



CDP Research Update -- March 5, 2015

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<http://content.govdelivery.com/accounts/USVHA/bulletins/f449f9>

PTSD Monthly Update - February 2015: PTSD Treatment in Your Community

National Center for PTSD
 U.S. Department of Veterans Affairs
 February 2015

After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions do not go away or if they get worse, you may have PTSD.

There are good treatments available for PTSD - and with the Veterans Choice Act - Veterans now have more choices than ever for their care, whether at a VA health care facility or in the community.

<https://www.childwelfare.gov/pubs/factsheets/child-trauma/>

Parenting a Child Who Has Experienced Trauma

Child Welfare Information Gateway (HHS), 2014

This factsheet discusses the nature of trauma, especially abuse or neglect, the effects of trauma on children and youth, and ways to help a child who has experienced trauma. Parents or foster parents who do not understand the effects of trauma may misinterpret their child's behavior, and attempts to address troubling behavior may be ineffective or, in some cases, even harmful. By understanding trauma, parents and foster parents can help support a child's healing, the parent-child relationship, and their family as a whole.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2014.995246>

Promoting Survey-Based Action by U.S. Army Unit Leaders in Afghanistan: A Case Study.

Ronald J. Whalen , Tomas A. Foral , Christopher M. Prevette , Kyle Radford

Military Behavioral Health

Accepted author version posted online: 22 Jan 2015

The purpose of this case study was to assess the effectiveness of a survey-based intervention meant to promote honest reporting of behavioral health problems on the Post-Deployment Health Assessment (PDHA). Rates of behavioral health problems reported by soldiers during nonanonymous PDHA screenings are typically less than half that of anonymous surveys. Stigma and barriers to care are thought to explain significant differences in anonymous versus nonanonymous findings. We conducted an anonymous Unit Behavioral Health Needs Assessment (UBHNA) survey five months and again one month prior to the PDHA screening. Unit leaders were briefed on the aggregate anonymous results and were encouraged to discuss survey-based findings with unit members prior to PDHA screening with the intent of promoting honest reporting of current symptoms. Only two of six company commanders acted on this recommendation. Company-level results showed that reporting of post-traumatic stress disorder (PTSD) was significantly lower for only one of six companies on the PDHA relative to the anonymous survey (14.7% versus 42.4%, respectively). PDHA screening rates for depression were significantly different (higher) for only one company (18.8% versus 0.0%). Suicidal ideation screening rates on the PDHA, however, were significantly lower for five of six companies. Performance improvement considerations are discussed.

<http://onlinelibrary.wiley.com/doi/10.1111/sbr.12110/abstract>

Sleep deprivation: Neural regulation and consequences.

Chittora, R., Jain, A., Suhalka, P., Sharma, C., Jaiswal, N. and Bhatnagar, M.

Sleep and Biological Rhythms

Article first published online: 26 FEB 2015

DOI: 10.1111/sbr.12110

Sleep is one of the great unsolved mysteries of biology. It is an important physiological process responsible for the physical, mental and emotional health of a living being. A good sleep is one of the most satisfying human experiences with a role to play in maintaining a good mood and cognitive acuity as well as in promoting physiologic balance and resilience. Chronic sleep deprivation can cause significant and cumulative physiological, neurobehavioral and neurocognitive deficits. Reduced sleep durations are associated with impaired functionality of the brain, thus slowly increase the vulnerability to neuropathology.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1009215>

Posttraumatic Stress Disorder and Quality of Life Outcomes of Veterans Seeking Treatment in a Residential Rehabilitation Treatment Program.

Bret P. Schneider , Glen Palmer , Regilda Romero , Jack O'Regan

Military Behavioral Health

Accepted author version posted online: 24 Feb 2015

DOI:10.1080/21635781.2015.1009215

The purpose of this study was to determine the clinical utility of the Quality of Life Inventory (QOLI) in a sample of Veterans with PTSD. Limited research has examined the quality of life of veterans with combat and non-combat related veterans seeking treatment in a Veteran's Affairs Medical Center (VAMC) Residential Rehabilitation Treatment Program (RRTP). This study investigated the difference in PTSD symptom severity and quality of life following successful completion of the RRTP using the Posttraumatic Checklist (PCL) and the Quality of Life Inventory (QOLI), and whether there is a differential treatment effect due to type of trauma exposure (i.e., combat related and non-combat related event). Findings suggest that veterans completing treatment at a VAMC RRTP demonstrate overall significant decreases in PTSD symptoms and improvement in their quality of life, with type of trauma exposure having no significant effect on treatment outcome.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1009213>

Exploring the Social Norms of Help-Seeking in the Military.

Janette A. Hamilton , Steven J. Danish , Paul B. Perrin , Scott D McDonald

Military Behavioral Health

Accepted author version posted online: 24 Feb 2015

DOI:10.1080/21635781.2015.1009213

The study explored the relationship between Service Members' personal beliefs and perceptions of peers' beliefs about stigma-related barriers to mental health treatment. Eighty-nine Army National Guard soldiers were assessed using measures to rate beliefs about stigma-related barriers to mental health treatment and willingness to seek help. Results showed that personal beliefs were on average more positive than perceptions of peers' belief, and that variance in willingness to seek help was better accounted for by Service Member's own beliefs about help-seeking. Implications for willingness to seek mental health treatment in the military are explored, as well as limitations and next steps for future research.

<http://link.springer.com/article/10.1007/s10734-014-9854-6>

The higher education landscape for US student service members and veterans in Indiana.

Stacie Hitt, Martina Sternberg, Shelley MacDermid Wadsworth, Joyce Vaughan, Rhiannon Carlson, Elizabeth Dansie, Martina Mohrbacher

Higher Education

February 2015

DOI 10.1007/s10734-014-9854-6

The Post-9/11 Veterans Educational Assistance Act of 2008 or "New GI Bill" has resulted in rising enrollment and related demand for services by students in the USA. We examined current supports for student service members and veterans at institutions of higher education in Indiana in the context of this national trend. We employed prospective student service members who contacted campuses to ask staff and administrators about admissions, financial aid, academic, and student services policies and programs. Results showed that most institutions had the ability to refer to disability services, award credit for military training, and waive reapplication requirements following deployment. Few institutions reported support to military families or availability of student veterans' organizations. Institution type and size, degrees offered, and the presence of graduate programs were related to availability of programs and services.

Considerable variability across campuses suggested opportunities to refine, coordinate, and expand assistance to student service members and veterans.

<http://jtt.sagepub.com/content/early/2015/02/20/1357633X15571996.abstract>

Telepsychology for Posttraumatic Stress Disorder: a systematic review.

AJ Bolton and DS Dorstyn

Journal of Telemedicine and Telecare
February 22, 2015 1357633X15571996

The effectiveness of psychological services provided remotely, telepsychology, for the management of Posttraumatic Stress Disorder (PTSD) was evaluated. Eleven studies (n = 472 participants) were identified from electronic database searches. Study quality was assessed, with studies characterised by small and underpowered samples. Effect sizes and associated confidence intervals (CIs) were calculated to determine the direction and magnitude of treatment change. Short-term treatment gains were reported for internet and video-based interventions. This included significant medium to large improvements (d range = 0.66–3.22) in cognitive and behavioural symptoms of depression, generalised anxiety and posttraumatic stress. However, the equivalence of telepsychology and face-to-face psychotherapy could not be determined, with few comparative studies available. Both treatment gains and deterioration were noted 1 to 6 months following treatment cessation, although this was based on limited follow-up data. Further larger scale and longitudinal research will help to ascertain the minimum requirements for the management and treatment of PTSD in a technology-supported environment.

<http://www.ncbi.nlm.nih.gov/pubmed/25705941>

Tex Med. 2015 Feb 1;111(2):56-60.

Identification and management of suicide risk in U.S. Military veterans.

Chapman L, Ibrahim H

Suicide is a devastating outcome of major public health importance. In the United States, suicide is the 11th leading cause of death across all ages and the seventh leading cause of death in males. Suicide rates vary considerably across population subgroups. U.S. military veterans may have an increased risk of suicide compared with the general population. Veterans represent around 10 percent of U.S. adults but account for 20 percent of completed suicides,

and approximately 18 to 22 veterans die from suicide each day. In addition, a considerable body of research suggests an increased risk for suicide among veterans seeking services from the Department of Veterans Affairs (VA). The increased risk for suicide among veterans has recently captured tremendous public attention and led the VA to declare the prevention of suicide to be a major national priority. The VA has launched comprehensive suicide prevention efforts and has collaborated with the Department of Defense (DoD) to develop a clinical practice guideline based on best available evidence and expert consensus. This article discusses considerations for suicide risk assessment and intervention, mostly derived from the VA/DoD clinical practice guideline. It also briefly reviews the VA suicide prevention program and the importance of veteran suicide risk assessment in primary care settings.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1009212>

Conceptual Model of Military Career and Family Life Course Events, Intersections, and Effects on Well-Being.

Mady W. Segal , Michelle D. Lane , Ashley G. Fisher

Military Behavioral Health

This paper presents a life course conceptual model to organize the body of research analyzing the effects of military life on service members, their spouses, and their children. The model helps to: (1) categorize research results obtained and drive strategic planning, (2) provide a framework to synthesize results from multiple studies and elucidate connections among seemingly disparate research areas, (3) enable identification of where to focus research efforts and identify what capabilities are needed, and (4) identify ways to foster positive personal outcomes as well as positive military organizational outcomes through therapeutic interventions, as well as policies, programs, and practices.

<http://soar.wichita.edu/handle/10057/11100>

The association of service members' postdeployment adjustment with family interaction.

Brockman, Callie J.

Thesis (Ph.D.)-- Wichita State University
Fairmount College of Liberal Arts and Sciences, Dept. of Psychology

Two models were tested examining the relationship of service members' adjustment following deployment and the impact of their postdeployment adjustment on family functioning. The study

sample included 60 families participating in a longitudinal, randomized control trial of a parenting intervention adapted for military families following deployment. Baseline data collected from the participants were used for analyses. The first model focused on the association of service members' combat exposure experiences, experiential avoidance, and the interaction of combat experiences and experiential exposure with their symptoms of PTSD and depression, and with their alcohol use. Results indicated that both experiential avoidance and combat exposure were associated with PTSD symptoms, and only experiential avoidance was associated with depressive symptoms. The second model examined the relationship of service members' postdeployment adjustment to their behavior during family interaction. Three behavior patterns of service members were assessed and analyzed: (a) reactivity-coercion, (b) withdrawal-avoidance, and (c) positive engagement. Coding and analyses of service members' behavior during family interaction confirmed these three patterns, and a fourth unexpected behavior pattern emerged: challenge positive engagement, characterized by efforts to soothe or otherwise minimize distressing and emotion-laden family interactions. Results of the second model indicated that experiential avoidance was reliably related to service members' observed challenge positive engagement behavior pattern, but not to any of the other three behavior patterns during family interaction. This suggests the novel challenge positive engagement behavior interaction pattern may serve a dual function, both as a constructive interpersonal response to reduce other family members' distress and as an intrapersonal means of minimizing the service members' own distress in response to that of other family members.

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22166/abstract>

An Uncontrolled Trial of a Present-Focused Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder.

Pukay-Martin, N. D., Torbit, L., Landy, M. S. H., Wanklyn, S. G., Shnaider, P., Lane, J. E. M. and Monson, C. M.

Journal of Clinical Psychology
Article first published online: 24 FEB 2015
DOI: 10.1002/jclp.22166

Objective

The efficacy of a present-focused version of cognitive-behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD) was examined in a community sample.

Method

Seven couples completed pretreatment assessments, including measures of clinician-, self- and partner-rated PTSD symptoms and relationship satisfaction. Six couples completed present-focused CBCT for PTSD and all posttreatment assessments. A seventh couple terminated their relationship prior to completing treatment; therefore, they completed posttreatment symptom

measures, but not ratings of relationship satisfaction.

Results

Results revealed significant decreases in PTSD symptoms that were associated with medium-to-large effect sizes. Medium effect sizes for changes in relationship satisfaction were found, though were only significant for partners.

Conclusion

Results from this pilot study suggest that present-focused CBCT for PTSD may be a promising alternative for individuals who are unwilling to engage in a trauma-focused treatment.

http://link.springer.com/chapter/10.1007/978-3-319-09081-8_5

PTSD in the Criminal Justice System I: Signs, Symptoms, and Syndromes.

Laurence Miller

PTSD and Forensic Psychology: Applications to Civil and Criminal Law

Pages 55-67

Copyright 2015

DOI 10.1007/978-3-319-09081-8_5

Print ISBN 978-3-319-09080-1

Is there an association between posttraumatic stress disorder (PTSD) and violent criminal behavior? And if so, is the association causative, i.e., does PTSD produce or precipitate the violent behavior, or is it merely correlative, i.e., are emotionally unstable people more prone to both impulsive violence and the development of PTSD?

<http://utpjournals.metapress.com/content/gh7h7731365u2440/>

Are military personnel with a past history of mental health care more vulnerable to the negative psychological effects of combat?

Mark A. Zamorski, Kimberley Watkins, Corneliu Rusu

Journal of Military, Veteran and Family Health

DOI 10.3138/jmvfh.2014-06

Online Date Thursday, February 26, 2015

Introduction:

Military clinicians often need to assess fitness for duty after a mental disorder diagnosis. The ability to respond to the psychological demands of deployment is a primary consideration. This analysis explores whether personnel with past mental health problems are more vulnerable to the effects of combat.

Methods:

Data came from 16,944 Canadian Armed Forces personnel undergoing post-deployment screening in 2009–2012 after deployment in support of the mission in Afghanistan. Those who had previous deployments (n = 9,852) and those who were currently in mental health care (n = 588) were excluded, leaving 6,504 in the analysis sample. The primary outcomes were the presence of one or more of six common mental health problems assessed by the screening questionnaire and the SF-36 Health Survey Mental Component Summary (MCS), a dimensional measure of general mental health. Logistic and linear regression were used to assess the interaction between past mental health care (a proxy for past mental health) and a 30-item combat exposure scale.

Results:

Past mental health care and combat were strongly and independently associated with both primary outcomes, but no statistically significant interaction was seen for either.

Discussion:

The effects of past mental health and combat on post-deployment mental health are simply additive. Those with past mental health problems are not, on average, more vulnerable to the effects of combat. The variability in outcome at the individual level and the treatability of common mental disorders argue for an individualized approach to fitness-for-duty decisions.

<http://psycnet.apa.org/psycinfo/2015-07282-001/>

DSM–5 Posttraumatic Stress Disorder Symptoms Associated With Suicide Behaviors in Veterans.

Legarreta, Margaret; Graham, Jessica; North, Lindsey; Bueler, C. Elliott; McGlade, Erin; Yurgelun-Todd, Deborah

Psychological Trauma: Theory, Research, Practice, and Policy, Feb 23 , 2015
<http://dx.doi.org/10.1037/tra0000026>

A connection between suicidality and posttraumatic stress disorder (PTSD) has been consistently demonstrated; however, the underlying relationship between suicidality and PTSD remains unclear. The aim of this study was to examine patterns of DSM–5 PTSD symptom endorsement that differentiated veteran participants with and without a history of suicide

behaviors. We enrolled 95 veterans, 32 of whom reported no suicide ideation (SI) or suicide attempts (SA). The 63 remaining participants reported a history of SI, with 28 of the 63 also reporting a historical SA. Participants completed a standardized diagnostic interview (Structured Clinical Interview for DSM–IV–TR; First, Spitzer, Gibbon, & Williams, 2002), structured interview of suicidal behaviors (Columbia–Suicide Severity Rating Scale; Posner et al., 2011), and selected clinical measures. Veterans who reported SI and/or SA were more likely to meet criteria for PTSD on DSM–5 than were veterans who reported neither SI nor SA. Participants who reported SA were more likely to meet criteria for clusters C and D. Finally, at the symptom level, those who reported SI were more likely to report experiencing feelings of alienation. Those who reported a SA were more likely to report avoidance of thoughts and feelings, inability to recall an important aspect of their trauma, persistent negative beliefs, diminished interest, and feelings of alienation. These findings suggest that targeting specific symptoms of PTSD may aid in treatment of suicidal thoughts and behaviors associated with PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://utpjournals.metapress.com/content/r40361v4kg635tm4/>

Comorbidity and functional correlates of anxiety and physical conditions in Canadian Veterans.

Renée El-Gabalawy, James M. Thompson, Jill Sweet, Julie Erickson, Corey S. Mackenzie, Robert H. Pietrzak, Linda VanTil, Jitender Sareen

Journal of Military, Veteran and Family Health

DOI10.3138/jmvfh.2014-03
Thursday, February 26, 2015

Online

Introduction:

Little is known about the relationship between anxiety disorders and physical conditions in Canadian Veterans. The purpose of this investigation was to examine the comorbidity of anxiety and physical conditions and their relation to physical and mental health–related quality of life and activity limitations in a nationally representative sample of Canadian Veterans.

Methods:

Participants were selected from the cross-sectional 2010 Survey on Transition to Civilian Life (N = 3,154, response rate = 71.0%). The sample consisted of former Canadian Armed Forces Regular Force personnel who were released from 1998 to 2007. Multivariate logistic and linear regression models evaluated associations between several commonly occurring chronic physical conditions and any anxiety disorder and correlates (i.e., quality of life and activity limitations) of comorbidity.

Results:

Any anxiety disorder was associated with significantly elevated rates of cardiovascular, gastrointestinal, respiratory, and musculoskeletal conditions; diabetes; and chronic pain after controlling for sociodemographics, military characteristics, any mood disorder, and heavy drinking. However, when additionally controlling for number of physical conditions, any anxiety disorder remained significantly associated with gastrointestinal conditions (adjusted odds ratio [AOR] = 1.63, 99% confidence interval [CI] = 1.07–2.50) and chronic pain (AOR = 1.79, 99% CI = 1.15–2.78). Co-occurring anxiety disorders and musculoskeletal conditions were associated with poorer physical health–related quality of life and activity limitations than musculoskeletal conditions alone.

Conclusion:

Anxiety disorders and physical health problems co-occur at high rates among Canadian Veterans, and this comorbidity is linked to poorer physical health–related quality of life and activity limitations. These findings have implications for supporting at-risk personnel with the transition to civilian life and for informing health promotion and prevention efforts.

<http://www.sciencedirect.com/science/article/pii/S0193953X14000975>

Teaching Clinical Interviewing Skills Using Role-Playing: Conveying Empathy to Performing a Suicide Assessment: A Primer for Individual Role-Playing and Scripted Group Role-Playing.

Shawn Christopher Shea, Christine Barney

Psychiatric Clinics of North America
Volume 38, Issue 1, March 2015, Pages 147–183

KEY POINTS

- Clinical interviewing skills can be experientially taught and skill retention tested using both traditional individual role-playing and an innovation known as scripted group role-playing (SGRP).
- Recent strategies for enhancing individual role-playing include: improved reverse role-playing; approaches for decreasing trainee anxiety; constructively handling unexpected consequences of role-playing; more realistic patient portrayals.
- SGRP allows supervisors to experientially train up to 28 trainees simultaneously in interviewing tasks as complex as sensitively eliciting suicidal ideation and uncovering domestic violence.
- SGRP essentially eliminates “acting” from role-playing resulting in several educational achievements including: striking increase in trainee acceptance and satisfaction with role-playing; markedly more effective use of training time.

- SGRP holds promise for training and nationally certifying psychiatric residents, graduate students, and medical/nursing students in essential interviewing skills such as suicide assessment.

http://www.rand.org/pubs/research_briefs/RB9829.html

Connecting Veterans and Employers

by Kimberly Curry Hall, Margaret C. Harrell, Barbara Bicksler, Robert Stewart, Michael P. Fisher

RAND Corporation, 2015

More than 2.3 million veterans have served our nation since September 11, 2001, and now represent a skilled workforce for American employers. However, the transition from uniformed service member to civilian employee includes challenges for both employers and individuals. It can be difficult for employers to locate veterans and to translate military skills to unique employer needs. Veterans are often challenged to identify, apply to, interview with, and then assimilate into a civilian company with an organizational culture that differs considerably from the military.

<http://www.sciencedirect.com/science/article/pii/S0005796715000285>

Evidence-based psychological treatments for mental disorders: Modifiable barriers to access and possible solutions.

Allison G. Harvey, Ph. D, Nicole B. Gumport

Behaviour Research and Therapy
Available online 26 February 2015
doi:10.1016/j.brat.2015.02.004

The prevalence of mental disorders is high and appears to be growing, yet the majority of individuals who meet diagnostic criteria for a mental disorder are not able to access an adequate treatment. While evidence-based psychological treatments (EBPTs) are effective single or adjunctive treatments for mental disorders, there is also evidence that access to these treatments is diminishing. We seek to highlight modifiable barriers to these problems at the patient, therapist, treatment, organization and government-levels of analysis. A range of solutions to each set of contributors is offered and domains for future research are highlighted. In particular, we focus on the need to continue to work toward innovation in treatment development while also solving the difficulties relating to the dissemination of EBPTs. Several

relatively new concepts in the field will be discussed (implementation cliff, program drift, voltage drop and deployment treatment development) and we contrast America and England as examples of government-level processes that are in the process of major change with respect to EBPTs. We conclude that there is a need for people in our field to become more knowledgeable about, and get involved in, shaping public policy.

[http://www.goldjournal.net/article/S0090-4295\(14\)01324-7/abstract](http://www.goldjournal.net/article/S0090-4295(14)01324-7/abstract)

Could Nocturia Be an Indicator of an Undiagnosed Sleep Disorder in Male Veterans?

Arun Rai, Tony Nimeh, Akshay Sood, Nannan Thirumavalavan, Portia E. Thurmond, Kazem M. Azadzo, Lori B. Lerner

Urology

March 2015

Volume 85, Issue 3, Pages 641–647

DOI: <http://dx.doi.org/10.1016/j.urology.2014.10.055>

Objective

To determine if men presenting with nocturia and/or voiding complaints may have undiagnosed symptoms of sleep-disordered breathing (SDB).

Materials and Methods

We conducted a cross-sectional study with men presenting to the Veterans Administration Boston Healthcare System Urology clinic between August 2012 and January 2013. Patients were asked to complete the American Urological Association symptom score and the Berlin sleep questionnaire to evaluate their voiding complaints and sleep quality. We performed univariable and multivariable statistical analyses to identify correlations between a positive Berlin score and voiding symptoms, with an emphasis on nocturia.

Results

A total 618 completed questionnaires were included. More than 65% of patients reported nocturia. Of those reporting nocturia, 55% also had a positive Berlin score. The American Urological Association symptom score components of frequency and nocturia, as well as body mass index and hypertension, were shown to be significant independent predictors of a positive Berlin questionnaire, suggesting high likelihood of SDB. Conversely, a positive Berlin questionnaire was a significant independent predictor of nocturia, suggesting high degree of correlation between the 2 conditions.

Conclusion

Nocturia and other voiding symptoms, such as frequency, predict a positive Berlin score, and vice versa. Patients with a positive Berlin score may have an undiagnosed sleep disorder, the

sequelae of which can lead to significant health consequences. If present, treatment of SDB can ameliorate voiding symptoms. Urologists should consider administration of the Berlin score in their office, particularly in patients refractory to treatment for their voiding complaints, and if positive, consider referral to a sleep specialist.

<http://search.informit.com.au/documentSummary;dn=958340793891946;res=IELENG>

The effect of accumulated sleep loss on usability of digital command and control technology.

Stokes, Monica; Johnson, Kayla; Fidock, Justin and Delfabbro, Paul

Journal of Battlefield Technology
Volume 18 Issue 1 (Mar 2015)

This study investigates the effect of different levels of accumulated sleep loss on usability of an emulator of digital Command and Control (C2) technology. Three components of usability (efficiency, effectiveness and satisfaction) were explored. A sample of 13 military participants performed digital C2 tasks over four sessions. Sleep loss was induced by an additive combination of one night of sleep deprivation followed by two nights of sleep restricted to five hours. Neither effectiveness nor user satisfaction with the technology changed during accumulated sleep loss. When compared with baseline performance, there was a significant decrease in efficiency associated with accumulated sleep loss. There was also a slight recovery in efficiency after the second night of sleep restricted to five hours but levels did not return to baseline. Implications of these findings regarding use of the technology during military operations are discussed.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00416>

Total Force Fitness: The Military Family Fitness Model.

Bowles Stephen V.COL, Pollock Liz Davenport, Moore Monique, Wadsworth Shelley MacDermid, Cato Colanda, Dekle Judith Ward, Meyer Sonia Wei, Shriver Amber, Mueller Bill Col, Stephens Mark CAPT, Seidler Dustin A.SFC, Sheldon Joseph CDR, Picano James COL, Finch Wanda CAPT, Morales Ricardo COL, Blochberger Sean Col, Kleiman Matthew E.CAPT, Thompson Daniel SGM, and Bates Mark J.Lt Col

Military Medicine
Volume 180 Issue 3, March 2015, pp. 246-258
DOI: <http://dx.doi.org/10.7205/MILMED-D-13-00416>

The military lifestyle can create formidable challenges for military families. This article describes the Military Family Fitness Model (MFFM), a comprehensive model aimed at enhancing family fitness and resilience across the life span. This model is intended for use by Service members, their families, leaders, and health care providers but also has broader applications for all families. The MFFM has three core components: (1) family demands, (2) resources (including individual resources, family resources, and external resources), and (3) family outcomes (including related metrics). The MFFM proposes that resources from the individual, family, and external areas promote fitness, bolster resilience, and foster well-being for the family. The MFFM highlights each resource level for the purpose of improving family fitness and resilience over time. The MFFM both builds on existing family strengths and encourages the development of new family strengths through resource-acquiring behaviors. The purpose of this article is to (1) expand the military's Total Force Fitness (TFF) intent as it relates to families and (2) offer a family fitness model. This article will summarize relevant evidence, provide supportive theory, describe the model, and proffer metrics that support the dimensions of this model.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00256>

Combat Exposure, PTSD Symptoms, and Cognition Following Blast-Related Traumatic Brain Injury in OEF/OIF/OND Service Members and Veterans.

Troyanskaya Maya, Pastorek Nicholas J., Scheibel Randall S., Petersen Nancy J., McCulloch Katie, Wilde Elisabeth A., Henson Helene K., and Levin Harvey S.

Military Medicine
2015 180:3, 285-289

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are frequently documented among the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans. This study will investigate both combat exposure and PTSD as factors that may influence objective cognitive outcomes following blast-related mild TBI (mTBI). Participants included 54 OEF/OIF/OND veterans who had been exposed to blast and reported symptoms consistent with mTBI and 43 combat-deployed control participants who had no history of blast exposure or TBI. Raw scores from the Controlled Oral Word Association Test, Trail Making Test, Color-Word Interference Test, and Verbal Selective Reminding Test were used to measure cognitive functioning. All participants demonstrated adequate effort on the Word Memory Test. Demographics, injury characteristics, overall intellectual functioning, and total scores from the PTSD Checklist-Civilian Version (PCL-C) and Combat Exposure Scale (CES) were used as the predictors for each cognitive measure. History of mTBI was significantly associated with higher PCL-C and CES scores. Multivariable linear regression, however, showed no significant differences in cognitive performance between groups. The absence of effect of mTBI, PTSD, and combat exposure on cognitive functioning noted in this study may be

partially explained by the inclusion of only those participants who passed performance validity testing.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00281>

Development and Evaluation of a Behavioral Pain Management Treatment Program in a Veterans Affairs Medical Center.

Kelcey J. Stratton , PhD; Mark C. Bender , PhD; Jennifer J. Cameron , PhD; Treven C. Pickett, PsyD, ABPP-Rp

Military Medicine

Volume 180 Issue 3, March 2015, pp. 263-268

Chronic pain complaints are highly prevalent among Veterans seeking Veterans Affairs health care, and the implementation of effective behavioral health interventions is vital to meet patient needs. Research supports the use of cognitive behavioral therapy for the treatment of chronic pain; however, varying guidelines regarding length of treatment and modality (i.e., group vs. individual) complicate clinical planning and program development. This study aimed to evaluate treatment outcomes and equivalence of 3 variations (12, 10, and 6 weeks of group treatment) of cognitive behavioral therapy for chronic pain using clinical program data collected from Veterans enrolled in Veterans Affairs health services in a large tertiary care setting. Across groups, Veterans showed improvements in negative pain-related thinking and decreases in pain-related disability and distress. In general, patient outcomes regarding pain-related distress and disability for the 6-week group were equivalent or better than the 12- and 10-week groups. Preliminary results support the effectiveness of brief behavioral interventions for chronic pain. The findings have important practical implications, as briefer treatments may offer comparable therapeutic impact as longer, more time-intensive treatment protocols. This study offers a unique examination of treatment development and evaluation processes informed by real-world clinical needs and patient feedback.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00216>

A Pilot Study Examining the Impact of Care Provider Support Program on Resiliency, Coping, and Compassion Fatigue in Military Health Care Providers.

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Military Medicine

Volume 180 Issue 3, March 2015, pp. 290-295

Objectives:

The Care Provider Support Program (CPSP) was created as a way to improve the resiliency of military health care providers. The purpose of this pilot study was to update what is currently known about the resiliency, coping, and compassion fatigue of military and civilian registered nurses, licensed practical nurses (LPNs), and medics who treat wounded Soldiers and whether these factors can be improved over a sustained period of time.

Methods:

A prospective cohort pilot study was implemented to investigate the long-term effects of CPSP training on military and civilian nurses, LPNs, and medics (n = 93) at an Army Medical Center utilizing the Connor-Davidson Resilience Scale, the Ways of Coping Questionnaire, and Professional Quality of Life Questionnaire. Twenty-eight participants returned follow-up questionnaires.

Results:

CPSP was significant in reducing burnout as measured by the Professional Quality of Life questionnaire, leading to decreased compassion fatigue. CPSP training did not affect resiliency scores on the Connor-Davidson resilience scale or coping scores as measured by the Ways of Coping Questionnaire.

Conclusions:

On the basis of the results of this study, CPSP training was effective in reducing burnout, which often leads to decreased compassion fatigue in a group of military and civilian registered nurses, LPNs, and medics.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00255>

Differential Impact of Combat on Postdeployment Symptoms in Female and Male Veterans of Iraq and Afghanistan.

Afari Niloofar, Pittman James, Floto Elizabeth, Owen Laura, Buttner Melissa, Hossain Nazia, Baker Dewleen G., Lindamer Laurie, and Lohr James B.

Military Medicine

Volume 180 Issue 3, March 2015, pp. 296-303

Objectives:

We aimed to describe differences in combat experience for male and female veterans and characterize differential effects on postdeployment physical and mental health symptoms, including aggression.

Methods:

Retrospective cross-sectional health screening data from 554 Operation Enduring Freedom and Operation Iraqi Freedom veterans who enrolled for Veterans Affairs health care in San Diego were examined including measures of combat experience, pain intensity, traumatic brain injury symptoms, military sexual trauma, post-traumatic stress disorder, depression, alcohol use, and aggression.

Results:

Although male veterans (n = 458) experienced significantly higher rates of combat than female veterans (n = 96), both experienced similar levels of postdeployment post-traumatic stress disorder and depression symptoms as well self-reported aggressive behavior compared to male veterans. Female veterans had higher rates of military sexual trauma and lower alcohol consumption than male veterans.

Conclusions:

All Operation Enduring Freedom and Operation Iraqi Freedom veterans returning from deployment may benefit from broad-based screening of physical and mental health symptoms, beyond those currently mandated by Veterans Affairs, including anger and aggression.

Links of Interest

The Moral Injury

<http://www.nytimes.com/2015/02/17/opinion/david-brooks-the-moral-injury.html>

Reducing stigma through outreach: A mental health technician's experience

<http://www.af.mil/News/ArticleDisplay/tabid/223/Article/566799/reducing-stigma-through-outreach-a-mental-health-technicians-experience.aspx>

Therapy program aims to help Tampa officers cope with trauma

<http://www.tampabay.com/news/therapy-program-aims-to-help-tampa-officers-cope-with-trauma/2218029>

How We Learned to Kill

<http://www.nytimes.com/2015/03/01/opinion/sunday/how-we-learned-to-kill.html>

Veteran's Branding...Why We Shouldn't Brag About Being the One-Percent

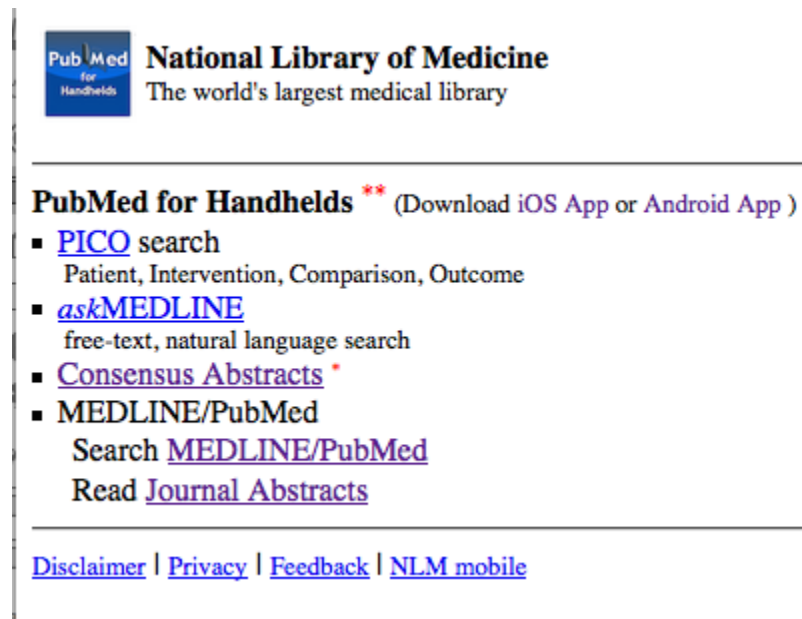
<http://www.warriorlodge.com/blogs/news/17508864-veteran-s-branding-why-we-shouldn-t-brag-about-being-the-one-percent>

Resource of the Week: [PubMed for Handhelds](#)

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