



## CDP Research Update -- February 12, 2015

### What's Here:

- Developing the PTSD Checklist-I/F for the DSM-IV (PCL-I/F): Assessing PTSD Symptom Frequency and Intensity in a Pilot Study of Male Veterans with Combat-Related PTSD.
- Associations between operationally estimated blast exposures and postdeployment diagnoses of postconcussion syndrome and posttraumatic stress disorder.
- Temperament dimensions and posttraumatic stress symptoms in a previously deployed military sample.
- Pharmacotherapy for post-traumatic stress disorder: systematic review and meta-analysis.
- The influence of trauma and patient characteristics on provider burnout in VA post-traumatic stress disorder specialty programmes.
- Caregivers of veterans with "invisible" injuries: what we know and implications for social work practice.
- Biological and symptom changes in posttraumatic stress disorder treatment: a randomized clinical trial.
- Risk of alcohol use disorder or other drug use disorder among U.S. Service members following traumatic brain injury, 2008-2011.
- Factors Associated With Burnout Among Active Duty versus National Guard/Reserve U.S. Air Force Pararescuemen.
- Addiction and suicide: A review.
- Smoking cessation and care management for veterans with posttraumatic stress disorder: a study protocol for a randomized controlled trial.
- The differential influence of life stress on individual symptoms of depression.
- Trauma-Induced Insomnia: A Novel Model for Trauma and Sleep Research.
- Mental Disorders, Mental Health Problems, and Treatment Among Army Recruiters and Recruiting Candidates, 2011-2013: An Examination of Current Rates in the Recruiting Population.

- PTSD and depression symptoms are associated with binge eating among US Iraq and Afghanistan veterans.
- The silent ranks of deployments to the Middle East
- Coping, Family Social Support, and Psychological Symptoms Among Student Veterans.
- Impact of Parents' Wartime Military Deployment and Injury on Their Young Children's Safety and Mental Health.
- Lifetime and 12-Month Use of Psychiatric Services Among U.S. Army National Guard Soldiers in Ohio.
- Barriers and Facilitators Related to Mental Health Care Use Among Older Veterans in the United States.
- The Management of Alcohol Use Disorders: The Impact of Pharmacologic, Affective, Behavioral, and Cognitive Approaches.
- Combat Exposure and Postdeployment Aggression: The Mediating Effects of Posttraumatic Stress, Negative Emotion, and Postdeployment Stressors.
- Military Identity and Psychological Functioning: A Pilot Study.
- Trajectory of post-traumatic stress following traumatic injury: 6-year follow-up.
- The impact of posttraumatic symptoms and comorbid mental disorders on the health-related quality of life in treatment-seeking PTSD patients.
- Loneliness among older veterans in the United States: results from the National Health and Resilience in Veterans Study.
- Patient-centered mental health care for female veterans
- Physiological reactivity to nonideographic virtual reality stimuli in veterans with and without PTSD.
- Suicides in the military: the post-modern combat veteran and the Hemingway effect.
- Smoking cessation and care management for veterans with posttraumatic stress disorder: a study protocol for a randomized controlled trial.
- Anxiety sensitivity cognitive concerns predict suicide risk.
- How eye movements in EMDR work: changes in memory vividness and emotionality.
- Dissemination of Trauma-Focused Cognitive-Behavioral Therapy: A Follow-Up Study of Practitioners' Knowledge and Implementation.
- Disability After Deployment Injury: Are Women and Men Service Members Different?
- Obstructive Sleep Apnea and Posttraumatic Stress Disorder among OEF/OIF/OND Veterans.

- Structural relations between DSM-5 PTSD and major depression symptoms in military soldiers.
- Sexual Dysfunction in Veterans with Post-Traumatic Stress Disorder.
- Family adjustment of deployed and non-deployed mothers in families with a parent deployed to Iraq or Afghanistan.
- Evaluation of the dimensions of anger reactions-5 (DAR-5) scale in combat veterans with posttraumatic stress disorder.
- Is sex an indicator of prognosis after mild traumatic brain injury: A systematic analysis of the findings of the WHO Collaborating Centre Task Force on Mild Traumatic Brain Injury and the International Collaboration on Mild Traumatic Brain Injury Prognosis.
- Minds “At Attention”: Mindfulness Training Curbs Attentional Lapses in Military Cohorts.
- Links of Interest
- Resource of the Week: Putting Research To Work for Military Families (University of Minnesota REACH Lab)

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<http://www.ncbi.nlm.nih.gov/pubmed/25654696>

Behav Sci (Basel). 2015 Feb 3;5(1):59-69.

**Developing the PTSD Checklist-I/F for the DSM-IV (PCL-I/F): Assessing PTSD Symptom Frequency and Intensity in a Pilot Study of Male Veterans with Combat-Related PTSD.**

Holliday R, Smith J, North C, Surís A

The widely used posttraumatic stress disorder (PTSD) Checklist (PCL) has established reliability and validity, but it does not differentiate posttraumatic symptom frequency from intensity as elements of posttraumatic symptom severity. Thus, the PCL in its existing form may not provide a comprehensive appraisal of posttraumatic symptomatology. Because of this, we modified the PCL to create the PCL-I/F that measures both frequency and intensity of PTSD symptoms via brief self-report. To establish validity and internal consistency of the PCL-I/F, we conducted a pilot study comparing PCL-I/F scores to structured diagnostic interview for PTSD (the Clinician Administered PTSD Scale [CAPS]) in a male combat veteran sample of 92 participants. Statistically significant correlations between the PCL-I/F and the CAPS were found, suggesting initial validation of the PCL-I/F to screen and assess frequency and intensity of combat-related PTSD symptoms. Implications are discussed for screening and assessment of PTSD related to combat and non-combat trauma.

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<http://www.ncbi.nlm.nih.gov/pubmed/25651149>

US Army Med Dep J. 2015 Jan-Mar:73-8.

**Associations between operationally estimated blast exposures and postdeployment diagnoses of postconcussion syndrome and posttraumatic stress disorder.**

Saxe JL, Perdue CL

Traumatic brain injuries and other blast-related injuries have been identified as the signature injury of the wars in Iraq and Afghanistan. Some operational units in Iraq, especially those responsible for clearing roadways, were exposed to hundreds of blast incidents and thousands of individual doses of concussive energy during their lengthy deployments. Using operational records maintained by a single command element, the researchers conducted a retrospective cohort study evaluating the association between estimated individual exposures to blasts and the risk for postconcussion syndrome (PCS) and posttraumatic stress disorder (PTSD). Tactical records documented all of the relevant details of the subjects' exposures to blasts during their missions. During the study period there were 313 blasts involving 418 service members resulting in 4,250 blast person events. Of that population, 12.9% were diagnosed with PCS, 8.6% with PTSD, and 5.3% with both. This study suggests that estimating the total individual dosage to concussive forces through physical evidence at the scene could be a useful predictor of future brain-disorder diagnoses. Those in vehicles sustaining heavy blast damage are at increased risk of being diagnosed with PTSD with a rate ratio of 2.79 (95% CI, 1.27-6.13) and PTSD in conjunction with PCS with a rate ratio of 4.10 (95% CI, 1.63-10.28). Standardization of the data collection method for blast incidents and additional follow-up studies could lead to the development of better ways of monitoring operational risk factors for negative health outcomes, plans to intervene in order to minimize health risks, and establish customized follow-up protocols based on specific dosage thresholds.

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<http://www.ncbi.nlm.nih.gov/pubmed/25651150>

US Army Med Dep J. 2015 Jan-Mar:79-85.

**Temperament dimensions and posttraumatic stress symptoms in a previously deployed military sample.**

Escolas SM, Escolas HD

This study examines the effects of temperament on self-reported posttraumatic stress disorder (PTSD) symptoms from a convenience sample of US military service members (N=559).

Previously deployed active duty service members completed anonymous questionnaires that included demographics, temperament, and PTSD measures. This study also examines demographic variables such as age, gender, ethnicity, race, education, and marital status, and service-related variables such as branch, grade, and years of military service for moderating effects. Results suggest a relationship between the temperament dimensions and PTSD symptoms in that the temperament dimensions of low mood quality, high levels of activity generally and during sleep, and low flexibility were found to predict high levels of self-reported PTSD symptoms. This is the first study incorporating temperament as a predictor of PTSD within a military population and provides the basis for future research in this area.

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<http://www.ncbi.nlm.nih.gov/pubmed/25644881>

Br J Psychiatry. 2015 Feb;206(2):93-100.

### **Pharmacotherapy for post-traumatic stress disorder: systematic review and meta-analysis.**

Hoskins M, Pearce J, Bethell A, Dankova L, Barbui C, Tol WA, van Ommeren M, de Jong J, Seedat S, Chen H, Bisson JI

#### Background

Pharmacological treatment is widely used for post-traumatic stress disorder (PTSD) despite questions over its efficacy. Aims To determine the efficacy of all types of pharmacotherapy, as monotherapy, in reducing symptoms of PTSD, and to assess acceptability.

#### Method

A systematic review and meta-analysis of randomised controlled trials was undertaken; 51 studies were included.

#### Results

Selective serotonin reuptake inhibitors were found to be statistically superior to placebo in reduction of PTSD symptoms but the effect size was small (standardised mean difference -0.23, 95% CI -0.33 to -0.12). For individual pharmacological agents compared with placebo in two or more trials, we found small statistically significant evidence of efficacy for fluoxetine, paroxetine and venlafaxine.

#### Conclusions

Some drugs have a small positive impact on PTSD symptoms and are acceptable. Fluoxetine, paroxetine and venlafaxine may be considered as potential treatments for the disorder. For most drugs there is inadequate evidence regarding efficacy for PTSD, pointing to the need for more research in this area. Royal College of Psychiatrists.

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<http://www.ncbi.nlm.nih.gov/pubmed/25644860>

Am J Addict. 2015 Feb 2. doi: 10.1111/ajad.12185. [Epub ahead of print]

### **Addiction and suicide: A review.**

Yuodelis-Flores C, Ries RK

#### **BACKGROUND:**

Addiction specialists frequently find themselves faced with suicidal behavior in their addiction patients. Although many addiction treatment programs will not accept clients with recent suicidal behavior, up to 40% of patients seeking treatment for substance dependence report a history of suicide attempt(s).<sup>1-3</sup> Risk factors for suicide have been studied in the general population and among people with mental illness, less is known about risk factors in those with substance use disorders and co-occurring disorders.

#### **METHODS:**

Studies, psychological autopsies and recent reviews on risk factors for suicide and suicide attempts in patients with alcohol and drug use disorders and the relationship with co-occurring mental illness were examined.

#### **RESULTS AND CONCLUSIONS:**

Suicidal behavior is a significant problem for people with co-occurring disorders seeking addiction treatment. Several predisposing and precipitating risk factors such as marital and interpersonal relationship disruption, occupational and financial stressors, recent heavy substance use and intoxication as well as a history of previous suicide attempts and sexual abuse combine in an additive fashion with personality traits and mental illnesses to intensify risk for suicidal behavior in addiction patients. Major depression, bipolar disorder, borderline personality disorder and post-traumatic stress disorder are especially associated with suicidal behavior in people with addictive disorders.

#### **DISCUSSION AND SCIENTIFIC SIGNIFICANCE:**

Treatment implications of these findings are discussed. Addiction treatment providers should routinely gather information about client's suicidal histories, thoughts, and plans in order to assess risk and develop treatment plans for suicidality at various points in treatment. (Am J Addict 2015;XX:1-7). © American Academy of Addiction Psychiatry.

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<http://www.ncbi.nlm.nih.gov/pubmed/25643839>

Psychol Psychother. 2015 Jan 21. doi: 10.1111/papt.12057. [Epub ahead of print]

**The influence of trauma and patient characteristics on provider burnout in VA post-traumatic stress disorder specialty programmes.**

Garcia HA, McGeary CA, Finley EP, McGeary DD, Ketchum NS, Peterson AL

**OBJECTIVE:**

Prolonged exposure (PE) and cognitive processing therapy (CPT) - post-traumatic stress disorder (PTSD) treatments now available at the Veterans Health Administration (VHA) - expose the provider to graphic traumatic material. Little is known about the impact of traumatic material on VHA providers. The purpose of this study was to examine the relationship between trauma content, patient characteristics, and burnout among VHA PTSD Clinical Team (PCT) providers. It was hypothesized that trauma content and patient characteristics would significantly predict burnout in this population.

**DESIGN:**

This cross-sectional study consisted of 137 participants. The sample was mostly female (67%), Caucasian (non-Hispanic; 81%), and married (70%) with a mean age of 44.3 years (SD = 11.3).

**METHODS:**

Participants completed an electronic survey that assessed demographics, patient characteristics (i.e., anger, personality disorder, malingering), trauma content characteristics (e.g., killing of women and children) as well as burnout as measured by the Maslach Burnout Inventory-General Survey (MBI-GS; Maslach et al., 1996, Burnout inventory manual. Palo Alto: Consulting Psychologist Press).

**RESULTS:**

Over half of the study population reported being bothered by trauma content; however, trauma content did not predict burnout. Treating patients with personality disorders and suspected malingering predicted burnout in PCT providers. High numbers (77%) reported perceiving that emotional exhaustion impacted the quality of care they provided.

**CONCLUSION:**

These findings suggest an important role of burnout assessment, prevention, and treatment strategies at the VHA.

**PRACTITIONER POINTS:**

This paper addresses the impact of provider burnout on perceived quality of care. This paper also addresses potential predictors of burnout in PCT settings. This paper outlines potential remedies to provider burnout in the VHA. © 2015 The British Psychological Society.

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<http://www.ncbi.nlm.nih.gov/pubmed/25643571>

Soc Work. 2015 Jan;60(1):9-17.

**Caregivers of veterans with "invisible" injuries: what we know and implications for social work practice.**

Patel BR

Today, as a result of the longest volunteer-fought conflict in U.S. history, there are many wounded coming home not only with posttraumatic stress disorder (PTSD), but also with traumatic brain injury (TBI), which together have been called the "signature" or "invisible" injuries of the Iraq and Afghanistan wars. Caregivers are an important part of their recovery, yet little is known about them, as previous research on caregivers mostly focused on geriatric populations. According to one estimate 275,000 to 1 million people are currently caring or have cared for loved ones who have returned from Iraq and Afghanistan. These caregivers are unique in that they are younger, some with children, and they are caring for a unique understudied population for longer periods of time. This article summarizes literature on caregivers of veterans who suffer from PTSD, TBI, or both; provides a theoretical framework; and discusses implications for social workers in assisting caregivers and their families.

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<http://www.ncbi.nlm.nih.gov/pubmed/25639570>

Depress Anxiety. 2014 Dec 30. doi: 10.1002/da.22331. [Epub ahead of print]

**Biological and symptom changes in posttraumatic stress disorder treatment: a randomized clinical trial.**

Rauch SA, King AP, Abelson J, Tuerk PW, Smith E, Rothbaum BO, Clifton E, Defever A, Liberzon I

**BACKGROUND:**

Understanding cognitive and biological mechanisms of PTSD treatment can help refine treatments and increase rates of response.

**METHODS:**

Thirty-six veterans with PTSD were randomly assigned to receive Prolonged exposure therapy (PE) or Present-Centered therapy (PCT). We examined symptoms, trauma-related cognitions, and two indices of HPA axis function (cortisol awakening response and cortisol response to a script-driven imagery task).



## RESULTS:

Thirty veterans started treatment and 26 completed. PE resulted in significantly more symptom reduction than PCT ( $P = .008$ ). High treatment responders collapsed across treatments showed nominally higher cortisol levels measured at pretreatment 30 min after trauma script exposure compared to low responders ( $P = .08$ ). At midtreatment, high treatment responders showed higher cortisol levels throughout the imagery task ( $P_s = .03-.04$ ). There were no differences between high and low treatment responders at posttreatment. Thoughts of incompetence ( $F(1.6, 35.8) = 16.8, P = .000$ ) and a dangerous world ( $F(1.3, 29.9) = 8.2, P = .004$ ) significantly improved over time in high treatment responders but showed no change in low responders. Script-associated cortisol response prior to treatment and reductions in thoughts of incompetence accounted for 83% of the variance in reductions in PTSD severity with PE.

## CONCLUSIONS:

Both increased cortisol response to personal trauma script prior to PTSD therapy and reductions in cognitive symptoms of PTSD were significantly and uniquely related to reductions in the core symptoms of PTSD in PE. However, contrary to our hypotheses, cortisol measures were not related to cognitive changes. © 2014 Wiley Periodicals, Inc.

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<http://www.ncbi.nlm.nih.gov/pubmed/25643389>

Mil Med. 2015 Feb;180(2):208-15. doi: 10.7205/MILMED-D-14-00268.

## **Risk of alcohol use disorder or other drug use disorder among U.S. Service members following traumatic brain injury, 2008-2011.**

Johnson LA, Eick-Cost A, Jeffries V, Russell K, Otto JL

## OBJECTIVES:

Evaluate the risk of developing an alcohol use disorder (AUD) or other drug use disorder (ODUD) in U.S. service members (SMs) after incident traumatic brain injury (TBI) in both the deployed and the nondeployed setting.

## PARTICIPANTS AND METHODS:

Retrospective cohort study of U.S. SMs who served on active duty from January 1, 2008 to December 31, 2010. The exposed cohort consisted of SMs who received an incident diagnosis of TBI during the exposure period. The unexposed cohort was populated with a 10% random sample of SMs with any other medical diagnosis over the exposure period.

## RESULTS:

After adjusting for various demographic factors, TBI severity, historic diagnosis of post-traumatic stress disorder (PTSD), comorbid PTSD, and comorbid mental health outcomes, the TBI cohort

(n = 53,817) demonstrated elevated incident rate ratio of developing AUD (adjusted incidence rate ratios (IRR) 1.5, 95% confidence interval (CI) 1.4, 1.6,  $p < 0.0001$ ) as compared to an unexposed cohort (n = 151,776). The TBI cohort did not demonstrate elevated risk of ODUD as compared to the unexposed cohort (adjusted IRR 1.0, 95% CI 1.0, 1.2,  $p = 0.178$ ).

#### CONCLUSIONS:

U.S. SMs diagnosed with incident TBI demonstrated increased risk of developing an AUD within 1 year of incident TBI as compared to SMs without diagnosed TBI. Reprint & Copyright © 2015 Association of Military Surgeons of the U.S.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.995245#.VNUo9i4sA2Y>

#### **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

Published online: 04 Feb 2015

DOI: 10.1080/21635781.2014.995245

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 & Leiter 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 National Guard/Reserve personnel ( $\beta = .203$ ,  $p = .029$ ). Emotional exhaustion was associated with depression ( $\beta = .286$ ,  $p = .004$ ) and posttraumatic stress disorder (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://onlinelibrary.wiley.com/doi/10.1111/ajad.12185/abstract>

## **Addiction and suicide: A review.**

Christine Yuodelis-Flores MD and Richard K. Ries MD

The American Journal on Addictions

Article first published online: 2 FEB 2015

DOI: 10.1111/ajad.12185

### Background

Addiction specialists frequently find themselves faced with suicidal behavior in their addiction patients. Although many addiction treatment programs will not accept clients with recent suicidal behavior, up to 40% of patients seeking treatment for substance dependence report a history of suicide attempt(s).<sup>1–3</sup> Risk factors for suicide have been studied in the general population and among people with mental illness, less is known about risk factors in those with substance use disorders and co-occurring disorders.

### Methods

Studies, psychological autopsies and recent reviews on risk factors for suicide and suicide attempts in patients with alcohol and drug use disorders and the relationship with co-occurring mental illness were examined.

### Results and Conclusions

Suicidal behavior is a significant problem for people with co-occurring disorders seeking addiction treatment. Several predisposing and precipitating risk factors such as marital and interpersonal relationship disruption, occupational and financial stressors, recent heavy substance use and intoxication as well as a history of previous suicide attempts and sexual abuse combine in an additive fashion with personality traits and mental illnesses to intensify risk for suicidal behavior in addiction patients. Major depression, bipolar disorder, borderline personality disorder and post-traumatic stress disorder are especially associated with suicidal behavior in people with addictive disorders.

### Discussion and Scientific Significance

Treatment implications of these findings are discussed. Addiction treatment providers should routinely gather information about client's suicidal histories, thoughts, and plans in order to assess risk and develop treatment plans for suicidality at various points in treatment.

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<http://www.biomedcentral.com/content/pdf/s12913-015-0706-6.pdf>

**Smoking cessation and care management for veterans with posttraumatic stress disorder: a study protocol for a randomized controlled trial.**

Jamie Peterson, Allan V. Prochazka, Catherine Battaglia

BMC Health Services Research

Published online: 01 February 2015

doi:10.1186/s12913-015-0706-6

## Background

Smoking remains the leading cause of preventable illness and mortality in the United States. Individuals with Posttraumatic Stress Disorder (PTSD) have smoking rates higher than that of others and fewer individuals with PTSD have quit smoking. This randomized controlled trial was designed to test the effectiveness of integrating telehealth care management and smoking cessation with motivational interview for Veterans with PTSD.

## Methods/design

All smokers with PTSD, regardless of their desire to quit, were invited to participate. Enrollment occurred between November 2009 and April 2013. Target enrollment was 120 participants. Enrolled participants were randomized to either the control group, receiving usual care including a telehealth PTSD program, with a device that delivered PTSD information and in-home care management, or the intervention group, which included (1) a telehealth PTSD program, (2) motivational interviewing-based smoking cessation curricula via the telehealth device, and (3) weekly motivational interviewing counseling phone calls. Outcomes are self-reported 24-hour quit attempts, progression along the stages of change and 7-day point prevalence quit smoking rates for the intervention group compared to usual care alone. Secondary outcomes include participants' perception of care coordination, patient satisfaction with motivational interviewing, PTSD symptoms, pain, depression and quality of life.

## Discussion

Motivational interviewing has been shown to increase readiness for change and smoking cessation care has been shown to be more successful when incorporated into in-person mental health care. Our study builds on previous studies. It integrates a written smoking cessation curriculum and phone-based motivational interviewing counseling into an established PTSD home telehealth care coordination program. This paper describes the design and methods of our randomized control trial.

## Trial registration

ClinicalTrials.gov, NCT00908882, May 22, 2009.

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<http://onlinelibrary.wiley.com/doi/10.1111/acps.12395/abstract>

**The differential influence of life stress on individual symptoms of depression.**

Fried EI, Nesse RM, Guille C, Sen S.

Acta Psychiatrica Scandinavica

Article first published online: 4 FEB 2015

DOI: 10.1111/acps.12395

### Objective

Life stress consistently increases the incidence of major depression. Recent evidence has shown that individual symptoms of major depressive disorder (MDD) differ in important dimensions such as their genetic and etiological background, but the impact of stress on individual MDD symptoms is not known. Here, we assess whether stress affects depression symptoms differentially.

### Method

We used the chronic stress of medical internship to examine changes of the nine Diagnostic and Statistical Manual (DSM)-5 criterion symptoms for depression in 3021 interns assessed prior to and throughout internship.

### Results

All nine depression symptoms increased in response to stress (all  $P < 0.001$ ), on average by 173%. Symptom increases differed substantially from each other ( $P < 0.001$ ), with psychomotor problems (289%) and interest loss (217%) showing the largest increases, and suicidal ideation (146%) and sleep problems (52%) the smallest. Symptoms also differed in their severities under stress ( $P < 0.001$ ): Fatigue, appetite problems and sleep problems were most prevalent; psychomotor problems and suicidal ideation were least prevalent.

### Conclusion

Stress differentially affects the DSM-5 depressive symptoms. Analyses of individual symptoms reveal important insights obfuscated by sum-scores.

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<http://www.sciencedirect.com/science/article/pii/S1087079215000209>

## **Trauma-Induced Insomnia: A Novel Model for Trauma and Sleep Research.**

Smit S. Sinha, MD

Sleep Medicine Reviews

Available online 4 February 2015

doi:10.1016/j.smr.2015.01.008

Traumatic events have been increasingly recognized as important precipitants of clinically significant insomnia. Trauma is an extreme form of stressful life event that generates a

sustained neurobiological response triggering the onset and maintenance of insomnia. Trauma may disrupt the normal sleep-wake regulatory mechanism by sensitizing the central nervous system's arousal centers, leading to pronounced central and physiological hyperarousal. The central concept of hyperarousal has been linked to both the pathogenesis of insomnia and to the neurobiological changes in the aftermath of traumatic events, and may be a neurobiological commonality underlying trauma and insomnia. This paper reviews evidence for trauma-induced insomnia and highlights its emergence as an important clinical and neurobiological entity. The production of insomnia by trauma may occur in the absence of full-blown PTSD, and may also be a precursor of subsequent PTSD development. Converging lines of evidence from the neuroscience of insomnia with the neurobiology and psychophysiology of stress, fear, trauma and PTSD will be integrated to advance understanding of the condition. Preclinical and clinical stress and fear paradigms have informed the neurobiological pathways mediating the production of insomnia by trauma. Elucidating the underlying neurobiological substrates can establish novel biological markers to identify persons at risk for the condition, and help optimize treatment of the trauma-insomnia interface. Early identification and treatment of insomnia in the posttraumatic period may prevent the development of PTSD, as well as other important sequelae linked to insomnia such as depression, substance dependence, and other medical conditions.

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<http://scholarcommons.sc.edu/etd/3037/>

### **Mental Disorders, Mental Health Problems, and Treatment Among Army Recruiters and Recruiting Candidates, 2011-2013: An Examination of Current Rates in the Recruiting Population.**

Chadwick Karl Knight  
University of South Carolina-Columbia  
Department of Health Services and Policy Management  
Doctoral dissertation, 12-15-2014

#### **Purpose:**

This study sought to determine the prevalence and severity of mental health disorders (MHDs) and/or mental health problems (MHPs) and types of treatments received among soldiers who have or will serve as recruiters.

#### **Research Design and Methods:**

Data were collected between October 2011 to July 2013 from active duty soldiers (N=2,783) attending courses on Fort Jackson at the U.S. Army's Recruiting and Retention School (RRS). Students consisted of regular active duty soldiers and activated Guard/Reservist that were either recruiters or recruiting candidates. The medical records of participating recruiters and recruiting candidates were reviewed for the prevalence of MHDs and MHPs and types of mental health treatment. Treatment was categorized as having none, being prescribed only medication,

receiving only counseling, or getting a combination of both. Socio-demographic variables were included in adjusted analysis.

#### Results:

Over 39% of recruiters were diagnosed with at least one MHD, one MHP, or a combination of both. Approximately one in every four recruiters was diagnosed with only having at least one MHD (24.08%), with an additional 6.22% being diagnosed with at least one MHP, and 9.16% being diagnosed as having a combination of both. Over half of the recruiters received some form of mental health treatment (55.53%). The most common treatment was the combination of prescribed medications and counseling (25.75%), followed by only prescribed medications (16.78%), and only received counseling (13.00%). In adjusted analysis, middle-aged (30-39 years) and married recruiters remained associated with the presence of a MHDs or MHPs. Similarly, in adjusted analysis, middle-aged (30-39 years), Hispanic, and "Other" recruiters were associated with the reception of treatment via medications or counseling.

#### Conclusions:

The prevalence of MHDs and MHPs, were different and lower than those reported in the study by the Armed Forces Health Surveillance Center, but still significantly higher in comparison the findings identified in similar studies reflecting the prevalence of such disorders and problems among military and civilian personnel. Findings indicated that the types of mental health treatment rendered to the recruiters are not similar to other studies regarding military or civilian personnel, but rather indicate that recruiters diagnosed with MHDs and/or MHPs are receiving appropriate levels of medication, counseling, and/or combination of both when required and that adequate mental health resources are available and being utilized by those whom seek it. Findings also suggest that there are still mental health care barriers that need to be researched and addressed to ensure that all soldiers with mental health issues are accurately identified and receive adequate care.

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<http://www.sciencedirect.com/science/article/pii/S1471015315000070>

### **PTSD and depression symptoms are associated with binge eating among US Iraq and Afghanistan veterans.**

Katherine D. Hoerster, Matthew Jakupcak, Robert Hanson, Miles McFall, Gayle Reiber, Katherine S. Hall, Karin M. Nelson

Eating Behaviors

Available online 4 February 2015

doi:10.1016/j.eatbeh.2015.01.005

Objective

US Iraq and Afghanistan Veterans with post-traumatic stress disorder (PTSD) and depression

are at increased risk for obesity. Understanding the contribution of health behaviors to this relationship will enhance efforts to prevent and reduce obesity. Therefore, we examined the association of PTSD and depression symptoms with binge eating, a risk factor for obesity, among Iraq/Afghanistan Veterans.

#### Method

Iraq/Afghanistan Veterans were assessed at intake to the VA Puget Sound Healthcare System-Seattle post-deployment clinic (May, 2004-January 2007). The Patient Health Questionnaire was used to measure depression and binge eating symptoms, and the PTSD Checklist-Military Version assessed PTSD symptoms.

#### Results

The majority of the sample (N = 332) was male (91.5%) and Caucasian (72.6%), with an average age of 31.1 (SD = 8.5) years; 16.3% met depression screening criteria, 37.8% met PTSD screening criteria, and 8.4% met binge eating screening criteria. In adjusted models, those meeting depression (odds ratio (OR) = 7.53; 95% CI = 2.69,21.04; p < .001) and PTSD (OR = 3.37; 95% CI = 1.34,8.46; p = .01) screening criteria were more likely to meet binge eating screening criteria. Continuous measures of PTSD and depression symptom severity were also associated with meeting binge eating screening criteria (ps < .05).

#### Conclusion

PTSD and depression are common conditions among Iraq/Afghanistan Veterans. In the present study, PTSD and depression symptoms were associated with meeting binge eating screening criteria, identifying a possible pathway by which psychiatric conditions lead to disproportionate burden of overweight and obesity in this Veteran cohort. Tailored dietary behavior interventions may be needed for Iraq/Afghanistan Veterans with co-morbid obesity and psychiatric conditions.

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<http://gradworks.umi.com/36/68/3668591.html>

### **The silent ranks of deployments to the Middle East**

by Torti, Christina L., Psy.D.

The University of the Rockies, 2014

This study investigated the extent to which current deployments, past deployments, and number of deployments to Iraq and Afghanistan experienced by a military service member's significant other contributes to depression, anxiety, and stress. In addition, the study investigated the coping skills utilized during and after deployment. Depression, anxiety, and stress were measured by the Depression, Anxiety, and Stress Scale (DASS). Coping skills and symptomology characteristically experienced by significant others during and after deployment were assessed using a demographic-type questionnaire created by the researcher based on a



review of the literature, as well as the Coping Orientations to Problems Experienced Scale (COPE) Brief Version (Brief COPE). Those significant others with a military member who had been injured had lower severity ratings of depression, anxiety, and stress compared to the group who did not have an injured military member, but these severity ratings were all in the normal range of depression across the two groups. The group of significant others whose military member was currently deployed at the time of data gathering had higher severity ratings of depression, anxiety, and stress compared to the significant others whose military members were not currently deployed. Significant others whose partner had been deployed more than two times at the time of data gathering did not use a larger number of effective coping strategies than those whose military member had only been on one deployment. It is imperative for the needs of significant others of deployed and returned from deployment military members to be recognized as vital to the overall military mission. The silent ranks are in just as much need of mental health services as their significant others, both as a prevention and maintenance tool for overall well-being.

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<http://psycnet.apa.org/psycinfo/2015-04644-001/>

### **Coping, Family Social Support, and Psychological Symptoms Among Student Veterans.**

Romero, Daniel H.; Riggs, Shelley A.; Ruggero, Camilo

Journal of Counseling Psychology

Feb 2 , 2015

<http://dx.doi.org/10.1037/cou0000061>

With rising numbers of student veterans on today's college campuses, multicultural competence in college counseling centers increasingly includes an understanding of military culture and its relation to the psychological health and functioning of student veterans. Research on interpersonal and intrapersonal factors associated with college student veterans' mental health is scarce. The current study examines the contributions of coping style and family social support on symptoms of anxiety, depression, and posttraumatic stress in a student veteran sample. We also tested the moderating role of family social support in the relationship between coping style and psychological symptoms. Data from 136 student veterans were analyzed by using path analysis. Results revealed that avoidant coping and family social support significantly predicted depressive and anxiety symptoms. Avoidant coping also significantly predicted posttraumatic stress symptoms. In addition, findings indicated that family social support moderated the relationship between problem-focused coping and depression, as well as between avoidant coping and symptoms of anxiety and depression but not posttraumatic stress. Implications of results for college and university counselors are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.sciencedirect.com/science/article/pii/S0890856715000428>

## **Impact of Parents' Wartime Military Deployment and Injury on Their Young Children's Safety and Mental Health.**

Elizabeth Hisle-Gorman, Donna Harrington, Cade M. Nylund, Kenneth P. Tercyak, Bruno J. Anthony, Gregory H. Gorman

Available online 2 February 2015

doi:10.1016/j.jaac.2014.12.017

### **Objective**

Children are at risk of adverse outcomes during parental military deployments. We aim to determine the impact of parental deployment and combat injury on young children's post-deployment mental health, injuries, and maltreatment.

### **Method**

This is a population-based, retrospective cohort study of young children of active duty military parents during fiscal years (FY) 2006-2007, a high deployment period. 487,460 children, aged 3 to 8 years old, who received Military Health System care, were included. The relative rates of mental health, injury, and child maltreatment visits of 1) children whose parents deployed and 2) children of combat-injured parents were compared to children unexposed to parental deployment.

### **Results**

Of included children, 58,479 (12%) had a parent deploy, and 5,405 (1%) had a parent injured during deployment. Relative to children whose parents did not deploy, children of deployed and combat-injured parents, respectively, had additional visits for mental health diagnoses (incidence rate ratio [IRR] 1.17 [95% CI 1.09-1.24], IRR 1.66 [95% CI 1.43-1.93]), injuries (IRR 1.08 [95% CI 1.05-1.11], IRR 1.26 [95% CI 1.16-1.37]), and child maltreatment (IRR 1.21 [95% CI 1.09-1.35], IRR 2.41 [95% CI 1.99-2.92]) post deployment.

### **Conclusion**

Young children of deployed and combat-injured military parents have more post-deployment visits for mental health, injuries, and child maltreatment. Mental health problems, injuries, and maltreatment following a parent's return from deployment are amplified in children of combat-injured parents. Increased preventive and intervention services are needed for young children as parents return from deployments. Child health and mental health providers are crucial to effective identification of these at-risk children to ensure effective care provision.

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<http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400128>

## **Lifetime and 12-Month Use of Psychiatric Services Among U.S. Army National Guard Soldiers in Ohio.**

David S. Fink, Laura Sampson, Marijo B. Tamburrino, Israel Liberzon, Renee Slembariski, Philip Chan, Gregory H. Cohen, Edwin Shirley, Toyomi Goto, Nicole D'Arcangelo, Thomas Fine, Philip Reed, Sandro Galea, and Joseph R. Calabrese

Psychiatric Services

Received: March 25, 2014

Accepted: October 09, 2014

<http://dx.doi.org/10.1176/appi.ps.201400128>

### Objective:

The individual and economic burden of psychiatric illnesses is substantial. Although treatment of psychiatric disorders mitigates the burden of illness, over half of military personnel with disorders do not receive mental health care. However, there is a paucity of research examining the relationship between psychiatric disorder categories and treatment-seeking behavior in representative military populations. This study aimed to document, by psychiatric disorder category, the annualized rate of Guard members who obtained psychiatric services and the factors associated with service utilization.

### Methods:

Face-to-face clinical assessments were conducted between 2008 and 2012 to assess lifetime and current psychiatric disorders and recent psychiatric service use among 528 Ohio Army National Guard soldiers.

### Results:

An annualized rate of 31% of persons per year accessed psychiatric services between 2010 and 2012. Persons with substance use disorders had the lowest annualized rate of service use, and these were the only disorders not predictive of accessing services. Current mood disorder, current anxiety disorder, and lifetime history of service use were the strongest predictors of recent service use. There were no socioeconomic or other group predictors of psychiatric service use.

### Conclusions:

About half of the soldiers who could benefit from mental health services used them, yet soldiers with substance use disorders were predominantly going untreated. There were no differences in treatment utilization by group characteristics, suggesting no systematic barriers to care for particular groups. Efforts to encourage broader adoption of treatment seeking, particularly among persons with substance use disorders, are necessary to mitigate psychiatric health burden in this population.

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<http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201300469>

## **Barriers and Facilitators Related to Mental Health Care Use Among Older Veterans in the United States.**

Rebecca K. Blais, Jack Tsai, Steven M. Southwick, and Robert H. Pietrzak

Psychiatric Services

Received: October 15, 2013

Accepted: September 26, 2014

<http://dx.doi.org/10.1176/appi.ps.201300469>

### Objective:

Psychiatric disorders are more prevalent among older veterans compared with their civilian counterparts, but many veterans with symptoms of psychiatric disorders do not utilize mental health services. This study examined barriers and facilitators related to current mental health care utilization in a nationally representative sample of veterans ages 60 and older (N=2,025).

### Methods:

Using data from the National Health and Resilience in Veterans Study, the authors evaluated how predisposing, enabling, and need characteristics as well as perceived barriers to care were related to utilization of mental health care among older veterans.

### Results:

A minority of veterans (N=130; weighted prevalence, 6%) reported current mental health care utilization. Among veterans (N=144) who screened positive for a current psychiatric disorder, 42 (weighted prevalence, 25%) were currently utilizing services. In the full sample, current utilization was associated with lifetime posttraumatic stress disorder or depression (odds ratio [OR]=5.88, 95% confidence interval [CI]=3.51–9.84), lifetime drug use disorder (OR=2.87, CI=1.59–5.17), severity of current psychiatric symptoms (OR=1.40, CI=1.19–1.65), general medical difficulties (OR=1.28, CI=1.10–1.50), and lower perceptions of stigma (OR=.80, CI=.68–.93). Non-Hispanic veterans were less likely to utilize care (OR=.42, CI=.25–.69). Among psychiatrically distressed veterans, current utilization was associated with younger age (OR=.89, CI=.81–.97), current suicidal ideation (OR=5.60, CI=1.98–15.84), and fewer negative beliefs about mental health care (OR=.23, CI=.09–.56).

### Conclusions:

Efforts to identify psychiatrically distressed veterans and to reduce stigma and negative beliefs about mental health care may help increase mental health service utilization among older U.S. veterans.

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<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318665/>

**The Management of Alcohol Use Disorders: The Impact of Pharmacologic, Affective, Behavioral, and Cognitive Approaches.**

Jocelyn Carter, MD, MPH, Estee Sharon, PsyD, and Theodore A. Stern, MD

The Primary Care Companion for CNS Disorders  
2014; 16(4): 10.4088/PCC.14f01683

Clinical Points

- Alcohol use disorder is a complex disease affecting 18 million people in the United States; its pathophysiology is driven by the mesolimbic dopaminergic system.
- Use of screening, brief intervention, and referral to treatment as recommended by the Joint Commission and the US Preventive Services Task Force has been demonstrated to reduce rates of alcohol use and heavy drinking and increase access/referral for treatment among inpatients hospitalized for alcohol intoxication or withdrawal.
- Recovery tends to be an iterative process aided by a variety of medications (including naltrexone, disulfiram, topiramate), interventions, and therapies (including self-help groups, behavioral therapy, and community therapy).
- Barriers to successful treatment include denial of individuals and possible denial of those surrounding them, restricted family and community support, and self-limited insight and understanding of alcohol use disorder.

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<http://scitechnol.com/combat-exposure-postdeployment-aggression-mediating-effects-posttraumatic-stress-negative-emotion-postdeployment-stressors-82td.pdf>

**Combat Exposure and Postdeployment Aggression: The Mediating Effects of Posttraumatic Stress, Negative Emotion, and Postdeployment Stressors.**

James Griffith

Journal of Traumatic Stress Disorders & Treatment  
2014; 3:1  
<http://dx.doi.org/10.4172/2324-8947.1000115>

The present study tested the intervening effects of Negative emotion and postdeployment stressors on the relationship of combat exposure and posttraumatic stress (PTS) to aggression. Hypothesized relationships were examined using survey data obtained from a sample of National Guard soldiers (N=4,546). Results of structural equation modeling showed the strongest paths going from combat exposure and PTS, specifically, re-experiencing deployment

events, to postdeployment Negative emotion to aggressive behaviors. Both re-experiencing deployment and Negative emotion showed a smaller direct effect on postdeployment aggression. Implications of findings for screening and treatment of soldiers having PTS and negative emotional states are discussed.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2014.995254>

### **Military Identity and Psychological Functioning: A Pilot Study.**

Steven L. Lancaster Ph.D. & Roland Hart B.S.

Military Behavioral Health

Accepted author version posted online: 04 Feb 2015

DOI: 10.1080/21635781.2014.995254

While previous research has examined the relationship between group identity and functioning, the presence of military identity and its effects are relatively unexplored. We created the Warrior Identity Scale to examine this aspect of post-deployment functioning using online surveys with veterans. Results indicate more symptomatic veterans displayed higher scores on subscales of interconnectedness and seeing the military as a family. Public and private military regard, however, correlated with perceived social support and positive affect. Our results support the importance of military identity in functioning and suggest further study is needed.

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<http://bjp.rcpsych.org/content/early/2015/01/22/bjp.bp.114.145516.abstract>

### **Trajectory of post-traumatic stress following traumatic injury: 6-year follow-up.**

Richard A. Bryant, Angela Nickerson, Mark Creamer, Meaghan O'Donnell, David Forbes, Isaac Galatzer-Levy, Alexander C. McFarlane and Derrick Silove

The British Journal of Psychiatry

Published online ahead of print February 5, 2015

doi: 10.1192/bjp.bp.114.145516

#### **Background**

Traumatic injuries affect millions of patients each year, and resulting post-traumatic stress disorder (PTSD) significantly contributes to subsequent impairment.

#### **Aims**

To map the distinctive long-term trajectories of PTSD responses over 6 years by using latent

growth mixture modelling.

#### Method

Randomly selected injury patients (n = 1084) admitted to four hospitals around Australia were assessed in hospital, and at 3, 12, 24 and 72 months. Lifetime psychiatric history and current PTSD severity and functioning were assessed.

#### Results

Five trajectories of PTSD response were noted across the 6 years: (a) chronic (4%), (b) recovery (6%), (c) worsening/recovery (8%), (d) worsening (10%) and (e) resilient (73%). A poorer trajectory was predicted by female gender, recent life stressors, presence of mild traumatic brain injury and admission to intensive care unit.

#### Conclusions

These findings demonstrate the long-term PTSD effects that can occur following traumatic injury. The different trajectories highlight that monitoring a subset of patients over time is probably a more accurate means of identifying PTSD rather than relying on factors that can be assessed during hospital admission.

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<http://www.ncbi.nlm.nih.gov/pubmed/25656798>

Compr Psychiatry. 2015 Jan 14. pii: S0010-440X(15)00003-6. doi: 10.1016/j.comppsy.2015.01.002. [Epub ahead of print]

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

Pagotto LF, Mendlowicz MV, Coutinho ES, Figueira I, Luz MP, Araujo AX, Berger W

#### 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. Copyright © 2015 Elsevier Inc. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/23806682>

Am J Geriatr Psychiatry. 2014 Jun;22(6):564-9. doi: 10.1016/j.jagp.2013.02.013. Epub 2013 Jun 25.

#### **Loneliness among older veterans in the United States: results from the National Health and Resilience in Veterans Study.**

Kuwert P, Knaevelsrud C, Pietrzak RH

#### OBJECTIVES:

This study examined the current prevalence, and demographic, military, health, and psychosocial correlates of loneliness in a contemporary nationally representative sample of older U.S. veterans.

#### METHODS:

Two thousand twenty-five veterans aged 60 years and older participated in the National Health



and Resilience in Veterans Study. Loneliness was assessed using a questionnaire adapted from the Revised UCLA Loneliness Scale. A broad range of demographic, military, health, and psychosocial variables was also assessed.

#### RESULTS:

44% of veterans reported feeling lonely at least some of the time (10.4% reported often feeling lonely). Greater age, disability in activities of daily living, lifetime traumas, perceived stress, and current depressive and post-traumatic stress disorder symptoms were positively associated with loneliness, and being married/cohabitating, higher income, greater subjective cognitive functioning, social support, secure attachment, dispositional gratitude, and frequency of attending religious services were negatively associated with loneliness. The largest magnitude associations were observed for perceived social support, secure attachment style, and depressive symptoms.

#### CONCLUSIONS:

Loneliness is prevalent among older veterans in the United States, and associated with several health and psychosocial variables. These results suggest that multifactorial interventions that emphasize bolstering of social support and reduction of depressive symptoms may help mitigate loneliness in the rapidly growing population of older veterans. Copyright © 2014 American Association for Geriatric Psychiatry. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25642611>

Psychiatr Serv. 2015 Feb 1;66(2):155-62. doi: 10.1176/appi.ps.201300551. Epub 2014 Nov 17.

#### **Patient-centered mental health care for female veterans.**

Kimerling R, Bastian LA, Bean-Mayberry BA, Bucossi MM, Carney DV, Goldstein KM, Phibbs CS, Pomernacki A, Sadler AG, Yano EM, Frayne SM

#### OBJECTIVE:

Mental health services for women vary widely across the Veterans Health Administration (VHA) system, without consensus on the need for, or organization of, specialized services for women. Understanding women's needs and priorities is essential to guide the implementation of patient-centered behavioral health services.

#### METHODS:

In a cross-sectional, multisite survey of female veterans using primary care, potential stakeholders were identified for VHA mental health services by assessing perceived or observed need for mental health services. These stakeholders (N=484) ranked priorities for mental health care among a wide range of possible services. The investigators then quantified the importance of having designated women's mental health services for each of the mental

health services that emerged as key priorities.

#### RESULTS:

Treatment for depression, pain management, coping with chronic general medical conditions, sleep problems, weight management, and posttraumatic stress disorder (PTSD) emerged as women's key priorities. Having mental health services specialized for women was rated as extremely important to substantial proportions of women for each of the six prioritized services. Preference for primary care colocation was strongly associated with higher importance ratings for designated women's mental health services. For specific types of services, race, ethnicity, sexual orientation, PTSD symptoms, and psychiatric comorbidity were also associated with higher importance ratings for designated women's services.

#### CONCLUSIONS:

Female veterans are a diverse population whose needs and preferences for mental health services vary along demographic and clinical factors. These stakeholder perspectives can help prioritize structural and clinical aspects of designated women's mental health care in the VHA.

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<http://www.ncbi.nlm.nih.gov/pubmed/25642387>

Brain Behav. 2014 Dec 23:e00304. [Epub ahead of print]

### **Physiological reactivity to nonideographic virtual reality stimuli in veterans with and without PTSD.**

Webb AK, Vincent AL, Jin AB, Pollack MH

#### BACKGROUND:

Post-traumatic stress disorder (PTSD) currently is diagnosed via clinical interview in which subjective self reports of traumatic events and associated experiences are discussed with a mental health professional. The reliability and validity of diagnoses can be improved with the use of objective physiological measures.

#### METHODS:

In this study, physiological activity was recorded from 58 male veterans (PTSD Diagnosis n = 16; Trauma Exposed/No PTSD Diagnosis: n = 23; No Trauma/No PTSD Diagnosis: n = 19) with and without PTSD and combat trauma exposure in response to emotionally evocative non-ideographic virtual reality stimuli.

#### RESULTS:

Statistically significant differences among the Control, Trauma, and PTSD groups were present during the viewing of two virtual reality videos. Skin conductance and interbeat interval features were extracted for each of ten video events (five events of increasing severity per video). These

features were submitted to three stepwise discriminant function analyses to assess classification accuracy for Control versus Trauma, Control versus PTSD, and Trauma versus PTSD pairings of participant groups. Leave-one-out cross-validation classification accuracy was between 71 and 94%.

#### CONCLUSIONS:

These results are promising and suggest the utility of objective physiological measures in assisting with PTSD diagnosis.

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<http://www.ncbi.nlm.nih.gov/pubmed/24930521>

Curr Psychiatry Rep. 2014 Aug;16(8):460. doi: 10.1007/s11920-014-0460-1.

#### **Suicides in the military: the post-modern combat veteran and the Hemingway effect.**

Castro CA, Kintzle S

Suicides in the military have increased over the last ten years. Much effort has been focused on suicide prevention and treatment, as well as understanding the reasons for the sharp increase in military suicides. Despite this effort, the definitive causes of military suicides remain elusive. Further, highly effective suicide prevention and treatment approaches have not yet been developed. The purpose of this article is to present a short review of the current state of suicide prevention interventions within the context of the military. The root causes of suicidal behavior and the role of combat in the military are each discussed. Interpersonal-psychological theory of suicide and the military transition theory are introduced as guiding frameworks for understanding suicides and suicidal behavior amongst active military personnel and military veterans. The article concludes with a set of recommendations for moving forward in understanding and addressing suicides in the military. PMID: 24930521 [PubMed - indexed for MEDLINE]

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<http://www.ncbi.nlm.nih.gov/pubmed/25638351>

BMC Health Serv Res. 2015 Feb 1;15(1):46. [Epub ahead of print]

#### **Smoking cessation and care management for veterans with posttraumatic stress disorder: a study protocol for a randomized controlled trial.**

Peterson J, Prochazka AV, Battaglia C

Smoking remains the leading cause of preventable illness and mortality in the United States.

Individuals with Posttraumatic Stress Disorder (PTSD) have smoking rates higher than that of others and fewer individuals with PTSD have quit smoking. This randomized controlled trial was designed to test the effectiveness of integrating telehealth care management and smoking cessation with motivational interview for Veterans with PTSD. Methods/design All smokers with PTSD, regardless of their desire to quit, were invited to participate. Enrollment occurred between November 2009 and April 2013. Target enrollment was 120 participants. Enrolled participants were randomized to either the control group, receiving usual care including a telehealth PTSD program, with a device that delivered PTSD information and in-home care management, or the intervention group, which included (1) a telehealth PTSD program, (2) motivational interviewing-based smoking cessation curricula via the telehealth device, and (3) weekly motivational interviewing counseling phone calls. Outcomes are self-reported 24-hour quit attempts, progression along the stages of change and 7-day point prevalence quit smoking rates for the intervention group compared to usual care alone. Secondary outcomes include participants' perception of care coordination, patient satisfaction with motivational interviewing, PTSD symptoms, pain, depression and quality of life. Discussion Motivational interviewing has been shown to increase readiness for change and smoking cessation care has been shown to be more successful when incorporated into in-person mental health care. Our study builds on previous studies. It integrates a written smoking cessation curriculum and phone-based motivational interviewing counseling into an established PTSD home telehealth care coordination program. This paper describes the design and methods of our randomized control trial. Trial registration ClinicalTrials.gov, NCT00908882, May 22, 2009.

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<http://www.ncbi.nlm.nih.gov/pubmed/25636499>

Psychiatry Res. 2015 Jan 13. pii: S0165-1781(15)00021-9. doi: 10.1016/j.psychres.2014.12.057. [Epub ahead of print]

### **Anxiety sensitivity cognitive concerns predict suicide risk.**

Oglesby ME, Capron DW, Raines AM, Schmidt NB

Anxiety sensitivity (AS) cognitive concerns, which reflects fears of mental incapacitation, have been previously associated with suicidal ideation and behavior. The first study aim was to replicate and extend upon previous research by investigating whether AS cognitive concerns can discriminate between those at low risk versus high risk for suicidal behavior. Secondly, we aimed to test the incremental predictive power of AS cognitive concerns above and beyond known suicide risk factors (i.e., thwarted belongingness and insomnia). The sample consisted of 106 individuals (75% meeting current criteria for an Axis I disorder) recruited from the community. Results revealed that AS cognitive concerns were a robust predictor of elevated suicide risk after covarying for negative affect, whereas AS social and physical concerns were not. Those with high, relative to low, AS cognitive scores were 3.67 times more likely to be in the high suicide risk group. Moreover, AS cognitive concerns significantly predicted elevated

suicide risk above and beyond relevant suicide risk factors. Results of this study add to a growing body of the literature demonstrating a relationship between AS cognitive concerns and increased suicidality. Incorporating AS cognitive concerns amelioration protocols into existing interventions for suicidal behavior may be beneficial. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24814304>

J Behav Ther Exp Psychiatry. 2014 Sep;45(3):396-401. doi: 10.1016/j.jbtep.2014.04.004. Epub 2014 Apr 26.

### **How eye movements in EMDR work: changes in memory vividness and emotionality.**

Leer A, Engelhard IM, van den Hout MA

#### **BACKGROUND AND OBJECTIVES:**

Eye movements (EM) during recall of an aversive memory is a treatment element unique to Eye Movement Desensitization and Reprocessing (EMDR). Experimental studies have shown that EM reduce memory vividness and/or emotionality shortly after the intervention. However, it is unclear whether the immediate effects of the intervention reflect actual changes in memory. The aim of this study was to test whether immediate reductions in memory vividness and emotionality persist at a 24 h follow up and whether the magnitude of these effects is related to the duration of the intervention.

#### **METHODS:**

Seventy-three undergraduates recalled two negative autobiographical memories, one with EM ("recall with EM") and one without ("recall only"). Half of participants recalled each memory for four periods of 24 s, the other half for eight periods of 24 s. Memory vividness/emotionality were self-rated at a pre-test, an immediate post-test, and a 24 h follow-up test.

#### **RESULTS:**

In both duration groups, recall with EM, but not recall only, caused an immediate decrease in memory vividness. There were no immediate reductions in memory emotionality. Furthermore, only the 'eight periods' group showed that recall with EM, but not recall only, caused a decrease in both memory emotionality and memory vividness from the pre-test to the follow-up.

**LIMITATIONS:** Only self-report measures were used.

#### **CONCLUSIONS:**

The findings suggest that recall with EM causes 24-h changes in memory vividness/emotionality, which may explain part of the EMDR treatment effect, and these effects are related to intervention duration. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25661899>

J Evid Inf Soc Work. 2015 Jan 30:1-13. [Epub ahead of print]

**Dissemination of Trauma-Focused Cognitive-Behavioral Therapy: A Follow-Up Study of Practitioners' Knowledge and Implementation.**

Woody JD, Anderson DK, D'Souza HJ, Baxter B, Schubauer J

In this follow-up study the authors examine the impact of two projects that provided volunteer practitioners with extensive training in trauma-focused cognitive-behavioral therapy (TF-CBT). The objective was to gain empirical data about clinicians' knowledge of the model and implementation 10-15 months after training. The 30 respondents achieved a mean knowledge score of 80% for eight hypothetical clinical vignettes, positive results for clients' attendance at initial appointments, parental involvement, and low dropout rates, but somewhat lower use of child and parent trauma work. Use of selected TF-CBT components was strong, with lowest rates for child and parent trauma narrative and modifying cognitions. Intentions to use the model were high. Implications and recommendations are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/25666145>

Clin Orthop Relat Res. 2015 Feb 10. [Epub ahead of print]

**Disability After Deployment Injury: Are Women and Men Service Members Different?**

Rivera JC, Hylden CM, Johnson AE

**BACKGROUND:**

Civilian trauma literature suggests sexual dimorphism in outcomes after trauma. Because women represent an increasing demographic among veterans, the question remains if war trauma outcomes, like civilian trauma outcomes, differ between genders.

**QUESTIONS/PURPOSES:**

(1) Do women service members develop different conditions resulting in long-term disability compared with men service members after injuries sustained during deployment? (2) Do women service members have more or less severe disability after deployment injury compared with men service members? (3) Are men or women more likely to return to duty after combat injury?

**METHODS:**

The Department of Defense Trauma Registry was queried for women injured during deployment

from 2001 to 2011. The subjects were then queried in the Physical Evaluation Board database to determine each subject's return-to-duty status and what disabling conditions and disability percentages were assigned to those who did not return to duty. Frequency of disabling conditions, disability percentages, and return-to-duty rates for 368 women were compared with a previously published cohort of 450 men service members, 378 of whom had orthopaedic injuries.

#### RESULTS:

Women who were unable to return to duty had a higher frequency of arthritic conditions (58% [48 of 83] of women versus 35% [133 of 378] of men,  $p = 0.002$ ; relative risk [RR], 1.64; 95% confidence interval [CI], 1.307-2.067) and lower frequencies of general chronic pain (1% [one of 83] of women versus 19% [59 of 378] of men,  $p < 0.001$ ; RR, 0.08; 95% CI, 0.011-0.549) and neurogenic pain disorders (1% [one of 83] of women versus 7% [27 of 378] of men,  $p = 0.0410$ ; RR, 0.169; 95% CI, 0.023-1.224). Women had more severely rated posttraumatic stress disorder (PTSD) compared with men (38%  $\pm$  23% versus 19%  $\pm$  17%). Forty-eight percent (64 of 133) of battle-injured women were unable to return to active duty, resulting in a lower return-to-duty rate compared with men (34% [450 of 1333];  $p = 0.003$ ).

#### CONCLUSIONS:

After deployment-related injury, women have higher rates of arthritis, lower rates of pain disorders, and more severely rated PTSD compared with men. Women are unable to return to duty more often than men injured in combat. These results suggest some difference between men's and women's outcomes after deployment injury, important information for military and Veterans Administration providers seeking to minimize postdeployment disability. LEVEL OF EVIDENCE: Level III, prognostic study.

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<http://www.ncbi.nlm.nih.gov/pubmed/25665698>

J Clin Sleep Med. 2015 Feb 10. pii: jc-00285-14. [Epub ahead of print]

### **Obstructive Sleep Apnea and Posttraumatic Stress Disorder among OEF/OIF/OND Veterans.**

Colvonen PJ, Masino T, Drummond SP, Myers US, Angkaw AC, Norman SB

#### OBJECTIVES:

This study examined: (a) the relationship between self-reported posttraumatic stress disorder (PTSD) symptoms and risk of obstructive sleep apnea (OSA) in a younger, Iraq and Afghanistan (OEF/ OIF/ OND) veteran sample seeking treatment for PTSD; and (b) the relationships between PTSD symptom scores and each risk factor of OSA (snoring, fatigue, high blood pressure/ BMI).

## METHODS:

Participants were 195 Iraq and Afghanistan veterans presenting to a VA outpatient PTSD clinic for evaluation. Veterans were 21 to 59 years old (mean 33.40, SD 8.35) and 93.3% male (n = 182). Logistic regressions were run to examine whether veterans with greater PTSD symptom severity had an increased probability of screening as high risk for OSA, even after controlling for known risk factors (older age, positive smoking status, and use of CNS depressants).

## RESULTS:

Of 159 veterans screened, 69.2% were assessed as being at high risk for OSA. PTSD symptom severity increased the risk of screening positive for OSA. PTSD symptom severity increased risk of screening positive for snoring and fatigue, but not high blood pressure/ BMI.

## CONCLUSIONS:

OEF/ OIF/ OND veterans with PTSD screen as high risk for OSA at much higher rates than those seen in community studies and may not show all classic predictors of OSA (i.e., older and higher BMI). This study is the first to suggest that the Berlin may be a useful screener for OSA in a younger OEF/ OIF/ OND veteran population with PTSD. Screening of younger veterans with PTSD for OSA should be standard care, and polysomnography and OSA interventions should be readily available to younger veterans. © 2014 American Academy of Sleep Medicine.

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<http://www.ncbi.nlm.nih.gov/pubmed/25665497>

J Affect Disord. 2015 Jan 22;175C:373-378. doi: 10.1016/j.jad.2015.01.034. [Epub ahead of print]

## **Structural relations between DSM-5 PTSD and major depression symptoms in military soldiers.**

Elhai JD, Contractor AA, Tamburrino M, Fine TH, Cohen G, Shirley E, Chan PK, Liberzon I, Calabrese JR, Galea S

## BACKGROUND:

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are frequently comorbid. One explanation for this comorbidity is that PTSD has a constellation of "dysphoria" symptoms resembling depression.

## METHOD:

Using confirmatory factor analysis we tested the role of DSM-5 PTSD's dysphoria factor in relation to MDD symptom dimensions of somatic and non-somatic psychopathology. 672 Ohio National Guard soldiers completed DSM-5 measures of PTSD and MDD symptoms in an epidemiological study.



## RESULTS:

Results indicated that in contrast to other PTSD factors, PTSD's dysphoria factor was more related to MDD's somatic and non-somatic factors.

## LIMITATIONS:

Limitations include generalizability to the epidemiological population of trauma-exposed military veterans rather than civilians, and reliance on self-report measures.

## CONCLUSIONS:

Implications concerning clinical psychopathology and comorbidity of PTSD are discussed, including whether PTSD should be refined by removing its non-specific symptoms. Copyright © 2015 Elsevier B.V. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25665140>

J Sex Med. 2015 Feb 9. doi: 10.1111/jsm.12823. [Epub ahead of print]

## **Sexual Dysfunction in Veterans with Post-Traumatic Stress Disorder.**

Tran JK, Dunckel G, Teng EJ

## INTRODUCTION:

Veterans with post-traumatic stress disorder (PTSD) experience high rates of sexual dysfunction. However, the topic of sexual dysfunction is often overlooked clinically and underexamined in the PTSD research literature. Clinician assessment and treatment of sexual dysfunction are particularly important for Veterans, who are at increased risk of exposure to trauma. AIM: Review the literature regarding sexual dysfunction among Veterans with PTSD.

## METHOD:

Review of the literature.

## RESULTS:

Sexual dysfunction, including erectile difficulties in males and vaginal pain in females, is common among Veterans with PTSD. Several underlying mechanisms may account for the overlap between PTSD and sexual dysfunction. Certain barriers may contribute to the reluctance of providers in addressing problems of sexual dysfunction in Veterans with PTSD.

## CONCLUSIONS:

With the high likelihood of sexual dysfunction among Veterans with PTSD, it is important to consider the integration of treatment strategies. Efforts to further the research on this important topic are needed. Tran JK, Dunckel G, and Teng EJ. Sexual dysfunction in veterans with post-traumatic stress disorder. J Sex Med; Published 2015. This article has been contributed to by

US Government employees and their work is in the public domain in the USA.

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<http://www.ncbi.nlm.nih.gov/pubmed/25663739>

Prof Psychol Res Pr. 2014 Dec;45(6):465-477.

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

Gewirtz AH, McMorris BJ, Hanson S, Davis L

Almost nothing is known about the family and individual adjustment of military mothers who have deployed to the conflicts in Iraq or Afghanistan (Operations Iraqi and Enduring Freedom, and Operation New Dawn; OIF, OEF, OND), constituting a gap in psychologists' knowledge about how best to help this population. We report baseline data on maternal, child, parenting, and couple adjustment for mothers in 181 families in which a parent deployed to OIF/OEF/OND. Among this sample, 34 mothers had deployed at least once, and 147 mothers had experienced the deployment of a male spouse/partner. Mothers completed self-report questionnaires assessing past year adverse life events, war experiences (for deployed mothers only), posttraumatic stress disorder (PTSD) and depression symptoms, difficulties in emotion regulation, parenting, couple adjustment, and child functioning. Mothers who had deployed reported greater distress than non-deployed mothers (higher scores on measures of PTSD and depression symptoms), and slightly more past year adverse events. A moderate number of war experiences (combat and post-battle aftermath events) were reported, consistent with previous studies of women in current and prior conflicts. However, no differences were found between the two groups on measures of couple adjustment, parenting, or child functioning. Results are discussed in terms of the dearth of knowledge about deployed mothers, and implications for psychologists serving military families.

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<http://www.ncbi.nlm.nih.gov/pubmed/25445072>

J Anxiety Disord. 2014 Dec;28(8):830-5. doi: 10.1016/j.janxdis.2014.09.015. Epub 2014 Oct 5.

**Evaluation of the dimensions of anger reactions-5 (DAR-5) scale in combat veterans with posttraumatic stress disorder.**

Forbes D, Alkemade N, Hopcraft D, Hawthorne G, O'Halloran P, Elhai JD, McHugh T, Bates G, Novaco RW, Bryant R, Lewis V

After a traumatic event many people experience problems with anger which not only results in

significant distress, but can also impede recovery. As such, there is value to include the assessment of anger in routine post-trauma screening procedures. The Dimensions of Anger Reactions-5 (DAR-5), as a concise measure of anger, was designed to meet such a need, its brevity minimizing the burden on client and practitioner. This study examined the psychometric properties of the DAR-5 with a sample of 163 male veterans diagnosed with Posttraumatic Stress Disorder. The DAR-5 demonstrated internal reliability ( $\alpha=.86$ ), along with convergent, concurrent and discriminant validity against a variety of established measures (e.g., HADS, PCL, STAXI). Support for the clinical cut-point score of 12 suggested by Forbes et al. (2014, Utility of the dimensions of anger reactions-5 (DAR-5) scale as a brief anger measure. Depression and Anxiety, 31, 166-173) was observed. The results support considering the DAR-5 as a preferred screening and assessment measure of problematic anger. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/25666784>

Arch Phys Med Rehabil. 2015 Feb 6. pii: S0003-9993(15)00100-8. doi: 10.1016/j.apmr.2014.11.028. [Epub ahead of print]

**Is sex an indicator of prognosis after mild traumatic brain injury: A systematic analysis of the findings of the WHO Collaborating Centre Task Force on Mild Traumatic Brain Injury and the International Collaboration on Mild Traumatic Brain Injury Prognosis.**

Cancelliere C, Donovan J, Cassidy JD

**OBJECTIVE:**

To determine sex differences in the recovery and prognosis after MTBI in adults and children.

**DATA SOURCES:**

We analyzed all scientifically admissible primary studies in the World Health Organization (WHO) (n=120) and International Collaboration on Mild Traumatic Brain Injury Prognosis (ICoMP) (n=101) systematic reviews regarding prognosis of MTBI for sex-stratified findings. They searched MEDLINE and other databases from 1980-2000 (WHO) and 2001-2012 (ICoMP) for published, peer-reviewed reports in English and other languages.

**STUDY SELECTION:**

We selected controlled trials, cohort and case-control studies that assessed the effect of sex on outcomes following MTBI.

**DATA EXTRACTION:**

Data from the eligible studies from both systematic reviews combined (n=14, 7%) were extracted into evidence tables.

## DATA SYNTHESIS:

Prognostic information relating to sex was prioritized according to design as exploratory or confirmatory and a best-evidence synthesis was conducted. After MTBI, females may have a higher risk of epilepsy (children, young adults) and suicide, and use more healthcare services; males may be at higher risk for schizophrenia. The majority of studies did not find a sex difference for post-concussion symptoms in children and adults. No sex difference was found for risk of dementia and primary brain tumour, return-to-work, or post-traumatic stress syndrome.

## CONCLUSIONS:

Sex is not a well-studied prognostic indicator for recovery after MTBI, but small sex differences were found for some outcomes. More well-designed studies are needed that report outcomes according to sex and control for potential confounders. Copyright © 2015 American Congress of Rehabilitation Medicine. Published by Elsevier Inc. All rights reserved.

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<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116889>

## **Minds “At Attention”: Mindfulness Training Curbs Attentional Lapses in Military Cohorts.**

Jha AP, Morrison AB, Dainer-Best J, Parker S, Rostrup N, et al.

PLOS ONE

Published: February 11, 2015

DOI: 10.1371/journal.pone.0116889

We investigated the impact of mindfulness training (MT) on attentional performance lapses associated with task-unrelated thought (i.e., mind wandering). Periods of persistent and intensive demands may compromise attention and increase off-task thinking. Here, we investigated if MT may mitigate these deleterious effects and promote cognitive resilience in military cohorts enduring a high-demand interval of predeployment training. To better understand which aspects of MT programs are most beneficial, three military cohorts were examined. Two of the three groups were provided MT. One group received an 8-hour, 8-week variant of Mindfulness-based Mind Fitness Training (MMFT) emphasizing engagement in training exercises (training-focused MT,  $n = 40$ ), a second group received a didactic-focused variant emphasizing content regarding stress and resilience (didactic-focused MT,  $n = 40$ ), and the third group served as a no-training control (NTC,  $n = 24$ ). Sustained Attention to Response Task (SART) performance was indexed in all military groups and a no-training civilian group (CIV,  $n = 45$ ) before (T1) and after (T2) the MT course period. Attentional performance (measured by  $A'$ , a sensitivity index) was lower in NTC vs. CIV at T2, suggesting that performance suffers after enduring a high-demand predeployment interval relative to a similar time period of civilian life. Yet, there were significantly fewer performance lapses in the military cohorts receiving MT relative to NTC, with training-focused MT outperforming didactic-focused MT at T2. From T1 to T2,  $A'$  degraded in NTC and didactic-focused MT but remained stable in

training-focused MT and CIV. In sum, while protracted periods of high-demand military training may increase attentional performance lapses, practice-focused MT programs akin to training-focused MT may bolster attentional performance more than didactic-focused programs. As such, training-focused MT programs should be further examined in cohorts experiencing protracted high-demand intervals.

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### **Links of Interest**

Counseling and Mental Health Care Before Deployment Could Ease Vets' Return

[http://www.huffingtonpost.com/shad-meshad/counseling-and-mental-health-care-before-deployment-could-ease-vets-return\\_b\\_6567342.html](http://www.huffingtonpost.com/shad-meshad/counseling-and-mental-health-care-before-deployment-could-ease-vets-return_b_6567342.html)

Texting may be more suitable than apps in treatment of mental illness

<http://www.sciencedaily.com/releases/2015/01/150129141115.htm>

Acute psychological stress reduces ability to withstand physical pain

[http://www.eurekalert.org/pub\\_releases/2015-02/afot-aps020515.php](http://www.eurekalert.org/pub_releases/2015-02/afot-aps020515.php)

Coming Home to Damaging Stereotypes

<http://www.nytimes.com/2015/02/06/us/a-veteran-works-to-break-the-broken-hero-stereotype.html>

Army offers eye trauma therapy in Fairbanks area

[http://www.newsminer.com/features/health/army-offers-eye-trauma-therapy-in-fairbanks-area/article\\_8f78fb38-b037-11e4-9a5f-9747702c5b1d.html](http://www.newsminer.com/features/health/army-offers-eye-trauma-therapy-in-fairbanks-area/article_8f78fb38-b037-11e4-9a5f-9747702c5b1d.html)

'The Biggest Barrier' To Preventing Suicide: Not Talking About It

<http://commonhealth.wbur.org/2015/02/suicide-series-opener>

"What You Do Matters": NCCOSC Adds Value for Navy Medicine Caregivers

[http://www.navy.mil/submit/display.asp?story\\_id=85433](http://www.navy.mil/submit/display.asp?story_id=85433)

Defense Department Names New Suicide Prevention Office Director

<http://www.defense.gov/releases/release.aspx?releaseid=17140>

Loved Ones Caring for Brain-Injured Veterans May Face Health Risks

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_150855.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_150855.html)

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## Resource of the Week: Putting Research To Work for Military Families (University of Minnesota REACH Lab)

This large collection of research summaries, flagged by CDP's [Dr. Marjorie Weinstock](#), "is a series of article reviews that focuses on research relevant to military families, and provides useful information on the implications of this research for programs, policies, and future studies"

*A Putting Research to Work* document:

- Reviews a single research article published in a peer-reviewed journal
- Highlights the key findings of a study
- Articulates, above and beyond what the authors may have explicitly stated, how the study can inform programs supporting children and youth in military families, the potential considerations for policy related to early childhood and youth programs, and the avenues for additional research that are opened by the study
- Provides a rating of the quality of the research using the [Assessing Research that Works](#) rating system
- Is reviewed by leading experts in areas such as child and adolescent development, and positive youth development programming Includes research published in the past 10 years in a variety of relevant domains, including: positive youth development, early childhood and youth programs, and military families
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Military REACH, a U.S. Department of Defense/U.S. Department of Agriculture partnership, "utilizes a multi-disciplinary approach integrating both Research and Outreach to support those who work with and on behalf of military families."



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## Putting Research To Work for Military Families

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*Putting Research to Work for Military Families (PRTW)* is a series of article reviews that focuses on research relevant to military families, and provides useful information on the implications of this research for programs, policies, and future studies (scroll down to browse PRTW reviews). A *Putting Research to Work* document:

- Reviews a single research article published in a peer-reviewed journal
- Highlights the key findings of a study
- Articulates, above and beyond what the authors may have explicitly stated, how the study can inform programs supporting children and youth in military families, the potential considerations for policy related to early childhood and youth programs, and the avenues for additional research that are opened by the study
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