dose of 800 mg caffeine during successive overnight periods of wakefulness is an effective strategy to maintain cognitive function when optimal sleep periods during the day are not available.

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<http://onlinelibrary.wiley.com/doi/10.1111/pme.12626/abstract>

## **A Qualitative Study of Veterans on Long-Term Opioid Analgesics: Barriers and Facilitators to Multimodality Pain Management.**

Simmonds, M. J., Finley, E. P., Vale, S., Pugh, M. J. and Turner, B. J.

Pain Medicine

Article first published online: 19 DEC 2014

DOI: 10.1111/pme.12626

## Objective

The aim of this study was to examine barriers and facilitators to multimodality chronic pain care among veterans on high-dose opioid analgesics for chronic non-cancer pain.

## Setting

A Veterans Health Administration clinic in San Antonio.

## Participants

Twenty-five veterans taking at least 50 mg morphine equivalent daily oral opioid doses for more than 6 months.

## Methods

Three semi-structured focus groups, each with seven to nine veterans. Interview guide addressed: chronic pain effects on quality of life, attitudes/experiences with multimodality pain care, social support, and interest in peer support. In an iterative process using grounded theory, three reviewers reviewed de-identified transcripts for themes. The theory of planned behavior (TPB) framework was used to classify barriers and facilitators to multimodal pain management.

## Main Results

The 25 participants had a mean age of 54 years (39–70); 32% were women and 24% non-white. The three TPB dimensions (attitudes, social norms, and perceived behavioral control) were reflected in emergent themes: 1) uncontrollable impact of pain in all aspects of life; 2) reliance on opioids and challenges in obtaining these drugs despite ambivalence about benefits; 3) poor access to and beliefs about non-pharmacologic therapies; 4) frustrations with Department of Veterans Affairs health care; and 5) poor social support and isolation reflected by limited interest in peer support.

## Conclusions

Veterans with chronic pain on long-term opioids hold pervasive attitudes that prevent them from using multimodality pain management options, lack social support and social norms for non-opioid-based pain treatment options, and have poor perceived control due to poor access to multimodality care.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995251>

## **Service Member Need and Supportive Services Use by Military/Veteran Spouses.**

Linda O. Nichols , Jennifer Martindale-Adams , Marshall Graney , Jeffrey Zuber

Military Behavioral Health

Accepted author version posted online: 13 Dec 2014

DOI:10.1080/21635781.2014.995251

Spouse predisposing, enabling, and need factors and service member need variables were examined to explain spouse number of supportive services used. Service use was analyzed with stagewise regression for 227 spouses. Spouses who used supportive services reported worse depression, anxiety, resilience, general health and more service member care difficulties. By themselves, spouse predisposing, enabling, and need variables did not significantly explain spouse service use. Service member need variables significantly explained 16.2% of spouse

variance and 36.7% of service member variance. Spouses who were caregivers were more distressed and they and their service members used more services. Targeted help with caregiving may be a needed addition to reintegration assistance.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995253>

### **Identifying High-Needs Families in the United States Air Force New Parent Support Program.**

Wendy J. Travis , Margaret H. Walker , Leasley K. Besetsny , Randy J. McCarthy , Sarah L. Coley , Mandy M. Rabenhorst , Joel S. Milner

Military Behavioral Health

Accepted author version posted online: 13 Dec 2014

DOI:10.1080/21635781.2014.995253

The United States Air Force (USAF) New Parent Support Program (NPSP) is a voluntary family maltreatment prevention program for expectant parents and parents of young children. NPSP mothers are classified as “low-needs” (LN) or “high-needs” (HN) based on their Family Needs Screener (FNS) responses and NPSP service providers’ clinical judgment. Using data from 112,478 mothers, we analyzed classifications based on FNS screener scores, classifications based on NPSP service providers’ clinical judgments, and whether these classifications predicted mothers’ subsequent maltreatment of a child. Overall, 75% of mothers were classified as LN based on their FNS responses. Clinical judgments resulted in overrides for the classifications of 6% of cases, and, when overrides occurred, mothers’ classifications were more likely changed from LN to HN than vice versa. Further, both FNS-based HN classifications and clinical overrides from LN to HN predicted subsequent child maltreatment. These data suggest the FNS and clinical overrides are useful for predicting child maltreatment within USAF families.

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<http://www.tandfonline.com/doi/abs/10.1080/13811118.2014.957452>

### **Stress-Related Growth among Suicide Survivors: The Role of Interpersonal and Cognitive Factors.**

Yossi Levi-Belz

Archives of Suicide Research

Accepted author version posted online: 15 Dec 2014

DOI:10.1080/13811118.2014.957452

**Objectives:**

Although stress-related growth had been documented in bereaved individuals, it is still not clear to what extent it can be experienced by suicide survivors or which psychological processes facilitate it. The current study examined the role of interpersonal factors-self disclosure and social supports as well as cognitive coping strategies in stress-related growth among suicide survivors.

**Method:**

The sample consisted of 135 suicide survivors (104 women and 31 men) aged 18-70. All participants completed the stress-related growth questionnaire as well as instruments measuring interpersonal activities, cognitive strategies and demographic characteristics concerning the bereavement.

**Results:**

The findings showed significant positive correlations between time elapsed since death, self-disclosure, social support, adaptive cognitive strategies and stress-related growth. Furthermore, hierarchical regression analysis revealed that together these variables accounted for over 38% of the variance in stress-related growth.

**Conclusions:**

Interpersonal activities such talking and interacting with others, as well as a cognitive focus on planning for the future emerged as important factors in personal transformation after suicide loss.

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<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12082/abstract>

**Consequences of Making Weight: A Review of Eating Disorder Symptoms and Diagnoses in the United States Military.**

Lindsay Bodell, Katherine Jean Forney, Pamela Keel, Peter Gutierrez and Thomas E. Joiner

Clinical Psychology: Science and Practice

Volume 21, Issue 4, pages 398–409, December 2014

DOI: 10.1111/cpsp.12082

Eating disorders are serious psychiatric illnesses associated with health problems. Such problems may compromise military performance, highlighting the need to establish the level of eating pathology that exists in military samples. This article qualitatively reviews prevalence estimates of eating disorder symptoms and diagnoses in military samples, providing nonmilitary estimates for context. Findings suggest that eating disorder symptoms are prevalent in cadets and active duty service members, especially when using self-report measures. The increased

salience of weight in the military and increased exposure to trauma may influence risk for eating disorders. Alternatively, individuals at risk for eating disorders may self-select into the military. Overall, this review suggests that eating disorder symptoms are common in military samples and that further research is warranted.

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<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1460/abstract>

**The validity of military screening for mental health problems: diagnostic accuracy of the PCL, K10 and AUDIT scales in an entire military population.**

Searle A. K., Van Hooff M., McFarlane A. C., Davies C. E., Fairweather-Schmidt A. K., Hodson S. E., Benassi H. and Steele N.

International Journal of Methods in Psychiatric Research

Article first published online: 16 DEC 2014

DOI: 10.1002/mpr.1460

Depression, alcohol use disorders and post-traumatic stress disorder (PTSD) are serious issues among military personnel due to their impact on operational capability and individual well-being. Several military forces screen for these disorders using scales including the Kessler Psychological Distress Scale (K10), Alcohol Use Disorders Identification Test (AUDIT), and Post-traumatic Stress Disorder Checklist (PCL). However, it is unknown whether established cutoffs apply to military populations. This study is the first to test the diagnostic accuracy of these three scales in a population-based military cohort.

A large sample of currently-serving Australian Defence Force (ADF) Navy, Army and Air Force personnel (n = 24,481) completed the K10, AUDIT and PCL-C (civilian version). Then, a stratified sub-sample (n = 1798) completed a structured diagnostic interview detecting 30-day disorder. Data were weighted to represent the ADF population (n = 50,049).

Receiver operating characteristic (ROC) analyses suggested all three scales had acceptable sensitivity and specificity, with areas under the curve from 0.75 to 0.93. AUDIT and K10 screening cutoffs closely paralleled established cutoffs, whereas the PCL-C screening cutoff resembled that recommended for US military personnel.

These self-report scales represent a cost-effective and clinically-useful means of screening personnel for disorder. Military populations may need lower cutoffs than civilians to screen for PTSD. Copyright © 2014 John Wiley & Sons, Ltd.

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## **Impact of combat events on first responders: experiences of the armed conflict in Uruzgan, Afghanistan.**

Rigo Hoencamp, Floris J. Idenburg, Eric Vermetten, Edward Tan, Marie-Christine Plat, Erik Hoencamp, Luke P.H. Leenen, Jaap F. Hamming

Injury

Available online 15 December 2014

doi:10.1016/j.injury.2014.12.012

### Introduction

Care for battle casualties demands special skills from medics, nurses and tactical commanders. To date, no inventory has been performed evaluating the first responders (medics, nurses and tactical commanders) around battle casualties.

### Method

This observational cohort study was conducted amongst the first responders (n = 195) who were deployed to Southern Afghanistan (2009-2010) in three Marine companies. The survey focused on four main topics: (1) participants general background, (2) exposure to combat (casualty) situations, (3) self-perceived quality of care (1 [low] to 10 [high]) in the pre-hospital phase, and (4) the effects of combat stressors on professional skills and social environment using the Post Deployment Reintegration Scale (PDRS) and the Impact of Event Scale-Revised (IES-R).

### Results

71% of the eligible Dutch tactical commanders, medics, and nurses participated in this survey. Most (14/16) medics and nurses scored their pre-deployment training as sufficient. The overall self-perceived quality of care score was above average (7.8). Most (80%) of the participants were exposed to battle casualties. There were no significant differences regarding rank, gender, age and military task using the impact of event scale and PDRS, except for a worse score on the work negative, family positive and personal positive subscales ( $p < 0.05$ ) in the PDRS for the first responders in comparison to the armed forces norm score.

### Conclusion

The quality of care in the pre-hospital phase was considered adequate, symptoms of post-traumatic stress in this group was low. Active involvement of co-combatants and the social support network are essential in adaption after exposure to combat events. Further research is necessary to identify predisposing preventable high stress factors, and to compose a "waterproof" aftercare program.

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<http://ijlass.org/data/frontImages/gallery/Vol. 2 No. 9/2. 8-17.pdf>

**Reintegration processes affecting military families involved in domestic moves: From the father's view.**

Lena Jackson-Lynch, John Garcia, Shann Hwa Hwang

International Journal of Liberal Arts and Social Science  
Vol. 2 No. 9, December, 2014

This study explored the effects of domestic moves on military families as a system through the lens of fathers who are service members. The Bowen family systems theory (BFST) and family systems theory were used as frameworks to discuss how domestic moves have potential to affect the effectiveness of their service as well as their family roles. This study aims to introduce how family life educators possess the necessary skills and knowledge to provide preventive education programs to raise the awareness of familial changes and potential stress associated with domestic moves on the entire family system.

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<http://psycnet.apa.org/journals/pro/45/6/443/>

**Gender-sensitive therapy with male servicemen: An integration of recent research and theory.**

Danforth, Lindsay; Wester, Stephen R.

Professional Psychology: Research and Practice  
Vol 45(6), Dec 2014, 443-451  
<http://dx.doi.org/10.1037/a0036759>

It goes without saying that serving in the military is one of the most physically and psychologically stressing jobs a man might choose. Servicemen work long hours, are often required to use deadly force, and are constantly put in life-threatening and high stress situations where they are required to operate at optimum performance. Given these rough working conditions, it is no wonder that they face a multitude of psychological issues. Consistent with men in the civilian population, male veterans tend to seek help less frequently than their female counterparts for psychological problems they are facing. With over 21 million veterans in the United States, and with many more expected to soon return, it is important that mental health professionals consider how to best work with this population. The purpose of the manuscript is to present gender-sensitive considerations to therapy when working with male members of the armed forces. By keeping masculinity in mind, mental health professionals may be able to get veterans to engage in treatment at higher rates, and might be able to prevent them from terminating prematurely. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.201407-299FR#.VKGqWiBAk>

### **Sleep-Disordered Breathing in Patients With Posttraumatic Stress Disorder.**

Philippe Jaoude , Leah N Vermont , Jahan Porhomayon , and Ali A El-Solh

Annals of the American Thoracic Society

First published online 23 Dec 2014

DOI: 10.1513/AnnalsATS.201407-299FR

Posttraumatic stress disorder (PTSD) and sleep disordered breathing (SDB) are shared by many patients. They both affect sleep and the quality of life of affected subjects. A critical review of the literature supports an association between the two disorders in both combat-related and non-combat related PTSD. The exact mechanism linking PTSD and SDB is not fully understood. A complex interplay between sleep fragmentation and neuroendocrine pathways is suggested. The overlap of symptoms between PTSD and SDB raises diagnostic challenges that may require a novel approach in the methods used to diagnose the coexisting disorders. Similar therapeutic challenges face patients and providers when treating concomitant PTSD and SDB. While continuous positive airway pressure therapy imparts a mitigating effect on PTSD symptomatology, lack of both acceptance and adherence are common. Future research should focus on ways to improve adherence to CPAP therapy and on the use of alternative therapeutic methods for treating SDB in patients with PTSD.

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<http://scholarworks.csustan.edu/handle/011235813/825>

### **Re-integration of military soldiers to a non-war environment and the coping skills they employ, as observed by their wives**

Author(s): Short, Pamela

Thesis, Master of Social Work

2014 December

University of California, Stanislaus

This study explored the changes, symptoms, and coping skills that a soldier with war-time involvements experienced. The study focused on the observations of the soldiers' spouses after the soldiers returned from war-time service. Seven soldiers' spouses completed a survey and participated in a focus group to discuss their observations of the effect of war on the soldier and their families and on coping skills soldiers used to deal with their symptoms. The study



uncovered that the soldiers were changed by their experiences and those changes made adjusting to returning from war difficult for not only the soldier but their families as well. Changes, symptoms, and coping skills identified in this study were consistent with the findings in prior studies. This suggest that future research is needed to identify and implement early interventions or treatments for the soldiers that includes their families.

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<http://www.degruyter.com/view/j/ijamh.ahead-of-print/ijamh-2015-5018/ijamh-2015-5018.xml>

### **Low testosterone in a young combat veteran with dual diagnosis and suicidal behavior: a case study.**

Drew D. Kiraly, Leo Sher

International Journal of Adolescent Medicine and Health

DOI: 10.1515/ijamh-2015-5018, December 2014

Suicide and suicidal behaviors amongst combat veterans is an important public health issue. Exposure to military combat predisposes patients to increased levels of major depression, post-traumatic stress disorder (PTSD), substance abuse, and chronic pain – all of which are important risk factors for suicide. Here, we present a case study of a young combat veteran who presented with an impulsive suicide attempt that had a high potential for lethality in the context of depression, PTSD, and substance use. On routine admission laboratory work, his serum level of testosterone was seen to be low. Given the important role that testosterone plays in the regulation of mood and behavior, we posit that it is a potentially important marker for suicide risk in an already at-risk population.

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<http://www.ncbi.nlm.nih.gov/pubmed/24934200>

JAMA Neurol. 2014 Aug;71(8):994-1002. doi: 10.1001/jamaneurol.2014.1114.

### **Prospectively assessed clinical outcomes in concussive blast vs nonblast traumatic brain injury among evacuated US military personnel.**

Mac Donald CL, Johnson AM, Wierzechowski L, Kassner E, Stewart T, Nelson EC, Werner NJ, Zonies D, Oh J, Fang R, Brody DL

#### **IMPORTANCE:**

Blast injury has been identified as the signature injury in the conflicts in Iraq and Afghanistan. However it remains to be determined whether fundamental differences may exist between blast-related traumatic brain injury (TBI) and TBI due to other mechanisms.

## OBJECTIVES:

To determine similarities and differences between clinical outcomes in US military personnel with blast-related vs. non-blast-related concussive TBI and to identify the specific domains of impairment that best correlate with overall disability.

## DESIGN, SETTING, AND PARTICIPANTS:

Prospective cohort study involving active duty US Military personnel evacuated from Iraq or Afghanistan to Landstuhl Regional Medical Center, in Landstuhl, Germany. Four groups of participants were enrolled from 2010 to 2013: (1) blast plus impact complex TBI (n=53), (2) non-blast related TBI with injury due to other mechanisms (n=29), (3) blast-exposed controls evacuated for other medical reasons (n=27) (4) non-blast-exposed controls evacuated for other medical reasons (n=69). All patients with TBI met Department of Defense criteria for concussive (mild) TBI. The study participants were evaluated 6-12 months after injury at Washington University in St Louis. In total, 255 subjects were enrolled in the study, and 183 participated in follow-up evaluations, 5 of whom were disqualified.

## MAIN OUTCOMES AND MEASURES:

In-person clinical examinations included evaluation for overall disability, a standardized neurological exam, headache questionnaires, neuropsychological test battery, combat exposure and alcohol use surveys, and structured interview evaluations for post-traumatic stress disorder (PTSD) and depression.

## RESULTS:

Global outcomes, headache severity, neuropsychological performance, and surprisingly even PTSD severity and depression were indistinguishable between the two TBI groups, independent of mechanism of injury. Both TBI groups had higher rates of moderate to severe overall disability than the respective control groups: 41/53 (77%) of blast plus impact TBI and 23/29 (79%) of nonblast TBI vs. 16/27 (59%) of blast-exposed controls and 28/69 (41%) of non-blast-exposed controls. In addition, blast-exposed controls had worse headaches and more severe PTSD than non-blast-exposed controls. Self-reported combat exposure intensity was higher in the blast plus impact TBI group than in nonblast TBI group and was higher in blast-exposed controls than in non-blast-exposed controls. However, combat exposure intensity did not correlate with PTSD severity in the TBI groups, but a modest positive correlation was observed in the controls. Overall outcomes were most strongly correlated with depression, headache severity, and number of abnormalities on neuropsychological testing. However a substantial fraction of the variance in overall outcome was not explained by any of the assessed measures.

## CONCLUSIONS AND RELEVANCE:

One potential interpretation of these results is that TBI itself, independent of injury mechanism and combat exposure intensity, is a primary driver of adverse outcomes. Many other important factors may be as yet unmeasured, and adverse outcomes following war-time injuries are difficult to fully explain.

TRIAL REGISTRATION:  
clinicaltrials.gov Identifier: NCT01313130.

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<http://www.sciencedirect.com/science/article/pii/S0376871614020110>

**Risk factors for relapse to problem drinking among current and former US military personnel: a prospective study of the Millennium Cohort.**

Emily C. Williams, Melissa A. Frasco, Isabel G. Jacobson, Charles Maynard, Alyson J. Littman, Amber D. Seelig, Nancy F. Crum-Cianflone, Anna Nagel, Edward J. Boyko

Drug and Alcohol Dependence  
Available online 3 January 2015  
doi:10.1016/j.drugalcdep.2014.12.031

**Background**

Military service members may be prone to relapse to problem drinking after remission, given a culture of alcohol use as a coping mechanism for stressful or traumatic events associated with military duties or exposures. However, the prevalence and correlates of relapse are unknown. We sought to identify socio-demographic, military, behavioral, and health characteristics associated with relapse among current and former military members with remittent problem drinking.

**Methods**

Participants in the longitudinal Millennium Cohort Study who reported problem drinking at baseline (2001-2003) and were remittent at first follow-up (2004-2006) were included (n = 6,909). Logistic regression models identified demographic, military service, behavioral, and health characteristics that predicted relapse (report of  $\geq 1$  past-year alcohol-related problem on the validated Patient Health Questionnaire) at the second follow-up (2007-2008).

**Results**

Sixteen percent of those with remittent problem drinking relapsed. Reserve/National Guard members compared with active-duty members (odds ratio [OR] = 1.71, 95% confidence interval [CI]: 1.45–2.01), members separated from the military during follow-up (OR = 1.46, 95% CI: 1.16–1.83), and deployers who reported combat exposure (OR = 1.32, 95% CI: 1.07–1.62, relative to non-deployers) were significantly more likely to relapse. Those with multiple deployments were significantly less likely to relapse (OR = 0.73, 95% CI: 0.58–0.92). Behavioral factors and mental health conditions also predicted relapse.

**Conclusion**

Relapse was common and associated with military and non-military factors. Targeted

intervention to prevent relapse may be indicated for military personnel in particular subgroups, such as Reservists, veterans, and those who deploy with combat exposure.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995245>

### **Factors Associated With Burnout Among Active Duty versus National Guard/Reserve U.S. Air Force Pararescuemen.**

Hilary A. Smith , James A. Stephenson , Chad E. Morrow , Jeremy S. Haskell , Mark Staal , AnnaBelle O. Bryan , Craig J. Bryan

Military Behavioral Health

Accepted author version posted online: 13 Dec 2014

Mental health problems among U.S. military personnel remain an important public health problem. However, little research exists concerning burnout, which is comprised of three interrelated experiences: emotional exhaustion, depersonalization, and (lack of) personal accomplishment (Maslach, 1997). Burnout may be especially relevant to U.S. Air Force (USAF) pararescuemen (PJs) due to their high deployment and operations tempo relative to conventional military forces. We administered the Maslach Burnout Inventory (MBI; Maslach, & Jackson, 1981) to 194 male PJs from six military bases. Results of regression analyses indicated depersonalization was significantly higher among NG/R personnel ( $\beta = .203$ ,  $p = .029$ ). Emotional exhaustion was associated with depression ( $\beta = .286$ ,  $p = .004$ ) and PTSD symptoms ( $\beta = .194$ ,  $p = .053$ ), whereas depersonalization was associated with PTSD symptoms only ( $\beta = .353$ ,  $p < .001$ ). Greater personal accomplishment showed a nonsignificant inverse relationship with depression ( $\beta = -.205$ ,  $p = .064$ ). Results suggest that different dimensions of burnout are associated with different types of psychological distress among PJs, and may be related to mental health problems in this population. Burnout warrants further attention among researchers.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995251>

### **Service Member Need and Supportive Services Use by Military/Veteran Spouses.**

Linda O. Nichols , Jennifer Martindale-Adams , Marshall Graney , Jeffrey Zuber

Military Behavioral Health

Accepted author version posted online: 13 Dec 2014

Spouse predisposing, enabling, and need factors and service member need variables were

examined to explain spouse number of supportive services used. Service use was analyzed with stagewise regression for 227 spouses. Spouses who used supportive services reported worse depression, anxiety, resilience, general health and more service member care difficulties. By themselves, spouse predisposing, enabling, and need variables did not significantly explain spouse service use. Service member need variables significantly explained 16.2% of spouse variance and 36.7% of service member variance. Spouses who were caregivers were more distressed and they and their service members used more services. Targeted help with caregiving may be a needed addition to reintegration assistance.

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<http://www.sleep.theclinics.com/article/S1556-407X%2814%2900127-1/abstract>

### **Posttraumatic Stress Disorder and Sleep.**

Wilfred R. Pigeon, PhD, CBSM, Autumn M. Gallegos, PhD

Sleep Medicine Clinics

Published Online: December 15, 2014

DOI: <http://dx.doi.org/10.1016/j.jsmc.2014.11.010>

Publication stage: In Press Corrected Proof

The purpose of this article is to provide a brief overview of sleep in the context of posttraumatic stress disorder (PTSD) and focus on the treatment of the most common sleep disorders encountered by patients with PTSD: insomnia and nightmares. The effects of the standard treatments for PTSD are discussed along with a review of available treatments for insomnia and nightmares. Particular emphasis is placed on nonpharmacologic treatments for these sleep disorders and how they may be adapted for delivery to patients with PTSD.

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### **Links of Interest**

Music videos: new tool for detecting brain injuries

<http://www.washingtonpost.com/news/to-your-health/wp/2014/12/17/music-videos-new-tool-for-detecting-brain-injuries/>

Defense bill mandates yearly mental health checkups for troops, changes to discharge review process

<http://www.marinecorpstimes.com/story/military/capitol-hill/2014/12/11/defense-bill-tricare-troops-health/20147081/>

Painkiller Abuse, a Cyclical Challenge

<http://www.nytimes.com/2014/12/23/upshot/painkiller-abuse-a-cyclical-challenge.html>

Mobile app to diagnose head injuries scores FDA clearance

<http://www.health.mil/News/Articles/2014/12/22/Mobile-app-to-diagnose-head-injuries-scores-FDA-clearance>

Biomarkers May Aid PTSD Diagnosis, Treatment

<http://www.psychiatryonline.org/doi/full/10.1176/appi.pn.2014.12b2>

'She's OCD!' 'He's Schizo!' How Misused Health Lingo Can Harm

<http://www.nbcnews.com/storyline/2014-year-in-review/shes-ocd-hes-schizo-how-misused-health-lingo-can-harm-n275381>

Safety concerns over lack of support for prison officers' mental health

<http://www.sciencedaily.com/releases/2015/01/150106203051.htm>

Positive personality traits may protect police at high risk for PTSD

<http://www.sciencedaily.com/releases/2015/01/150106104136.htm>

Me, Me, Me and My Therapist

<http://opinionator.blogs.nytimes.com/2015/01/03/me-me-me-and-my-therapist/>

Exploring the significance of 'sacred moments' in therapy

<http://www.sciencedaily.com/releases/2015/01/150105170243.htm>

Alcohol taxes protective against binge drinking, study shows

<http://www.sciencedaily.com/releases/2015/01/150105141705.htm>

PTSD doubles diabetes risk in women

<http://www.sciencedaily.com/releases/2015/01/150107122906.htm>

Iraq Veteran, Now a West Point Professor, Seeks to Rein In Disability Pay

<http://www.nytimes.com/2015/01/08/us/iraq-veteran-now-a-west-point-professor-seeks-to-rein-in-disability-pay.html>

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**Resource of the Week:** [Pentagon Library Military Documents Research Guide](#)

- Comprises over 250,000 physical and digital War Department, Army and OSD Documents
- Administrative, technical and training materials (regulations, manuals, orders, etc.)
- Rare and unique collection due to the documents' limited distribution and intention for internal use
- Digital & physical collection dated 1826-Present

- Popular Research Applications: Military History Research, Veteran Affairs, Litigation Disputes, Policy Writing and Research

The screenshot shows the Pentagon Library Intranet website. At the top, there is a blue header with the Pentagon Library logo on the left and the text "Pentagon Library Intranet" in the center. Below the logo, it says "PENTAGON LIBRARY Washington, D.C." and provides contact information: "@The Pentagon 703.695.1992 | 703.695.1997 | PLC2" and "@The Mark Center 571.372.3613 | Room B1-D13". There is also a link for "Ask A Librarian". On the right side of the header, there is a circular logo with "WHS" inside. Below the header, there is a navigation bar with links: "I Need a Library Card", "Renew My Stuff", "ILL Request", and "Purchase Request".

The main content area has a breadcrumb trail: "Pentagon Library » Information Guides » Military Documents' Research Guide". There is an "Admin Sign In" link on the right. The page title is "Military Documents' Research Guide" with a tag: "Tags: [military documents](#)". Below the title, it says "Guide to locating current and superseded documents published by the DoD".

There are several tabs for navigation: "Home", "Department of the Army", "Office of the Secretary of Defense", "Air Force, Navy, Marine Corps, JCS", and "War Department". Below these tabs, there is a search bar with the text "Search:" and a dropdown menu for "This Guide" with a "Search" button.

The main content area is divided into two columns. The left column is titled "Military Documents" and contains the following text:
 

The Pentagon Library is proud to be the caretakers of over 250,000 military documents. Spanning nearly 200 years of military history, the collection is comprised of current and historical regulatory, administrative, and training publications issued by the Department of the Army, the Department of Defense, and other selected government agencies. The collection is one of the most comprehensive collections of historical DOD, War Department, and Department of the Army documents anywhere, and through digitization and IT efforts, we're happy to have a medium to bring our public distribution documents to a wider audience.

This research guide serves as a basic introduction to locating current and archival DoD publications, and how the Pentagon Library can help facilitate researching these collections.

Historic military documents can be applied to multiple research needs, but are most frequently applied to:

- Military History Research
- Veteran Affairs
- Litigation Disputes
- Policy Writing and Research

The right column is titled "Library Links" and contains a list of links:
 

- [About Us](#)  
A guide to our services, collections, and policies.
- [Ask a Question](#)  
Search for an answer or submit a question.
- [Library Intranet](#) ⓘ  
Find resources by subject, find journals, articles, and newspapers, learn a language, or browse our list of resources.
- [Pentagon Library Catalog - NEW URL \(LIVE 23 June 2014\)](#)
- [Tell us what you think?](#)  
Webform for comments.

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Shirl Kennedy  
 Research Editor  
 Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
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