



CDP Research Update -- January 22, 2015

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<http://www.sciencedirect.com/science/article/pii/S1359178915000105>

The Link between Posttraumatic Stress Disorder and Firearm Violence: A Review.

John Z. Montgomerie, Amy E. Lawrence, Adam D. LaMotte, Casey T. Taft

Aggression and Violent Behavior
Available online 14 January 2015
doi:10.1016/j.avb.2015.01.009

The relationship between firearm violence and mental illness has been a longstanding issue, and one that has received recent national attention due to highly publicized shootings. However, no prior reviews have focused on the relationship between firearm violence and posttraumatic stress disorder (PTSD) specifically. The current review examines evidence of PTSD as both a consequence of and risk factor for firearm violence. The studies reviewed suggest elevated rates of PTSD among those exposed to firearm violence, with particularly high levels of PTSD found among witnesses of mass shootings and firearm injury survivors. Additionally, these studies indicate that certain factors, such as closer proximity to the incident and closer relationship to the victims, increase one's risk for developing PTSD. Although there is a dearth of research on PTSD as a risk factor for perpetration of firearm violence, the available evidence suggests a significant connection between the two. Gaps in the current literature are discussed, as well as directions for future study. Firearm violence remains a significant public health concern, and identifying its impacts and potential risk factors such as PTSD will be crucial for interventions aimed at addressing this problem.

<http://annals.org/article.aspx?articleid=2089370>

The Effectiveness and Risks of Long-Term Opioid Therapy for Chronic Pain: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop.

Roger Chou, MD; Judith A. Turner, PhD; Emily B. Devine, PharmD, PhD, MBA; Ryan N. Hansen, PharmD, PhD; Sean D. Sullivan, PhD; Ian Blazina, MPH; Tracy Dana, MLS; Christina Bougatsos, MPH; and Richard A. Deyo, MD, MPH

Annals of Internal Medicine
Published online 13 January 2015
doi:10.7326/M14-2559

Background:

Increases in prescriptions of opioid medications for chronic pain have been accompanied by increases in opioid overdoses, abuse, and other harms and uncertainty about long-term effectiveness.

Purpose:

To evaluate evidence on the effectiveness and harms of long-term (>3 months) opioid therapy for chronic pain in adults.

Data Sources:

MEDLINE, the Cochrane Central Register of Controlled Trials, the Cochrane Database of Systematic Reviews, PsycINFO, and CINAHL (January 2008 through August 2014); relevant studies from a prior review; reference lists; and ClinicalTrials.gov.

Study Selection:

Randomized trials and observational studies that involved adults with chronic pain who were prescribed long-term opioid therapy and that evaluated opioid therapy versus placebo, no opioid, or nonopioid therapy; different opioid dosing strategies; or risk mitigation strategies.

Data Extraction:

Dual extraction and quality assessment.

Data Synthesis:

No study of opioid therapy versus no opioid therapy evaluated long-term (>1 year) outcomes related to pain, function, quality of life, opioid abuse, or addiction. Good- and fair-quality observational studies suggest that opioid therapy for chronic pain is associated with increased risk for overdose, opioid abuse, fractures, myocardial infarction, and markers of sexual dysfunction, although there are few studies for each of these outcomes; for some harms, higher doses are associated with increased risk. Evidence on the effectiveness and harms of different opioid dosing and risk mitigation strategies is limited.

Limitations:

Non-English-language articles were excluded, meta-analysis could not be done, and publication bias could not be assessed. No placebo-controlled trials met inclusion criteria, evidence was lacking for many comparisons and outcomes, and observational studies were limited in their ability to address potential confounding.

Conclusion:

Evidence is insufficient to determine the effectiveness of long-term opioid therapy for improving chronic pain and function. Evidence supports a dose-dependent risk for serious harms.

Primary Funding Source:

Agency for Healthcare Research and Quality.

See also: [National Institutes of Health Pathways to Prevention Workshop: The Role of Opioids in the Treatment of Chronic Pain](#)

<http://publications.amsus.org/doi/full/10.7205/MILMED-D-14-00264>

Increasing Resilience Through Promotion of Healthy Sleep Among Service Members.

Eric R. Pedersen , PhD; Wendy M. Troxel , PhD; Regina A. Shih, PhD; Evette Pinder , PhD, MPH; LCDR Dana Lee , USPHS; CPT Lily Geyer , USAR

Military Medicine

Volume 180 Issue 1, January 2015, pp. 4-6

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00264>

Since 2001, over 2.5 million U.S. service members have been deployed to combat areas in Iraq and Afghanistan. Given the recent military drawdown, there is increasing concern regarding the enduring effects of deployment on service members' psychological and physical health, as well as on operational readiness in the postdeployment period. Sleep problems, in particular, are the most commonly reported health symptoms in the postdeployment period and are associated with numerous indicators of health and readiness. For instance, approximately three-quarters of service members report less than 7 hours of sleep per night and nearly 9 in 10 service members and veterans are classified as poor sleepers during the time period since deployment. Research with postdeployed service members further suggests that sleep problems are not only a key symptom of many mental and physical health conditions but can also predict the onset of chronic health conditions, including diabetes, depression, post-traumatic stress disorder (PTSD), and suicidal thoughts and behaviors.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00158>

Daily Insufficient Sleep and Active Duty Status.

Daniel P. Chapman; Yong Liu; Lela R. McKnight-Eily; Janet B. Croft; James B. Holt; Thomas J. Balkin; Wayne H. Giles

Military Medicine

Volume 180 Issue 1, January 2015, pp. 68-76

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00158>

Objective:

We assessed the relationship between active duty status and daily insufficient sleep in a telephone survey.

Methods:

U.S. military service status (recent defined as past 12 months and past defined as >12 months ago) and daily insufficient sleep in the past 30 days were assessed among 566,861 adults aged 18 to 64 years and 271,202 adults aged ≥ 65 years in the 2009 to 2010 Behavioral Risk Factor Surveillance System surveys.

Results:

Among ages 18 to 64 years, 1.1% reported recent active duty and 7.1% had past service; among ages ≥ 65 years, 0.6% reported recent and 24.6% had past service. Among ages 18 to 64 years, prevalence of daily insufficient sleep was 13.7% among those reporting recent duty, 12.6% for those with past service, and 11.2% for those with no service. Insufficient sleep did not vary significantly with active duty status among ages ≥ 65 years. After adjustment for sociodemographic characteristics, health behaviors, and frequent mental distress in multivariate logistic regression models, respondents aged 18 to 64 years with recent active duty were 34% more likely and those with past service were 23% more likely to report daily insufficient sleep than those with no service ($p < 0.05$, both).

Conclusions:

Adults with either recent or past active duty have a greater risk for daily insufficient sleep.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00213>

Factors Associated With Psychiatric Evacuation Among Service Members Deployed to Operation Enduring Freedom and Operation Iraqi Freedom, January 2004 to September 2010.

Margaret C. Wilmoth; Andrea Linton; Richard Gromadzki; Mary J. Larson; Thomas V. Williams; Jonathan Woodson

Military Medicine

Volume 180 Issue 1, January 2015, pp. 53-60

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00213>

Objectives:

To calculate the annual rate of psychiatric evacuation of U.S. Service members out of Iraq and Afghanistan and identify risk factors for evacuation.

Methods:

Descriptive and regression analyses were performed using deployment records for Service members evacuated from January 2004 through September 2010 with a psychiatric diagnosis, and a 20% random sample of all other deployers (N = 364,047).

Results:

A total of 5,887 deployers psychiatrically evacuated, 3,951 (67%) of which evacuated on first deployment. The rate increased from 72.9 per 100,000 in 2004 to 196.9 per 100,000 in 2010. Evacuees were overrepresented in both combat and supporting duty assignments. In multivariate analysis, Army active duty had the highest odds of evacuation relative to Army National Guard (adjusted odds ratio [AOR] 0.852, 95% confidence interval [CI] 0.790–0.919), Army Reserve (AOR 0.825, 95% CI 0.740–0.919), and all other components. Accessions in 2005 had the highest risk (AOR 1.923, 95% CI 1.621–2.006) relative to pre-2001 accessions.

Conclusions:

Risk for psychiatric evacuation is highest among the Army Active Component. A strong link between multiple deployments or combat-related exposure and psychiatric evacuation is not apparent. Increased risk among post-2001 accessions suggests further review of changes in recruitment, training, and deployment policies and practices.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00187>

Examining the Influence of Mild Traumatic Brain Injury and Posttraumatic Stress Disorder on Alcohol Use Disorder in OEF/OIF Veterans.

Shannon R. Miles; David P. Graham; Ellen J. Teng

Military Medicine

Volume 180 Issue 1, January 2015, pp. 45-52

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00187>

Objectives:

Examine (1) impact of mild traumatic brain injury (mTBI) on posttraumatic stress disorder (PTSD) symptoms, (2) frequency of alcohol use disorder in male and female combat Veterans, and (3) influence of PTSD and mTBI on alcohol use disorder.

Method:

A retrospective medical-record review extracted the following data for Operation Enduring Freedom/Operation Iraqi Freedom Veterans (N = 1,278) who completed a semi-structured mental health evaluation: alcohol use disorder diagnoses, PTSD symptom criteria, and Brief Traumatic Brain Injury Screen. Logistic regressions tested if PTSD and mTBI predicted which Veterans had an alcohol use disorder diagnosis.

Results:

Veterans with mTBI had more re-experiencing, avoidance, and hyperarousal symptoms than Veterans without mTBI. Men and women differed regarding alcohol use. For men, PTSD

predicted alcohol use diagnosis while mTBI did not. For women, neither mTBI nor PTSD predicted alcohol use diagnosis.

Conclusion:

Findings from this study can inform treatment providers by alerting them to the possibility of subthreshold PTSD in Veterans with mTBI. Providers may begin PTSD treatments or consider targeting hyperarousal symptoms early in treatment to reduce distress. PTSD is also uniquely associated with alcohol use disorder in male Veterans, while more research on predictors of alcohol use disorder is needed for female Veterans.

<http://www.tandfonline.com/doi/abs/10.1080/10437797.2015.979094>

Social Workers in Combat: Application of Advanced Practice Competencies in Military Social Work and Implications for Social Work Education.

Michael W. Brand & Eugenia L. Weiss

Journal of Social Work Education
Volume 51, Issue 1, 2015, pages 153-168
DOI: 10.1080/10437797.2015.979094

This article illustrates the types of situations that U.S. uniformed social workers have experienced in combat deployments to Iraq and Afghanistan with the purpose of preparing current and future social workers to effectively serve military and veteran clients in either military or civilian settings. Vignettes demonstrate the application of the military social work competencies as delineated by the Council on Social Work Education based on the 2008 Educational Policy and Accreditation Standards. Implications for social work education are discussed along with the use of case studies through a problem-based learning approach.

https://etd.ohiolink.edu/ap/10?0::NO:10:P10_ACCESSION_NUM:akron1414154478

Clinician Trainees Physiological Reactivity, Perceived Stress, and Self-Efficacy In Response to Client Suicidality

Glover, Liesl Lin

Dissertation. University of Akron, 2014

With the high prevalence of suicidality and suicidal ideation, mental health clinicians are likely throughout their careers to interact with clients experiencing these concerns (Kleespies &

Dettmer, 2000a; Kleespies, Penk Forsythe, 1993; SAMHSA, 2010; Schmitz et al., 2012). Many studies have examined the stressors placed on clinicians in their work with clients. Several sources (e.g. Farber & Heifetz, 1981; Hellman, Morrison, & Abramowitz, 1986; Kleespies, Penk, & Forsythe, 1993) have identified suicidal ideation or suicidality as one of the most stressful occupational situations clinicians report experiencing. In spite of this, few studies have examined this clinician experience in formats other than self-report. The purpose of this study was to explore the physiological response clinician trainees have to clients expressing suicidality. This study also examined the relationship between self-reported stress and physiological arousal variables. A total of 52 graduate students enrolled in mental health training programs participated in the study. Participants were randomly assigned to either the control or experimental condition. The experimental group viewed a video of a fictional client discussing his concerns including suicidal ideation, while the control group viewed the same fictional client discussing similar concerns without direct suicidal statement. All participants completed the State-Trait Anxiety Inventory (STAI; Spielberger et al., 1983) and Counselor Self-Estimate Inventory (COSE; Larson et al., 1992), in addition to having their blood pressure, galvanic skin response, and heart rate monitored while viewing the video stimulus. The present data failed to show that client suicidality produced a significantly more stressful experience, perceived or physiological, than did other client concerns. Overall the data was inconsistent with previous research that indicated mental health clinicians experience client suicidality as a highly stressful event (e.g. Farber & Heifetz, 1981; Hellman, Morrison, & Abramowitz, 1986; Kleespies, Penk, & Forsythe, 1993).

<http://www.tandfonline.com/doi/abs/10.1080/08854726.2014.967525>

Delivering Chaplaincy Services to Veterans at Increased Risk of Suicide.

Marek S. Kopacz , Michael J. Pollitt

Journal of Health Care Chaplaincy
Vol. 21, Iss. 1, 2015

The present study quantitatively examines the delivery of chaplaincy services to Veterans at increased risk of suicide as well as how chaplains collaborate with other healthcare providers. An on-line survey was distributed to the nationwide network of U.S. Department of Veterans Affairs chaplains, yielding a response rate of 11.91% (N = 118). Most chaplains reported some form of training in suicide prevention, approximately half were involved in safety planning, and the majority reported not engaging in firearm safety counseling. Chaplaincy services were usually delivered through in-person, group, and phone consultations. Respondents were generally satisfied with their collaboration with other healthcare providers, most often collaborating with psychologists, social workers, and counselors. As a descriptive study, the findings serve to inform the delivery of chaplaincy services to at-risk Veterans.

Recommendations include expanding service delivery options, developing competency in safety planning and counseling, as well as increasing institutional awareness of chaplaincy services.

<http://www.sciencedirect.com/science/article/pii/S1359178914001384>

Seriousness and lethality of attempted suicide: A systematic review.

Marco Liotta, Carmela Mento, Salvatore Settineri

Aggression and Violent Behavior
Available online 9 January 2015
doi:10.1016/j.avb.2014.12.013

The concepts of seriousness and lethality of suicide attempts are essential to the assessment of suicide risk and, therefore, to prevent suicidal behavior. A review of the literature was conducted in order to identify the most important factors that increase the seriousness and potential lethality of attempted suicide. The factors identified were incorporated into four main categories: progression along the suicide continuum; age and gender; mental disorders and method of suicide. Although each category contains independent risk factors for the severity of the suicide attempt, their combination both within and, above all, between them, has emerged as the most important predictor of suicidal behavior.

<http://onlinelibrary.wiley.com/doi/10.1111/fare.12108/full>

Adverse Childhood Experiences, Family Functioning, and Resilience in Military Families: A Pattern-Based Approach.

Oshri, A., Lucier-Greer, M., O'Neal, C. W., Arnold, A. L., Mancini, J. A. and Ford, J. L.

Family Relations, 64: 44–63.
doi: 10.1111/fare.12108

Linkages between adverse childhood experiences and long-term consequences in servicemen and servicewomen were examined in relation to family-level resiliency processes predicted to mitigate this link. Using a pattern-based, multi-informant approach, resilience was explored through a systemic lens in relation to family-level processes. Latent family profiles were identified using diverse dimensions of family functioning guided by the circumplex model. Data were collected from parents and their adolescents, age 11 to 18, living in the continental United States (N = 273 military families). Variations in adverse childhood experiences among servicemembers and their partners were related to heterogeneous family functioning typologies

(profiles). One adaptive family functioning typology illustrated that a select group of families with higher levels of early adverse experiences evinced adaptive functioning outcomes in multiple domains in adulthood. Implications for examining individual resilience via a family-level process and applications to educational and clinical contexts are discussed in relation to military and nonmilitary families.

<http://lib.ajaums.ac.ir/booklist/Nurse%20Practitione478.pdf>

Medical Marijuana: A Primer on Ethics, Evidence, and Politics.

Nayna Philipsen, JD, RN, Robin D. Butler, MBA, RA, Christie Simon-Waterman, MSN, FNP-C, and Jylla Artis, MSN, FNP-C

The Journal for Nurse Practitioners - JN
Volume 10, Issue 9, October 2014
<http://dx.doi.org/10.1016/j.nurpra.2014.05.015>

Controversy in the United States about the decriminalization of cannabis to allow health care providers to recommend it for therapeutic use (medical marijuana) has been based on varying policies and beliefs about cannabis rather than on scientific evidence. Issues include the duty to provide care, conflicting reports of the therapeutic advantages and risks of cannabis, inconsistent laws, and even the struggle to remove barriers to the scope of practice for advanced practice registered nurses. This article reviews the ethics, evidence, and politics of this complex debate.

<http://cjp.sagepub.com/content/early/2015/01/06/0887403414565173.abstract>

Changing Uniforms: A Study of the Perspectives of Law Enforcement Officers With and Without Different Military Background on the Effects of Combat Deployment on Policing.

Stanley Shernock

Criminal Justice Policy Review
Published online before print January 6, 2015
doi: 10.1177/0887403414565173

Most academic attention regarding military influence on policing has focused on critiques of the military model of policing and police militarization and has neglected to examine the relationship between the two institutions and the transferability of attributes and skills from the military to police. Military service itself, when examined, has been treated as an undifferentiated concept

that has not distinguished the effects of organizational structure, leadership, and myriad roles and experiences on policing. This study, using data from a survey of law enforcement officers throughout a New England state, compares and analyzes how law enforcement officers and supervisors with and without military background and with and without deployment experience differ in their perspectives regarding both the positive as well as negative aspects of combat deployment on policing. As such, it has significant implications for both the reintegration and recruitment of combat-deployed veterans into police organizations.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=29826>

Comparative Meta-Analysis of Prazosin and Imagery Rehearsal Therapy for Nightmare Frequency, Sleep Quality, and Posttraumatic Stress.

Seda G, Sanchez-Ortuno MM, Welsh CH, Halbower AC, Edinger JD.

J Clin Sleep Med 2015;11(1):11–22.
<http://dx.doi.org/10.5664/jcsm.4354>

Study Objective

In this meta-analysis, we compare the short-term efficacy of prazosin vs. IRT on nightmares, sleep quality, and posttraumatic stress symptoms (PTSS).

Methods

Reference databases were searched for randomized controlled trials using IRT or prazosin for nightmares, sleep disturbance, and/or PTSS. Effect sizes were calculated by subtracting the mean posttest score in the control group from the mean posttest score in the treatment group, and dividing the result by the pooled standard deviation of both groups. Mixed effects models were performed to evaluate effects of treatment characteristics, as well as sample characteristics (veteran vs. civilian) on treatment efficacy.

Results

Four studies used prazosin, 10 used IRT alone or in combination with another psychological treatment, and 1 included a group receiving prazosin and another group receiving IRT. Overall effect sizes of both treatments were of moderate magnitude for nightmare frequency, sleep quality, and PTSS ($p < 0.01$). Effect size was not significantly different with type of treatment (psychological vs. pharmacological) on nightmare frequency ($p = 0.79$), sleep quality ($p = 0.65$), or PTSS, ($p = 0.52$). IRT combined with CBT for insomnia showed more improvement in sleep quality compared to prazosin ($p = 0.03$), IRT alone ($p = 0.03$), or IRT combined with another psychological intervention, ($p < 0.01$).

Conclusion

Although IRT interventions and prazosin yield comparable acute effects for the treatment of

nightmares, adding CBT for insomnia to IRT seems to enhance treatment outcomes pertaining to sleep quality and PTSS. More randomized clinical trials with long-term follow-up are warranted.

http://usacac.army.mil/CAC2/MilitaryReview/Archives/English/MilitaryReview_20150228_art009.pdf

Preparing Soldiers for Uncertainty.

Lt. Col. Jonathan Due, U.S. Army, Maj. Nathan Finney, U.S. Army, and Maj. Joe Byerly, U.S. Army

Military Review
January-February 2015

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Army leaders know they must prepare forces to face uncertainty across the range of military operations. This article discusses how to accomplish this preparation so that Army forces will be able to prevail in armed conflict. Preparation for combat must include rigorous education and self-development, combined with training soldiers to achieve unmatched lethality at the unit level.

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<http://www.sciencedirect.com/science/article/pii/S0166432814008523>

Neural activity related to cognitive and emotional empathy in post-traumatic stress disorder.

Monica Mazza, Daniela Tempesta, Maria Chiara Pino, Anna Nigri, Alessia Catalucci, Veronica Guadagni, Massimo Gallucci, Giuseppe Iaria, Michele Ferrara

Behavioural Brain Research
Volume 282, 1 April 2015, Pages 37–45
doi:10.1016/j.bbr.2014.12.049

The aim of this study is to evaluate the empathic ability and its functional brain correlates in post-traumatic stress disorder subjects (PTSD). Seven PTSD subjects and ten healthy controls, all present in the L'Aquila area during the earthquake of the April 2009, underwent fMRI during which they performed a modified version of the Multifaceted Empathy Test. PTSD patients showed impairments in implicit and explicit emotional empathy, but not in cognitive empathy.

Brain responses during cognitive empathy showed an increased activation in patients compared to controls in the right medial frontal gyrus and the left inferior frontal gyrus. During implicit emotional empathy responses patients with PTSD, compared to controls, exhibited greater neural activity in the left pallidum and right insula; instead the control group showed an increased activation in right inferior frontal gyrus. Finally, in the explicit emotional empathy responses the PTSD group showed a reduced neural activity in the left insula and the left inferior frontal gyrus. The behavioral deficit limited to the emotional empathy dimension, accompanied by different patterns of activation in empathy related brain structures, represent a first piece of evidence of a dissociation between emotional and cognitive empathy in PTSD patients. The present findings support the idea that empathy is a multidimensional process, with different facets depending on distinct anatomical substrates.

<http://gradworks.umi.com/36/67/3667745.html>

Effect of short-term separation on behavioral health of military wives

Oblea, Pedro Nombrefia, Jr., Ph.D.
University of Arizona, 2014, 142 pages
Publication Number 3667745 (UMI)

The purposes of this study were to: 1) describe the effect of short-term separation on the behavioral health of military wives using a descriptive pre-test post-test design and 2) to examine predictors of depression among wives of selected active duty military personnel during short-term separation. Specifically, the research was guided by the following questions: 1) Does post-separation depression vary based on socio-demographic characteristics? 2) Do military wives have resiliency when separated from their active duty military husbands? 3) Is short-term separation associated with a decrease in relationship satisfaction among military wives of active duty military personnel? 4) Are stress levels in military wives in response to separation associated with levels of social support or resiliency? And lastly, 5) Do socio-demographic characteristics, social support, resiliency, perceptions of stress, and/or relationship satisfaction predict depression in military wives? The data in this study was gathered using a self-administered questionnaire using a combination of five standard instruments: Multidimensional Scale of Perceived Social Support, Beck Depression Inventory II, Connor-Davidson Resilience Scale 10, Perceived Stress Scale, and Relationship Assessment Scale. Thirty-two military wives of active-duty military personnel participated in the study. The typical military wife was in her early thirties, was white, had a college degree, was a homemaker and had a family income of greater than \$100,000. Average length of marriage was 10 years with about two separations. The results indicated that there is no change in levels of resiliency and levels of relationship satisfaction pre- and post- separation. Sociodemographic, age, number of separations, length of separations, length of marriage, time living with the husband, and social support had no significant relationship with post-separation depression. The study revealed that resiliency is a significant predictor of stress scores, but social support was not a predictor of stress scores.

Lastly, the study showed a strong relationship between stress and depression as predicted in the literature. Due to the small sample size typical of pilot studies and lack of power, findings should be interpreted with caution. The knowledge gained from this study will add to new findings about short-term separation.

<http://www.sciencedirect.com/science/article/pii/S1359178915000099>

Military Veteran Perpetrators of Intimate Partner Violence: Challenges and Barriers to Coordinated Intervention.

Sarah C. Krill, Casey T. Taft, Kayla O. VanHaasteren

Aggression and Violent Behavior
Available online 14 January 2015
doi:10.1016/j.avb.2015.01.008

Intimate partner violence (IPV) is a significant concern among recently returning Veterans. In this paper, we discuss the etiology of IPV in this population and the intersections between Veteran healthcare and criminal justice system policies regarding Veteran IPV. We describe the current socio-political context in which clinical interventions and criminal justice diversion policies and pilot programs are emerging. Challenges to coordinating prevention and intervention across Veteran healthcare and criminal justice systems are discussed and highlighted via material on a Veteran-specific IPV intervention, and we discuss strategies for overcoming coordination challenges as well as areas for further innovation.

<http://mals.camden.rutgers.edu/files/Harrasment-of-Women-in-the-Military-by-Male-Military-Personnel.pdf>

Harassment of Women in the Military by Male Military Personnel

Margarita Eva Urgiles

A capstone/thesis submitted to the Graduate School-Camden Rutgers, The State University of New Jersey in partial fulfillment of the requirements for the degree of Master of Liberal Arts
January 2015

Sexual harassment against women in the U.S. military takes on very a similar shape but in amplified form as compared to the civilian world . While the military faces the same difficulties in identifying, preventing, and disciplining sexual harassment, additional challenges exist for the military due to perceptions that are exclusive to our service members , as well as the military's

unique power paradigm, a by-product of the hierarchy that is its chain of command . This paper will examine historical facts and events which may have contributed to forming the current status quo, as well as a survey designed to capture current and prevailing attitudes towards women in the military and how sexual harassment extends to them . This paper will also demonstrate the economic and human costs associated to sexual harassment, and make the point that it is in the best interest of all concerned parties to prevent and mitigate sexual harassment in the military, especially against women. In order achieve this , the military must focus on changing the false perceptions against female victims of sexual harassment, and at the same time, develop and deploy a s t of checks and balances designed to circumvent but not undermine the chain of command when dealing with sex harassment complaints.

<http://onlinelibrary.wiley.com/doi/10.1111/aphw.12040/abstract>

Resilience Training with Soldiers during Basic Combat Training: Randomisation by Platoon.

Adler, A. B., Williams, J., McGurk, D., Moss, A. and Bliese, P. D.

Applied Psychology: Health and Well-Being

Article first published online: 13 JAN 2015

DOI: 10.1111/aphw.12040

Background:

Resilience Training has the potential to mitigate mental health symptoms when provided during initial military training.

Methods:

The present study examined the impact of Resilience Training on US soldier well-being and attitudes during Basic Combat Training. Platoons were randomly assigned to Resilience Training or Military History provided during the first few days of Basic Combat Training. Surveys were conducted at baseline, post-intervention, and 3, 6, and 9 weeks.

Results:

The sample resulted in a total of 1,939 soldiers who completed at least the baseline and one follow-up survey. There were no significant differences between conditions in terms of depression symptoms, anxiety symptoms, or sleep problems. However, while anxiety decreased in both conditions, the rate of decrease was faster in the Resilience Training condition. In contrast, Resilience Training had a slower rate of increase in group cohesion over time than the Military History condition. In addition, Resilience Training was associated with greater confidence in helping others and received more positive ratings than Military History.

Conclusions:

Findings demonstrate that the brief Resilience Training studied here may have some utility in supporting mental health and peer support but may not benefit unit climate.

<http://journal.frontiersin.org/Journal/10.3389/fpubh.2015.00015/abstract>

Evaluation of the effectiveness of a novel brain and vestibular rehabilitation treatment modality in PTSD patients who have suffered combat related traumatic brain injuries.

Carrick FR, McLellan K, Brock JB, Randall C and Oggero E

Frontiers in Public Health

doi: 10.3389/fpubh.2015.00015

Introduction:

Blast-related head injuries are among the most prevalent injuries suffered by military personnel deployed in combat and mild traumatic brain injury (mTBI) or concussion on the battlefield in Iraq/Afghanistan has resulted in its designation as a “signature injury”. Vestibular complaints are the most frequent sequelae of mTBI and vestibular rehabilitation (VR) has been established as the most important treatment modality for this group of patients.

Material and Methods:

We studied the effectiveness of a novel brain and VR treatment PTSD in subjects who had suffered combat related traumatic brain injuries in terms of PTSD symptom reduction. The trial was registered as ClinicalTrials.gov Identifier: NCT02003352.

(<http://clinicaltrials.gov/ct2/show/NCT02003352?term=carrick&rank=6>). We analyzed the difference in the Clinician Administered DSM-IV PTSD Scale (CAPS) scores pre and post treatment using our subjects as their own matched controls. The study population consisted of 98 combat veterans maintaining an alpha of <0.05 and power of 80%.

Results:

Prior to treatment, 75 subjects representing 76.53 % of the sample were classified in the 2 most severe categories of PTSD. 41 subjects, representing 41.80 % of the total sample, were classified in the extreme category of PTSD and 34 subjects, representing 34.70 % of the total sample, were classified in the severe category of PTSD. After treatment we observed a large reduction in CAPS severity scores with both statistical and substantive significance.

Discussion:

Treatment of PTSD as a physical injury rather than a psychiatric disorder is associated with strong statistical and substantive significant outcomes associated with a decrease of PTSD classification. The stigma associated with neuropsychiatric disorders may be lessened when

PTSD is treated with brain and VR with a potential decrease in suffering of patients, family and society.

<http://www.psycontent.com/content/q1p1p16546321001/>

Military Service and Suicidal Thoughts and Behaviors in a National Sample of College Students.

James L. Pease, Lindsey L. Monteith, Trisha A. Hostetter, Jeri E. Forster, Nazanin H. Bahraini

Crisis: The Journal of Crisis Intervention and Suicide Prevention
10.1027/0227-5910/a000300

Background:

As a result of the post-9/11 GI Bill, increasing numbers of veterans are enrolling in college. However, little is known regarding suicidal outcomes among this group. In prior research, college student veterans reported high rates of suicidal ideation and attempt. Nonetheless, no research has examined whether military service is associated with increased suicide risk among college students.

Aims:

Our primary aims were to examine whether a history of military service was related to past-year suicidal ideation, plan, and attempt among college students. On the basis of previous research with college students, we hypothesized that students with a history of military service (i.e., current or prior) would report a higher percentage of past-year suicidal ideation, plan, and attempt. Our secondary aims were to examine the associations between military service and major depression and nonsuicidal self-injury.

Method:

Our sample included 3,290 college students with and without a history of military service who participated in the Healthy Minds Study in 2011 and 2012.

Results:

Military service was not significantly associated with past-year suicidal ideation, plan, or attempt. Students without a history of military service were more likely to report nonsuicidal self-injury. There was no significant difference in screening positive for major depression.

Conclusions:

These findings conflict with previous research that identified student veterans as being at elevated risk.

[http://www.childpsych.theclinics.com/article/S1056-4993\(14\)00120-5/abstract](http://www.childpsych.theclinics.com/article/S1056-4993(14)00120-5/abstract)

The Evolution of a School Behavioral Health Model in the US Army.

Michael E. Faran, MD, PhD, Patti L. Johnson, PhD, Paul Ban, PhD, Tracy Shue, MS, Mark D. Weist, PhD

Child and Adolescent Psychiatric Clinics

Published Online: January 13, 2015

DOI: <http://dx.doi.org/10.1016/j.chc.2014.11.008>

The US Army has developed an innovative School Behavioral Health (SBH) program, part of the Child and Family Behavioral Health System, a collaborative, consultative behavioral health care model that includes SBH, standardized training of primary care providers in treatment of common behavioral health problems, use of tele-consultation/tele-behavioral health, optimizing community outreach services, and integration with other related behavioral health services. In this article, the needs of military children, adolescents, and families are reviewed, a history of this initiative is presented, key themes are discussed, and next steps in advancing this evolving, innovative system of health care featuring SBH are described.

<http://onlinelibrary.wiley.com/doi/10.1111/famp.12122/abstract>

Intimate Partner Relationship Distress in the DSM-5.

Foran, H. M., Whisman, M. A. and Beach, S. R. H.

Family Process

Article first published online: 13 JAN 2015

DOI: 10.1111/famp.12122

Over the past 40 years, a large body of literature has documented intimate partner relationship distress as a primary reason for seeking mental health services as well as an integral factor in the prognosis and treatment of a range of mental and physical health conditions. In recognition of its relevance to clinical care, the description of intimate partner relationship distress has been expanded in the DSM-5. Nonetheless, this is irrelevant if the DSM-5 code for intimate partner relationship distress is not reliably used in clinical practice and research settings. Thus, with the goal of dissemination in mind, the purpose of this paper was to provide clinicians and researchers with specific guidelines on how to reliably assess intimate partner relationship distress and how this information can be used to inform treatment planning. In addition to the implications for direct clinical care, we discuss the importance of reliable assessment and

documentation of intimate partner relationship distress for future progress in epidemiology, etiology, and public health research.

<http://link.springer.com/article/10.1007/s10862-014-9477-3>

Emotion Regulation Strategy Use and Posttraumatic Stress Disorder: Associations Between Multiple Strategies and Specific Symptom Clusters.

Daniel J. Lee, Tracy K. Witte, Frank W. Weathers, Margaret T. Davis

Journal of Psychopathology and Behavioral Assessment
January 2015
DOI 10.1007/s10862-014-9477-3

A growing literature suggests that emotion regulation (ER) is associated with posttraumatic stress disorder (PTSD). However, most of the studies in this literature have one or more important limitations, including examining only a single ER strategy (e.g., thought suppression) rather than multiple strategies simultaneously, examining PTSD at the syndrome level rather than by symptom cluster, and failing to control for negative affect. The present study sought to address these limitations by using latent variable modeling to examine the associations between multiple ER strategies and individual PTSD symptom clusters while controlling for negative affect. Of the four measurement models of ER strategy use examined, the best-fitting model allowed items corresponding to each included strategy to load onto their independent factors. Of the four measurement models of PTSD symptoms examined, the best-fitting model was the five-factor dysphoric arousal model. Results of structural models indicated that thought suppression and experiential avoidance were associated with most PTSD symptom clusters, even after controlling for negative affect. However, most other included ER strategies were not associated with any symptom clusters. A number of issues regarding measurement of ER and PTSD are discussed, and several suggestions for future research are provided.

<http://www.sciencedirect.com/science/article/pii/S0010440X15000036>

The impact of posttraumatic symptoms and comorbid mental disorders on the health-related quality of life in treatment-seeking PTSD patients.

Luiz Felipe Pagotto, Mauro Vitor Mendlowicz, Evandro Silva Freire Coutinho, Ivan Figueira, Mariana Pires Luz, Alexandre Xavier Araujo, William Berger

Comprehensive Psychiatry
Available online 14 January 2015

Background

There is a dearth of literature dealing with the impact of the severity of posttraumatic symptoms and of comorbid mental disorders on the health-related quality of life (HRQOL) of victims of civilian violence with a primary diagnosis of PTSD.

Objectives

To investigate the influence of the severity of posttraumatic symptoms and of presence of comorbid mental disorders on the HRQOL of treatment-seeking outpatients with PTSD.

Methods

A sample of 65 PTSD patients was recruited in a specialized outpatient clinic. The volunteers had the diagnoses of PTSD and of comorbid mental disorders established with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). The severity of posttraumatic, depression and anxiety symptoms was measured with the PCL-C, BDI and BAI, respectively. HRQOL was assessed by means of the SF-36, a 36-item self-administered scale that measures eight domains of quality of life: vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health. Multiple linear regression models were fitted to investigate the relationship between the severity of posttraumatic, mood, and anxiety symptoms; the presence of specific current comorbid disorders and of psychotic symptoms, and the number of current comorbid conditions for each of the eight domains of HRQOL, after adjusting for the effect of sociodemographic characteristics.

Results

The severity of PTSD symptoms predicted worse HRQOL in all eight domains of SF-36, even after controlling for the severity of depression and anxiety symptoms, the presence of panic disorder, OCD, specific and social phobia, psychotic symptoms, and the number of comorbid disorders. The strongest negative association between PTSD symptoms severity and HRQOL was found in the Social Functioning domain. Although the inclusion of the depressive symptoms in the models led to a reduction of the magnitude of the negative association between the severity of PTSD symptoms and the HRQOL domain scores, the former still accounted for most of the explained variance of the latter.

Conclusions

We found that even in the presence of comorbid mental disorders, the severity of posttraumatic symptoms remained the strongest predictor for impaired HRQOL in PTSD outpatients. Our results suggest that improvement of HRQOL should be considered a therapeutic objective and an essential outcome measure in the treatment of PTSD.

<http://epirev.oxfordjournals.org/content/early/2015/01/14/epirev.mxu014.abstract>

Alcohol Use and Substance Use Disorders in Gulf War, Afghanistan, and Iraq War Veterans Compared With Nondeployed Military Personnel.

Helen Louise Kelsall, Millawage Supun Dilara Wijesinghe, Mark Christopher Creamer, Dean Philip McKenzie, Andrew Benjamin Forbes, Matthew James Page and Malcolm Ross Sim

Epidemiol Rev (2015)

doi: 10.1093/epirev/mxu014

First published online: January 14, 2015

Although recent veterans have been found to be at increased risk of psychiatric disorders, limited research has focused on alcohol or substance use disorders. This systematic review and meta-analysis examined whether alcohol or substance use disorders were more common in Gulf War, Afghanistan, and Iraq War veterans compared with military comparison groups nondeployed to the corresponding conflict, including never deployed personnel. Literature was searched (1990–2014) in multiple electronic databases. Studies were assessed for eligibility and quality, including risk of bias. Eighteen studies (1997–2014) met inclusion criteria. Pooled analysis based on a random-effects model yielded a summary odds ratio of 1.33 (95% confidence interval (CI): 1.22, 1.46) for alcohol (7 studies) and 2.13 (95% CI: 0.96, 4.72) for substance use (3 studies) disorders among Gulf War veterans, as well as 1.36 (95% CI: 1.11, 1.66) for alcohol (7 studies) and 1.14 (95% CI: 1.04, 1.25) for substance use (4 studies) disorders among Iraq/Afghanistan veterans; meta-regressions found no statistically significant association between theater of war and alcohol use or substance use disorders. Our findings indicate that Gulf and Iraq/Afghanistan war veterans are at higher alcohol use disorder risk than nondeployed veterans, but further studies with increased power are needed to assess substance use disorder risk in Gulf War veteran populations.

<http://www.aapb-biofeedback.com/doi/abs/10.5298/1081-5937-42.4.02>

Implementing Heart Rate Variability Biofeedback Groups for Veterans with Posttraumatic Stress Disorder.

Frances J. Reyes

Biofeedback

Volume 42, Issue 4 (Winter 2014)

doi: <http://dx.doi.org/10.5298/1081-5937-42.4.02>

This article describes the administration of a heart rate variability (HRV) biofeedback intervention designed to reduce posttraumatic stress disorder (PTSD) severity in post-9/11

service members. The study recruited 33 male OEF/OIF/OND combat veterans in a Los Angeles transitional housing program. Twenty-seven veterans completed the study. Participants attended eight once-weekly HRV biofeedback group sessions. For the first four weeks, veterans learned to use biofeedback to regulate physiological stress responses. The latter four weeks consisted of real-life biofeedback application and coaching. Results suggest that consistent HRV biofeedback practice was essential for HRV improvement, which may help alleviate PTSD.

<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201300498>

Race-Ethnicity and Gender Differences in VA Health Care Service Utilization Among U.S. Veterans of Recent Conflicts.

Kelly H. Koo, Ph.D.; Erin Madden, M.P.H.; Shira Maguen, Ph.D.

Received: November 01, 2013

Accepted: September 26, 2014

Objective:

The purpose of this study was to compare health care utilization patterns by race-ethnicity and gender among veterans returning from Iraq and Afghanistan.

Methods:

A retrospective analysis was conducted with records from U.S. service members and veterans returning from Iraq and Afghanistan who enrolled in health care through the Veterans Health Administration, who received a psychiatric diagnosis, and who had used primary or mental health outpatient care between October 7, 2001, and December 31, 2012 (N=309,050). Racial-ethnic minority groups were first collapsed together and compared with whites and then separated by racial-ethnic group. Gender was also tested as a moderator of utilization.

Results:

Although rates of mental health outpatient care, primary care, and emergency service utilization were relatively similar for racial-ethnic minority groups and whites, minority groups were admitted to psychiatric inpatient care at lower rates than whites. When veterans were separately categorized by specific racial-ethnic groups, some differences in utilization rates emerged; most notably, only black and Hispanic men were admitted less frequently to psychiatric inpatient care, and male and female Asian/Pacific Islander veterans used emergency services less, than their white counterparts. Gender moderated the association between race-ethnicity and mental health outpatient use, such that American Indian and Hispanic women used mental health outpatient services less than white women, but American Indian and Hispanic men showed the opposite pattern. Furthermore, black men were more likely than white men to use mental health outpatient services, but there was no difference between these women.

Conclusions:

Although service utilization rates between minority groups and whites were similar when minority groups were combined, examination of utilization by racial-ethnic groups and by men and women separately yielded more robust findings.

<http://mensstudies.info/OJS/index.php/FATHERING/article/view/683>

Traumatic Combat Exposure and Parenting Among National Guard Fathers: An Application of the Ecological Model.

Sarah Mustillo, Minle Xu, Shelley Macdermid Wadsworth

Fathering: A Journal of Theory, Research, and Practice about Men as Fathers
Vol 12, No 3 (2014)

This study investigates how traumatic combat exposure affects fathers' perceptions of parenting difficulties following military deployment with data from 206 Indiana National Guard members. Based on Belsky's ecological model, findings from structural equation modeling indicate that combat exposure is indirectly associated with parental difficulties through major depression, but not Post-Traumatic Stress Disorder. Further, unit support experienced while deployed is associated with lower perceptions of parenting difficulties among fathers during reintegration. Detecting and treating depression upon redeployment and encouraging support within the unit during deployment and after may enhance well-being among National Guard families.

<http://informahealthcare.com/doi/abs/10.3109/09638237.2014.971147>

Stigma, American military personnel and mental health care: challenges from Iraq and Afghanistan.

Michael Schreiber, and Geoffry Phillips McEnany

February 2015, Vol. 24, No. 1 , Pages 54-59
(doi:10.3109/09638237.2014.971147)

Background:

Since 2001, more than 2.5 million United States military personnel have been deployed for combat. Over one million have served multiple deployments. Combat generally involved repeated exposure to highly traumatic events. Personnel were also victims of military sexual

trauma (MST), a major risk factor for psychiatric illness. Most survivors do not seek or receive mental health care. Stigma is one of the main barriers to that care.

Aims:

To explore the impact of stigma on personnel with psychiatric illness, and suggest some innovative ways to potentially reduce stigma and improve care.

Methods:

Cinahl and PubMed databases were searched from 2001 to 2014.

Results:

Anonymity, the use of non-stigmatizing language, peer-to-peer, and stigma-reduction programs help military personnel receive mental health care. Technology offers the opportunity for effective and appropriate education and treatment.

Conclusions:

Although stigma is formidable, several innovative services are available or being developed for military victims of trauma. Commitment of resources for program development and further research to explore which interventions offer the best clinical outcomes are needed to increase efforts to combat stigma and ensure quality care.

<http://jop.sagepub.com/content/early/2015/01/08/0269881114565143.abstract>

Vintage treatments for PTSD: A reconsideration of tricyclic drugs.

Jonathan Davidson

Journal of Psychopharmacology

Published online before print January 13, 2015

doi: 10.1177/0269881114565143

Serotonin (SSRI) and serotonin-norepinephrine (SNRI) reuptake inhibitors (SSRI) are the first-line recommended drug treatments for post-traumatic stress disorder (PTSD); but despite their benefits, much residual pathology remains and no new drugs have yet emerged with a clearly demonstrated benefit for treating the disorder. A case is made that tricyclic drugs deserve a closer look, based on their ability to affect several of the main neurotransmitters that are relevant to PTSD. Their promising efficacy, which was shown 30 years ago, had not been followed up, until a recent trial of desipramine found advantages over a SSRI in PTSD with comorbid alcohol dependence. Opportunities exist for studying newer and purportedly safer tricyclic formulations, as well as further the work with older, established compounds. A reappraisal of their risk:benefit ratio seems in order, when treating PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/15299732.2014.985864>

The Role of Personality Traits and Profiles in Post-Trauma Comorbidity.

Sarah B. Campbell , Keith D. Renshaw , J. Bree Righter

Journal of Trauma & Dissociation

Accepted author version posted online: 14 Jan 2015

DOI:10.1080/15299732.2014.985864

Many service members experience symptoms of posttraumatic stress disorder (PTSD) after deployment. PTSD can vary widely in its presentation and associated features, such as comorbid conditions. Research has shown that veterans with PTSD and an internalizing personality profile are more likely to experience internalizing comorbidity (e.g., anxiety, depression), whereas veterans with PTSD and an externalizing personality profile are more likely to experience externalizing comorbidity (e.g., substance abuse, aggression). To date, however, this research has been limited by a focus on diagnosable disorders and personality categories. In a nonclinical sample of 224 National Guard/Reserve service members who served since 2001, we explored whether personality traits (measured continuously) moderated associations of PTSD symptom severity with severity of internalizing (depression, anxiety) and externalizing (alcohol abuse, aggression) symptoms. Results showed that the association of PTSD with anxiety was stronger when extraversion was lower (corresponding to an internalizing personality profile). Moreover, the association of PTSD with alcohol abuse was stronger when extraversion was high and conscientiousness was low (corresponding to an externalizing personality profile). Surprisingly, this association was also stronger when extraversion was low and conscientiousness was high. Results offer additional insights to prior research on personality and comorbidity.

Links of Interest

New Program Helps Service Members Break Addictions, Avert Crisis

http://www.dcoe.mil/MediaCenter/News/details/15-01-06/New_Program_Helps_Service_Members_Break_Addictions_Avert_Crisis.aspx

Children of the Fallen: Portraits of Loss

<http://www.washingtonpost.com/sf/childrenofthefallen/story/portraits/>

An Army Chaplain, First Tested By War, Finds His Faith Renewed

<http://www.npr.org/2015/01/06/375387392/an-army-chaplain-first-tested-by-war-finds-his-faith-renewed>

How a Sexual Predator Operated Under the Radar at Fort Leonard Wood

<http://www.military.com/daily-news/2015/01/16/how-a-sexual-predator-operated-under-the-radar-fort-leonard-wood.html>

After PTSD, More Trauma

<http://opinionator.blogs.nytimes.com/2015/01/17/after-ptsd-more-trauma/>

Soldiers in WTUs receive remote care in communities

http://www.army.mil/article/141278/Soldiers_in_WTUs_receive_remote_care_in_communities/

In 'The Evil Hours,' A Journalist Shares His Struggle With PTSD

<http://www.npr.org/2015/01/20/378586235/in-the-evil-hours-a-journalist-shares-his-struggle-with-ptsd>

Redefining Mental Illness

<http://www.nytimes.com/2015/01/18/opinion/sunday/t-m-luhrmann-redefining-mental-illness.html>

Classic psychedelic use protective with regard to psychological distress and suicidality

<http://www.sciencedaily.com/releases/2015/01/150121093544.htm>

Nearly half of U.S. drinkers risk deadly effects of mixing prescriptions with alcohol, study says

<http://www.foxnews.com/health/2015/01/16/nearly-half-us-drinkers-risk-deadly-effects-mixing-prescriptions-with-alcohol/>

Resource of the Week: [NIH and Sleepless in America](#)

The National Institutes of Health put together this web page to aggregate sleep/insomnia info from the many agencies that fund research in this area. Subject headings include: General Sleep Resources, Sleep and Sleep-Related Disorders, and Sleep Research.

HEALTH INFORMATION



Health Information

- [Health Info Lines](#)
- [Health Services Locator](#)
- [HealthCare.gov](#)
- [Talking to Your Doctor](#)
- [Clinical Trials and You](#)
- [Community Resources](#)
- [Science Education Resources](#)
- [MedlinePlus Health Info](#)
- [NIH Social Media](#)

NIH and Sleepless in America

A new sleep documentary from the National Geographic Channel, "Sleepless in America," will premiere Nov. 30, 2014. The film explores the crucial need for sleep and the potential for serious health and safety risks for people who regularly get insufficient or poor quality sleep. The film features interviews with NIH Director Dr. Francis S. Collins, M.D., Ph.D., and an array of NIH-funded researchers. The project is a collaboration of the National Institutes of Health, the National Geographic Channel and The Public Good Projects. To learn more about the film and watch more teaser videos, visit [The National Geographic Channel website](#).



Watch Now: Sleepless in America Trailer

NIH Sleep-related information and research

<p>Sleepless in America Media Information</p> <p>Media Contact: NIH News Media Branch, 301-496-5787</p> <p>News release: NIH research featured in National Geographic Channel documentary on sleep, November 21, 2014</p>	<p>Sleep and Sleep-Related Disorders</p> <ul style="list-style-type: none"> ■ Insomnia (NHLBI) ■ Insomnia En español (NHLBI) ■ Sleep Apnea (NHLBI) ■ Apnea del Sueño En español (NHLBI) ■ NINDS Sleep Apnea Information ■ Sleep Disorders and Complementary Health Approaches: What You Need To Know (NCCAM) ■ Sleep Disorders (NCCAM) 	<p>Sleep Research</p> <ul style="list-style-type: none"> ■ New Insights Found in Pain Processing and Sleep Disturbance Among Rheumatoid Arthritis Patients (NIAMS) ■ Bedtime and Sleep Duration Affect Academic and Emotional Outcomes for Teens (NICHD) ■ Sleep: Research Activities and Scientific Advances (NICHD) ■ Sueño: Actividades de investigación y avances científicos En español
<p>General Sleep Resources</p> <ul style="list-style-type: none"> ■ What is Sleep? (NICHD) 		

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