



CDP Research Update -- June 11, 2015

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2211891>

Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military.

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JAMA Psychiatry. 2015;72(6):561-569
doi:10.1001/jamapsychiatry.2014.3195.

Importance

A pressing question in military suicide prevention research is whether deployment in support of Operation Enduring Freedom or Operation Iraqi Freedom relates to suicide risk. Prior smaller studies report differing results and often have not included suicides that occurred after separation from military service.

Objective

To examine the association between deployment and suicide among all 3.9 million US military personnel who served during Operation Enduring Freedom or Operation Iraqi Freedom, including suicides that occurred after separation.

Design, Setting, and Participants

This retrospective cohort design used administrative data to identify dates of deployment for all service members (October 7, 2001, to December 31, 2007) and suicide data (October 7, 2001, to December 31, 2009) to estimate rates of suicide-specific mortality. Hazard ratios were estimated from time-dependent Cox proportional hazards regression models to compare deployed service members with those who did not deploy.

Main Outcomes and Measures

Suicide mortality from the Department of Defense Medical Mortality Registry and the National Death Index.

Results

Deployment was not associated with the rate of suicide (hazard ratio, 0.96; 99% CI, 0.87-1.05). There was an increased rate of suicide associated with separation from military service (hazard ratio, 1.63; 99% CI, 1.50-1.77), regardless of whether service members had deployed or not. Rates of suicide were also elevated for service members who separated with less than 4 years of military service or who did not separate with an honorable discharge.

Conclusions and Relevance

Findings do not support an association between deployment and suicide mortality in this cohort. Early military separation (<4 years) and discharge that is not honorable were suicide risk factors.

<http://annals.org/article.aspx?articleid=2301405>

Cognitive Behavioral Therapy for Chronic Insomnia: A Systematic Review and Meta-analysis.

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Annals of Internal Medicine
Published online 9 June 2015
doi:10.7326/M14-2841

Background:

Because psychological approaches are likely to produce sustained benefits without the risk for tolerance or adverse effects associated with pharmacologic approaches, cognitive behavioral therapy for insomnia (CBT-i) is now commonly recommended as first-line treatment for chronic insomnia.

Purpose:

To determine the efficacy of CBT-i on diary measures of overnight sleep in adults with chronic insomnia.

Data Sources:

Searches of MEDLINE, EMBASE, PsycINFO, CINAHL, the Cochrane Library, and PubMed Clinical Queries from inception to 31 March 2015, supplemented with manual screening.

Study Selection:

Randomized, controlled trials assessing the efficacy of face-to-face, multimodal CBT-i compared with inactive comparators on overnight sleep in adults with chronic insomnia, with studies of insomnia comorbid with medical, sleep, or psychiatric disorders excluded.

Data Extraction:

Study characteristics, quality, and data were assessed independently by 2 reviewers. Main outcome measures were sleep onset latency (SOL), wake after sleep onset (WASO), total sleep time (TST), and sleep efficiency (SE%).

Data Synthesis:

Among 292 citations and 91 full-text articles reviewed, 20 studies (1162 participants [64% female; mean age, 56 years]) were included. Approaches to CBT-i incorporated at least 3 of the following: cognitive therapy, stimulus control, sleep restriction, sleep hygiene, and relaxation. At the posttreatment time point, SOL improved by 19.03 (95% CI, 14.12 to 23.93) minutes, WASO improved by 26.00 (CI, 15.48 to 36.52) minutes, TST improved by 7.61 (CI, -0.51 to 15.74) minutes, and SE% improved by 9.91% (CI, 8.09% to 11.73%), and changes seemed to be sustained at later time points. No adverse outcomes were reported.

Limitation:

Our narrow inclusion criteria limited applicability to patients with comorbid insomnia and other sleep problems, and the accuracy of estimates at later time points was less clear.

Conclusion:

CBT-i is an effective treatment for adults with chronic insomnia, with clinically meaningful effect sizes.

<http://www.gao.gov/products/GAO-15-648T>

VA Health Care: Improvements Needed to the Monitoring of Antidepressant Use for Major Depressive Disorder and the Accuracy of Suicide Data

U.S. Government Accountability Office

GAO-15-648T: Published: Jun 10, 2015. Publicly Released: Jun 10, 2015

Department of Veterans Affairs (VA) policy states that antidepressant treatment must be consistent with VA's current clinical practice guideline (CPG) for major depressive disorder (MDD); however, GAO's recent review of 30 veterans' medical records found that most contained deviations. For example, although the CPG recommends that veterans' depressive symptoms be assessed at 4-6 weeks after initiation of antidepressant treatment using a standardized assessment tool, 26 of the 30 veterans were not assessed in this manner within this time frame. Additionally, 10 veterans did not receive follow up within the time frame recommended in the CPG. GAO found that VA (1) does not have a system-wide process in place to identify and fully assess the extent to which veterans with MDD who have been prescribed antidepressants are receiving care as recommended in the CPG and (2) does not know whether appropriate actions are being taken by VA medical centers (VAMC) to mitigate

potentially significant risks to veterans. GAO also found that VA's data may underestimate the prevalence of MDD among veterans being treated through VA as a result of imprecise coding by clinicians, further complicating VA's ability to know if veterans with MDD are receiving care consistent with the CPG.

GAO's recent work has found that the demographic and clinical data that VA collects on veteran suicides were not always complete, accurate, or consistent. VA's Behavioral Health Autopsy Program (BHAP) is a quality initiative to improve VA's suicide prevention efforts by identifying information that VA can use to develop policy to help prevent future suicides. The BHAP templates are a mechanism by which VA collects suicide data from VAMCs' review of veteran medical records. GAO's review of the 63 completed BHAP templates at five VAMCs found that (1) over half of the templates that VAMCs submitted to VA had incomplete or inaccurate data, and (2) VAMCs submitted inconsistent information because they interpreted VA's guidance differently. Lack of complete, accurate, and consistent data—coupled with GAO's finding of poor oversight of the review of BHAP templates—can inhibit VA's ability to identify, evaluate, and improve ways to better inform its suicide prevention efforts.

<http://www.voa.org/vets-study>

Exploring the Economic & Employment Challenges Facing U.S. Veterans A Qualitative Study of Volunteers of America Service Providers & Veteran Clients

Volunteers of America (and University of Southern California's Center for Innovation and Research on Veterans and Military Families)
May 2015

One of the biggest challenges that Volunteers of America's programs grapple with every day is helping homeless and vulnerable veterans find and keep good jobs. In an effort to more effectively address this challenge, and continually improve our programs and services, we sponsored this original study exploring the economic and employment challenges facing America's most vulnerable veterans.

Working with our partners University of Southern California's Center for Innovation and Research on Veterans and Military Families, we have identified several important themes in this research that will guide our programs for vulnerable veterans in the future:

- The need for "civilian basic training" that helps veterans transition to post-military life and workplaces
- Benefits of veteran peer programs
- Post-traumatic stress disorder (PTSD) remains a leading predictor of veteran unemployment.

- Employment programs should help all veterans, including those with other than honorable discharges and involvement in the justice system

<http://www.ncbi.nlm.nih.gov/pubmed/26043340>

World Psychiatry. 2015 Jun;14(2):223-230. doi: 10.1002/wps.20218.

Telemental health: A status update.

Aboujaoude E, Salame W, Naim L

A rather large body of literature now exists on the use of telemental health services in the diagnosis and management of various psychiatric conditions. This review aims to provide an up-to-date assessment of telemental health, focusing on four main areas: computerized CBT (cCBT), Internet-based CBT (iCBT), virtual reality exposure therapy (VRET), and mobile therapy (mTherapy). Four scientific databases were searched and, where possible, larger, better-designed meta-analyses and controlled trials were highlighted. Taken together, published studies support an expanded role for telepsychiatry tools, with advantages that include increased care access, enhanced efficiency, reduced stigma associated with visiting mental health clinics, and the ability to bypass diagnosis-specific obstacles to treatment, such as when social anxiety prevents a patient from leaving the house. Of technology-mediated therapies, cCBT and iCBT possess the most efficacy evidence, with VRET and mTherapy representing promising but less researched options that have grown in parallel with virtual reality and mobile technology advances. Nonetheless, telepsychiatry remains challenging because of the need for specific computer skills, the difficulty in providing patients with a deep understanding or support, concerns about the "therapeutic alliance", privacy fears, and the well documented problem of patient attrition. Future studies should further test the efficacy, advantages and limitations of technology-enabled CBT, as well as explore the online delivery of other psychotherapeutic and psychopharmacological modalities.

<http://www.ncbi.nlm.nih.gov/pubmed/26043369>

Am J Drug Alcohol Abuse. 2015 Jun 4:1-6. [Epub ahead of print]

The impact of posttraumatic stress disorder on cannabis quit success.

Bonn-Miller MO, Moos RH, Boden MT, Long WR, Kimerling R, Trafton JA.

BACKGROUND:

Though a growing number of US Veterans are being diagnosed with cannabis use disorders, with posttraumatic stress disorder (PTSD) observed as the most frequently co-occurring psychiatric disorder among this population, no research has investigated the impact of PTSD diagnosis on cannabis quit success.

OBJECTIVES:

The present study sought to determine the impact of PTSD on cannabis use following a self-guided quit attempt.

METHODS:

Participants included 104, primarily male, cannabis-dependent US Veterans (Mage = 50.90 years, SDage = 9.90). The study design was prospective and included an assessment immediately prior to the quit attempt, and assessments weekly for the first 4 weeks post-quit, and then monthly through 6 months post-quit.

RESULTS:

Results indicated that PTSD diagnosis was not associated with time to first lapse or relapse. However, individuals with PTSD used more cannabis at baseline and evidenced a slower initial decline in cannabis use immediately following the quit attempt. All findings were significant after accounting for alcohol and tobacco use across the cessation period, as well as co-occurring mood and anxiety disorder diagnoses.

CONCLUSION:

Findings highlight the potential utility of interventions for individuals with cannabis use disorder and co-occurring PTSD, particularly early in a cessation attempt.

<http://www.ncbi.nlm.nih.gov/pubmed/26039855>

Continuum (Minneap Minn). 2015 Jun;21(3 Behavioral Neurology and Neuropsychiatry):789-805. doi: 10.1212/01.CON.0000466667.20403.b1.

Posttraumatic stress disorder.

Jorge RE

PURPOSE OF REVIEW:

The objectives of this article are to update the reader on the current definition and diagnostic assessment of posttraumatic stress disorder (PTSD) and to describe its clinical characteristics, discuss its epidemiology and pathophysiologic aspects, as well as to summarize the current therapeutic options for PTSD.

RECENT FINDINGS:

The new nomenclature of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) includes 20 PTSD symptoms clustered into four symptomatic domains: intrusive symptoms, active avoidance, disturbed emotional states, and alterations of arousal and reactivity. Diagnostic structured interviews and severity scales have been updated in order to address this recent revision. It is also recognized that the neural circuits whose disruption might explain the genesis of PTSD symptoms, although overlapping, may be different between these four domains, a fact that may inform new biologically based phenotypes with prognostic and therapeutic implications. During the past years, there has been active research into the different factors influencing vulnerability and resilience to stress, including the effect of genetic and epigenetic variations. The neural circuits involved in the processing of threatening stimuli have been studied in patients with PTSD through paradigms inspired in animal research. These studies suggest that patients with PTSD have difficulty discriminating danger from safety cues and have problems suppressing fear in the presence of safety cues. Functional MRI (fMRI) studies suggest that the increased amygdala activation observed in these patients results from abnormal modulatory input from the ventromedial prefrontal cortex. Structural brain abnormalities, on the other hand, have been more consistently identified in the hippocampus. Prolonged exposure therapy and cognitive reprocessing are the interventions that have the more extensive validation of their psychotherapeutic efficacy. Medications are modestly more effective than placebo to treat PTSD symptoms, and selective serotonin reuptake inhibitors (SSRIs) are considered a safe initial choice. Use of combined strategies including pharmacologic modulation of fear processing is an area of active research.

SUMMARY:

PTSD is a frequent psychopathologic condition with a lifetime prevalence that is close to 10%. In the past few years, there have been significant advances in the definition of the disorder, in elucidating the neurobiology of vulnerability and resilience, and in developing new treatment alternatives.

<http://www.ncbi.nlm.nih.gov/pubmed/26037911>

Biol Psychiatry. 2015 May 4. pii: S0006-3223(15)00360-1. doi: 10.1016/j.biopsych.2015.04.022. [Epub ahead of print]

Ketamine as a Prophylactic Against Stress-Induced Depressive-Like Behavior.

Brachman RA, McGowan JC, Perusini JN, Lim SC, Pham TH, Faye C, Gardier AM, Mendez-David I, David DJ, Hen R, Denny CA

BACKGROUND:

Stress exposure is one of the greatest risk factors for psychiatric illnesses like major depressive disorder and posttraumatic stress disorder. However, not all individuals exposed to stress develop affective disorders. Stress resilience, the ability to experience stress without developing

persistent psychopathology, varies from individual to individual. Enhancing stress resilience in at-risk populations could potentially protect against stress-induced psychiatric disorders. Despite this fact, no resilience-enhancing pharmaceuticals have been identified.

METHODS:

Using a chronic social defeat (SD) stress model, learned helplessness (LH), and a chronic corticosterone (CORT) model in mice, we tested if ketamine could protect against depressive-like behavior. Mice were administered a single dose of saline or ketamine and then 1 week later were subjected to 2 weeks of SD, LH training, or 3 weeks of CORT.

RESULTS:

SD robustly and reliably induced depressive-like behavior in control mice. Mice treated with prophylactic ketamine were protected against the deleterious effects of SD in the forced swim test and in the dominant interaction test. We confirmed these effects in LH and the CORT model. In the LH model, latency to escape was increased following training, and this effect was prevented by ketamine. In the CORT model, a single dose of ketamine blocked stress-induced behavior in the forced swim test, novelty suppressed feeding paradigm, and the sucrose splash test.

CONCLUSIONS:

These data show that ketamine can induce persistent stress resilience and, therefore, may be useful in protecting against stress-induced disorders.

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<http://www.biomedcentral.com/1471-244X/15/117/abstract>

Does lithium reduce acute suicidal ideation and behavior? A protocol for a randomized, placebo-controlled multicenter trial of lithium plus Treatment As Usual (TAU) in patients with suicidal major depressive episode.

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BMC Psychiatry 2015, 15:117
doi:10.1186/s12888-015-0499-5

Background

Lithium has proven suicide preventing effects in the long-term treatment of patients with affective disorders. Clinical evidence from case reports indicate that this effect may occur early on at the beginning of lithium treatment. The impact of lithium treatment on acute suicidal thoughts and/or behavior has not been systematically studied in a controlled trial. The primary

objective of this confirmatory study is to determine the association between lithium therapy and acute suicidal ideation and/or suicidal behavior in inpatients with a major depressive episode (MDE, unipolar and bipolar disorder according to DSM IV criteria). The specific aim is to test the hypothesis that lithium plus treatment as usual (TAU), compared to placebo plus TAU, results in a significantly greater decrease in suicidal ideation and/or behavior over 5 weeks in inpatients with MDE.

Methods/Design

We initiated a randomized, placebo-controlled multicenter trial. Patients with the diagnosis of a moderate to severe depressive episode and suicidal thoughts and/or suicidal behavior measured with the Sheehan-Suicidality-Tracking Scale (S-STs) will be randomly allocated to add lithium or placebo to their treatment as usual. Change in the clinician administered S-STs from the initial to the final visit will be the primary outcome.

Discussion

There is an urgent need to identify treatments that will acutely decrease suicidal ideation and/or suicidal behavior. The results of this study will demonstrate whether lithium reduces suicidal ideation and behavior within the first 5 weeks of treatment. Trial registration ClinicalTrials.gov identifier: NCT02039479

http://www.rand.org/pubs/research_reports/RR931.html

Faith-Based Organizations and Veteran Reintegration: Enriching the Web of Support

Laura Werber, Kathryn Pitkin Derose, Mollie Rudnick, Margaret C. Harrell, Diana Naranjo

RAND Corporation, 2015

Faith-based organizations (FBOs) are an important community-based resource for veterans as they readjust to civilian life. Through interviews with both national-level and smaller, local FBOs, the authors sought to understand better the current and potential roles for FBOs in veteran reintegration. Interviewees suggested that veterans may look to FBOs for support because they offer privacy and confidentiality, two features that may be especially critical when a potential stigma is involved. Some FBOs have also developed a reputation as safe places for veterans, providing supportive, judgment-free environments. FBOs not only help veterans with spiritual matters but address diverse areas of veteran health and wellness, including vocation, education, financial and legal stability, shelter, access to goods and services, mental health, access to health care, physical health, family, and social networks. In some cases, the support is offered to veterans directly; in other instances, the support is indirect, via training individuals to help veterans or educating the public about them. In the process of providing support, FBOs interact with varied organizations, including government entities, private nonprofits, and one another, for training, outreach, referrals, information exchange, obtaining donations, and

collaboration. Yet challenges exist, including insufficient connections with chaplains working in different settings and others in the web of support, resource and capacity constraints, lack of awareness of experience with veterans, issues related to religious philosophy or orientation, and characteristics of veterans themselves. To move forward, the authors offer recommendations for policymakers, organizations that interact with FBOs, and FBOs themselves to help FBOs engage fully in the web of reintegration support.

<http://psycnet.apa.org/journals/trm/21/1/1/>

A comparison of eye movement desensitization and reprocessing and progressive counting among therapists in training.

Greenwald, Ricky; McClintock, Scott D.; Jarecki, Kriss; Monaco, Annie J.

Traumatology, Vol 21(1), Mar 2015, 1-6
<http://dx.doi.org/10.1037/trm0000011>

Eye movement desensitization and reprocessing (EMDR) is effective, efficient, and well tolerated, but complex and resource-intensive to learn. Progressive counting (PC) is newer, has similar advantages and is easier to master. The objective of this study was to compare EMDR and PC. One hundred nine therapists in either EMDR or PC training programs worked on several of their own upsetting memories in practicums during the course of the training. For each treated memory they recorded treatment time as well as pre/post memory-related distress ratings; ratings were repeated at 2 and 10 weeks posttreatment via e-mail. Participants also rated the perceived difficulty of the treatment they experienced. Participants in both conditions reported large and significant reductions in memory-related distress, which persisted at 2 weeks and 10 weeks posttreatment. There were no differences in effect size or maintenance of gains. PC was 37.5% more efficient than EMDR, and was rated as being less difficult. Participants were therapists, not distressed individuals; allocation to group was natural and not randomized; and there was no evaluation of treatment fidelity. PC is less resource-intensive than EMDR to disseminate. In this study, PC was as effective as EMDR, more efficient, and perceived as less difficult. If these findings are replicated with distressed participants, PC will become a preferred trauma treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://psycnet.apa.org/psycinfo/2015-21604-001/>

How Do Morally Injurious Events Occur? A Qualitative Analysis of Perspectives of Veterans With PTSD.

Currier, Joseph M.; McCormick, Wesley; Drescher, Kent D.

Traumatology, May 18 , 2015
<http://dx.doi.org/10.1037/trm0000027>

Morally injurious events (MIEs) represent a distinct type of trauma that veterans might confront in the context of their war-zone service. However, there is little research on contextual factors that may contribute to MIEs in this population. As such, the present study examined the possible circumstances of MIEs by probing into the perspectives of 14 veterans from the Iraq/Afghanistan era who were in the final month of completing an intensive residential treatment program for PTSD. Drawing on emerging research findings and clinical knowledge on moral injury, semistructured interviews were conducted to inquire about the veterans' explanations for why MIEs occurred during their war-zone deployments. Content analytic procedures yielded a total of 25 distinct themes that comprised 4 higher order clusters – (a) organizational circumstances, (b) environmental circumstances, (c) cultural and relational circumstances, and (d) psychological circumstances. Findings are discussed in relation to emerging conceptions of moral injury in the military trauma literature and possible applications for future research and clinical practice with morally injured veterans. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00465>

Tobacco Use Policy in Military Housing.

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Military Medicine
Volume 180 Issue 6, June 2015, pp. 612-614
DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00465>

Secondhand smoke and thirdhand smoke (e.g., smoke residues found on walls and floors) are known to pose health hazards. Some landlords and cities have therefore established smoke-free policies for multiunit housing. The military is in effect the largest landlord in the United States, with approximately 630,000 units of housing. We reviewed the service-level tobacco control policies of the Army, the Air Force, and the Navy and Marine Corps (which share a policy) for references to housing, to see if personnel are adequately protected from secondhand and thirdhand smoke. Policies covering most family housing and all housing for single enlisted personnel fail to fully protect residents from secondhand or thirdhand smoke. The current review of tobacco control policy in the military should recommend a consistent policy of tobacco-free living quarters.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00491>

Development of a Multilevel Prevention Program for Improved Relationship Functioning in Active Duty Military Members.

Richard E. Heyman; Amy M. Smith Slep; C Sabathne; Ann C. Eckardt Erlanger; Teresa T. Hsu; Douglas K. Snyder; Christina Balderrama-Durbin; Jeffrey A. Cigrang; Gerald W. Talcott; JoLyn Tatum; Monty T. Baker; Daniel Cassidy; Scott M. Sonnek

Military Medicine

Volume 180 Issue 6, June 2015, pp. 690-696

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00491>

The relationships and families of active duty (AD) service members have been tremendously strained by deployments and high operations' tempo. This study involves the first steps in developing a multilevel approach to preventing relationship problems that integrates universal, selective, and indicated prevention/intervention. Such an approach has tremendous empirical support for parenting problems, but no similar program exists for couple problems. We conducted two studies with U.S. Air Force Security Forces members. Study 1 elicited the target population's topics of highest interest. For almost all topics, 70% to 95% of participants who desired information reported being underserved by current prevention offerings (i.e., not receiving needed information). Using the top topics generated in Study 1, we developed prevention information/action planning sheets on 18 relationship issues. In Study 2, we had AD members who gave feedback on the form and content of the sheets. Overall, AD members believed that the sheets were moderately to very useful and were presented well, had pithy but comprehensive information and conveyed the content well. Results imply that a multilevel approach may be a useful complement to formal services in meeting underserved military members' needs and that further research and development of this dissemination vector for evidence-based information is warranted.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00336>

Evaluating the Implementation and Sustainability of a Program for Enhancing Veterans' Intimate Relationships.

Alice G. Fortune-Britt; Jason A. Nieuwsma; Jennifer M. Gierisch; Santanu K. Datta; Deonni P. Stollendorf; William C. Cantrell; A. Keith Ethridge; Clyde Angel; Dick Millspaugh; Sherri L. Bauch; George L. Jackson

Military Medicine

Volume 180 Issue 6, June 2015, pp. 676-683

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00336>

The Warrior to Soul Mate (W2SM) program is a grassroots initiative on the part of Veterans Affairs chaplain services to provide relationship enhancement skills to veterans and significant others based on the Practical Application of Intimate Relationship Skills model. To examine the implementation and sustainability of the W2SM program, two online surveys were sent to each participating facility's W2SM leader. The first examined how individual W2SM events were conducted (100% response rate, 67 surveys) and the second assessed facility-level issues impacting program sustainability (100% response rate, 23 surveys). Four sites were selected for qualitative interviews based on levels of sustainability. In 2013, W2SM served 1,664 people including 847 veterans, incurring reasonable program costs when compared to other intensive Veterans Affairs services. However, there have been important systematic (e.g., contracting processes) and resource (e.g., time, concern over funding) challenges that are reflected in the wide range of predicted program sustainability.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00473>

Alcohol-Related Consequences Mediating PTSD Symptoms and Mental Health–Related Quality of Life in OEF/OIF Combat Veterans.

Abigail C. Angkaw; Moira Haller; James O. E. Pittman; Sarah E. Nunnink; Sonya B. Norman; Jennifer A. Lemmer; Robert N. McLay; Dewleen G. Baker

Military Medicine

Volume 180 Issue 6, June 2015, pp. 670-675

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00473>

Veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) have been found to be at increased risk for post-traumatic stress disorder (PTSD) and alcohol use disorders, leading to negative mental health–related quality of life (MHRQoL). The current study examined the unique impact of alcohol consumption levels versus alcohol-related consequences on the relationship between PTSD symptoms and MHRQoL in a sample of OEF/OIF combat veterans (N = 205, median age 29, 95% men). Mediation analyses indicated that the effect of PTSD symptoms on MHRQoL was explained only by alcohol-related consequences and not by alcohol consumption. Findings highlight the importance of including alcohol-related consequences in clinical assessment and intervention programs for OEF/OIF veterans. Additionally, this study enhances knowledge regarding the underlying mechanisms of functional impairment related to PTSD and alcohol use disorders.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00448>

Mindfulness-Based Stress Reduction for Veterans Exposed to Military Sexual Trauma: Rationale and Implementation Considerations.

Autumn M. Gallegos; Wendi Cross; Wilfred R. Pigeon

Military Medicine

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DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00448>

Military sexual trauma (MST) represents a significant public health concern among military personnel and Veterans and is associated with considerable morbidity and suicide risk. It is estimated that 22% of Veteran women and 1% of Veteran men experienced sexual assault or repeated, threatening sexual harassment during their military service. Exposure to traumatic stress has detrimental effects on emotion regulation, which refers to a set of strategies used to modulate different components of emotion at different points on the trajectory of an emotional response. Mindfulness-based interventions offer approaches to health that focus on mind and body practices that can help regulate the experience and expression of difficult emotions. Mindfulness-based stress reduction (MBSR) is an evidence-based therapy shown to be effective for depression, anxiety, and post-traumatic stress disorder. This article discusses the rationale for providing MBSR to Veterans who have been exposed to MST. The article also discusses ways to facilitate implementation of this practice in the U.S. Department of Veterans Affairs health care system. We address potential barriers to care and ways to facilitate implementation at the patient, provider, organization/local, and policy levels. MBSR is likely to be an important component of a comprehensive approach to care for Veterans exposed to MST.

<http://link.springer.com/article/10.1007/s10591-015-9343-9>

Crisis Management and Conflict Resolution: Using Technology to Support Couples Throughout Deployment.

Adam M. Farero, Paul Springer, Cody Hollist, Richard Bischoff

Contemporary Family Therapy

June 2015

The deployment cycle presents unique challenges for military couples. Marital outcomes have been shown to be negatively impacted throughout the deployment process, and at-home stressors can serve as distractions for service members that can compromise their effectiveness and safety. Tele-mental health, specifically the delivery of therapy via videoconferencing, has been shown to be an effective therapy medium, particularly for reaching

underserved or isolated populations. A case can be made for the use of tele-mental health as a means of delivering therapy to military couples throughout the deployment process in an effort to strengthen their relationship and enhance service member well-being during deployment. This form of therapy may be particularly valuable to couples experiencing barriers to care due to stigma, rural location, or limited access to military resources (i.e. National Guard service members). Three general recommendations for this form of treatment are first provided, which include (1) work within the military culture, (2) capitalize on existing support structures, and (3) receive training in tele-mental health delivery. Five additional recommendations are provided which are specific to delivering couples therapy while the service member is deployed. These recommendations include (1) tailor treatment to fit the service member's context, (2) prioritize service member safety, (3) encourage the development of couple skills in therapy, (4) be intentional about session management, and (5) engage the at-home spouse. Legal and ethical considerations, as well as intended benefits for this method of treatment are also discussed.

<http://psycnet.apa.org/psycinfo/2015-21605-001/>

The Home Front: Operational Stress Injuries and Veteran Perceptions of Their Children's Functioning.

Duranceau, Sophie; Fetzner, Mathew G.; Carleton, R. Nicholas

Traumatology, May 18 , 2015

<http://dx.doi.org/10.1037/trm0000028>

The severity of depression and posttraumatic stress disorder (PTSD) reported by military parents appears to predict affective and behavioral symptoms presented by their children. Veteran's symptoms also appear to hinder the relationship with their child. Accordingly, the present study examined the relationship between specific PTSD symptoms (i.e., reexperiencing, avoidance, numbing, hyperarousal) and the affective and behavioral concerns those veterans have regarding their own children, with depressive symptoms included as a covariate. A total of 1238 (95% = men) Canadian Forces veterans completed self-report measures assessing mental health (i.e., PTSD Checklist – Military version; Center for Epidemiological Studies – Depression Scale) and questions regarding familial concerns (i.e., child affect and behavior) as part of a mail-out survey. Logistic regressions demonstrated that veterans with PTSD have greater concerns over the affect of their child ($p < .001$) and behavior of their child ($p = .001$) than veterans without PTSD. Logistic regressions also demonstrated that numbing and hyperarousal symptoms were related to both affective ($p = .008$ and $p < .001$, respectively) and behavioral concerns ($p = .001$ and $p < .001$, respectively) regarding the veteran's children. Veteran's PTSD symptoms may contribute to a familial environment conducive to the development of affective and behavioral concerns regarding children; however, PTSD symptoms may also alter a veteran's ability to identify such concerns. Comprehensive results,

implications, and future research are discussed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S0022395615001673>

Longitudinal Assessment of Gender Differences in the Development of PTSD Among US Military Personnel Deployed in Support of the Operations in Iraq and Afghanistan.

Isabel G. Jacobson, Carrie J. Donoho, Nancy F. Crum-Cianflone, Shira Maguen

Journal of Psychiatric Research

Available online 1 June 2015

doi:10.1016/j.jpsychires.2015.05.015

Divergent findings from previous research examining gender differences in the development of posttraumatic stress disorder (PTSD) among US military members deployed to the operations in Iraq or Afghanistan (recent operations) prompted this study utilizing a matching approach to examine whether risk for new-onset PTSD and PTSD severity scores differed by gender. US military members from the Millennium Cohort Study deployed in support of the recent operations were followed for approximately 7 years from baseline through 2 follow-up periods between 2001 and 2008. Propensity score matching was used to match 1 male to each female using demographic, military, and behavioral factors including baseline sexual assault. Analyses were stratified by combat experience defined as reporting at least one of five exposures during follow-up. Outcome measures included a positive screen for PTSD and severity scores measured by the PTSD Patient Checklist–Civilian Version. Discrete-time survival analysis quantified the association between gender and incident PTSD. Among 4684 matched subjects (2342 women and men), 6.7% of women and 6.1% of men developed PTSD during follow-up. Results showed no significant gender differences for the likelihood of developing PTSD or for PTSD severity scores among women and men who reported combat experience and among those who did not. This study is first of its kind to match a large population of male and female service members on important baseline characteristics including sexual assault. Findings suggest that while combat deployed personnel develop PTSD, women do not have a significantly different risk for developing PTSD than men after experiencing combat.

<http://psycnet.apa.org/psycinfo/2015-21607-001/>

The Warrior's Journey: Sociocontextual Meaning-Making in Military Transitions.

Brinn, Anthony J.; Auerbach, Carl F.

Traumatology, May 18 , 2015
<http://dx.doi.org/10.1037/trm0000030>

Meaning-making and social support have been shown to mediate between traumatic stress and the onset and course of posttraumatic stress disorder (PTSD). Previous research has been relatively unsuccessful in identifying specific and recurring sociocontextual variables for populations vulnerable to trauma. This qualitative study examined how social support and the social environment are associated with meaning-making among veterans. Semistructured interviews were completed with 12 U.S. combat veterans who served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF). The interviews collected information about the sociocontextual meaning ascribed to traumatic experiences as well as the sociocontextual development of the veterans' postcombat identity. The theoretical narrative that emerged from the qualitative analysis yielded 2 broad constructs: "Becoming Battle Ready" and "Making the Journey Home." These constructs illustrated the ways in which the social context either facilitated or inhibited how veterans made meaning of combat stressors and postcombat identity. There was no evidence for meaning-making processes that took place on a purely individual level. These findings support the use of interventions that incorporate the social context into traditional trauma treatments. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1055865>

Disclosure of War Deployment Experiences: A Qualitative Study of the Relationship Impact on Military Couples.

Briana S. Nelson Goff , Kali Summers , Kathryn Hartman , Alexandria Billings , Megan Chevalier , Haley Hermes , Devon Perkins , Laura Walker , Stephanie Wick , J. Kale Monk

Military Behavioral Health

Accepted author version posted online: 02 Jun 2015

DOI: 10.1080/21635781.2015.1055865

Using a qualitative method research design, participants were classified into one of two groups based on their self-reported disclosure of their deployment experiences to their spouse: low disclosure (n = 16) or high disclosure (n = 55). The high disclosure group participants reported primarily positive functioning themes: support and active connecting, communication, relationship resources, and cohesion, as well as relationship distress. The low disclosure group participants reported more mixed results: impaired communication, support and connecting, and understanding. In general, the results indicate the importance of communication as a key component of coping with deployment experiences for both soldiers and spouses.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1038403>

A Qualitative Study of the Honeymoon Period Following Military Deployment Among Families With Young Children.

Ashley D. Louiea & Lisa DeMarni Cromer

Military Behavioral Health

Published online: 01 Jun 2015

DOI: 10.1080/21635781.2015.1038403

More than 2 million children have experienced parental deployment since 2001, yet little is known about the impact of deployment on families with young children. Specifically, the reintegration experiences of families with young children is absent from the extant literature, despite the fact that 41% of military children are under six years old. The current study is a first step in examining the honeymoon, which, when present, is considered the initial period of reintegration. The honeymoon period is inconsistently operationalized across studies, and the term is used in the literature without being defined. The current qualitative investigation sought to operationalize and define the honeymoon period in families with young children.

<http://www.sciencedirect.com/science/article/pii/S1049386715000614>

Gender Differences in Service Utilization among OEF/OIF Veterans with Posttraumatic Stress Disorder after a Brief Cognitive–Behavioral Intervention to Increase Treatment Engagement: A Mixed Methods Study.

Autumn M. Gallegos, Kristina B. Wolff, Nicholas A. Streltzov, Leslie B. Adams, Elizabeth Carpenter-Song, Joanne Nicholson, Tracy Stecker

Women's Health Issues

Available online 4 June 2015

doi:10.1016/j.whi.2015.04.008

Purpose

Women veterans who served in Iraq and Afghanistan (Operation Enduring Freedom and Operation Iraqi Freedom [OEF/OIF]) have a moderately higher risk of developing posttraumatic stress disorder (PTSD) than male veterans. However, gender disparities in treatment engagement may prevent women veterans from initiating the care they need. Understanding gender differences in predictors of and barriers to treatment is essential to improving engagement and mental health outcomes. The purpose of this study was to examine gender

differences in treatment utilization after a brief, cognitive–behavioral therapy (CBT) intervention among male and female OEF/OIF veterans.

Methods

Participants were assigned randomly to either the intervention or control conditions. Intervention participants received the telephone-based CBT intervention. Participants were 35 female and 238 male OEF/OIF veterans who screened positive for PTSD and had never initiated PTSD treatment. Participants were asked about treatment utilization, beliefs about PTSD treatment, and symptoms at months 1, 3, and 6 months subsequent to the baseline telephone assessment. The PTSD Checklist—Military Version was used to assess PTSD and the Patient's Health Questionnaire was used to assess symptoms of depression.

Findings

Female veterans who received an intervention were significantly more likely to have attended treatment over the 6-month follow-up period than male veterans who received an intervention ($\chi^2 = 7.91$; $df = 3$; odds ratio, 3.93; $p = .04$).

Conclusions

The CBT intervention may be a critical mechanism to engage female veterans in treatment. Further research is needed to understand how to engage male veterans with PTSD in treatment.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22009/abstract>

Mental Health and Substance Use Factors Associated With Unwanted Sexual Contact Among U.S. Active Duty Service Women.

Stahlman, S., Javanbakht, M., Cochran, S., Hamilton, A. B., Shoptaw, S. and Gorbach, P. M.

Journal of Traumatic Stress

Volume 28, Issue 3, pages 167–173, June 2015

DOI: 10.1002/jts.22009

Many U.S. military women are exposed to unwanted sexual contact during military service, which can have important implications for mental health. Using data from the 2008 Department of Defense Survey of Health Related Behaviors, we employed multiple logistic regression methods to examine whether unwanted sexual contact was associated with stress, screening positive for mental disorders, or substance use, among active duty service women. The sample included 7,415 female military personnel, of whom 13.4% reported unwanted sexual contact (including any touching of genitals) since entering the military. After adjusting for potentially confounding variables, factors independently associated with unwanted sexual contact included military-related stress (adjusted odds ratio [AOR] = 2.44), family/personal life-related stress

(AOR = 1.78), and gender-related stress (AOR = 1.98) in the past 12 months. In addition, screening positive for depression, anxiety, posttraumatic stress disorder, or psychological distress, and suicidal ideation or attempt were associated with unwanted sexual contact (AOR = 1.57–2.11). For drug/alcohol use, only misuse of tranquilizers/muscle relaxers (past 12 months) was associated with report of unwanted sexual contact (AOR = 1.35). Given the prevalence of unwanted sexual contact and corresponding adverse health outcomes in this sample of active duty women, strategies to create military structural/cultural changes and reduce gender-related stress and sexism are needed.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22006/abstract>

Effectiveness of Cognitive Processing Therapy for Male and Female U.S. Veterans With and Without Military Sexual Trauma.

Voelkel, E., Pukay-Martin, N. D., Walter, K. H. and Chard, K. M.

Journal of Traumatic Stress

Volume 28, Issue 3, pages 174–182, June 2015

DOI: 10.1002/jts.22006

Military sexual trauma (MST) affects approximately 2% and 36% of male and female veterans, respectively, (e.g., Allard, Gregory, Klest, & Platt, 2011). Although the deleterious consequences of MST have been clearly established, few studies have explored treatment effectiveness for this population. Using archival data from a residential treatment program, the current study explored the effectiveness of cognitive processing therapy (CPT) in treating full or subthreshold posttraumatic stress disorder (PTSD) to compare U.S. veterans reporting an MST index trauma (MST-IT) to those without MST-IT. Of the 481 participants, 40.7% endorsed MST-IT. Multiway frequency analyses were utilized to compare men and women with and without MST on baseline demographic variables. Hierarchical linear models were constructed to investigate treatment outcome by MST status and sex. Results showed that 44.8%, 23.8%, and 19.6% of the variation in clinician- and self-reported PTSD and depression symptoms were explained by three models. Scores on all outcome measures significantly decreased over time for both groups. Additionally, women demonstrated a sharper decrease in PTSD symptoms over time than men. Lastly, men who reported MST-IT had higher PTSD symptoms than men without MST-IT on average. With no control group or random assignment, preliminary findings suggest residential treatment including CPT may be effective for MST-IT regardless of sex.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22010/abstract>

Types and Number of Traumas Associated With Suicidal Ideation and Suicide Attempts in PTSD: Findings From a U.S. Nationally Representative Sample.

LeBouthillier, D. M., McMillan, K. A., Thibodeau, M. A. and Asmundson, G. J. G.

Journal of Traumatic Stress

Volume 28, Issue 3, pages 183–190, June 2015

DOI: 10.1002/jts.22010

Posttraumatic stress disorder (PTSD) is associated with suicidal ideation and suicide attempt; however, research has largely focused on specific samples and a limited range of traumas. We examined suicidal ideation and suicide attempt relating to 27 traumas within a nationally representative U.S. sample of individuals with PTSD. Data were from the National Epidemiologic Survey of Alcohol and Related Conditions (N = 34,653). Participants were assessed for lifetime PTSD and trauma history, suicidal ideation, and suicide attempt. We calculated the proportion of individuals reporting suicidal ideation or suicide attempt for each trauma and for the number of unique traumas experienced. Most traumas were associated with greater suicidal ideation and suicide attempt in individuals with PTSD compared to individuals with no lifetime trauma or with lifetime trauma but no PTSD. Childhood maltreatment, assaultive violence, and peacekeeping traumas had the highest rates of suicidal ideation (49.1% to 51.9%) and suicide attempt (22.8% to 36.9%). There was substantial variation in rates of suicidal ideation and suicide attempt for war and terrorism-related traumas. Multiple traumas increased suicidality, such that each additional trauma was associated with an increase of 20.1% in rate of suicidal ideation and 38.9% in rate of suicide attempts. Rates of suicidal ideation and suicide attempts varied markedly by trauma type and number of traumas, and these factors may be important in assessing and managing suicidality in individuals with PTSD.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9725844&fileId=S1355617715000326>

Comparing the Neuropsychological Test Performance of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans with and without Blast Exposure, Mild Traumatic Brain Injury, and Posttraumatic Stress Symptoms.

Daniel Storzbach, Maya Elin O'Neil, Saw-Myo Roost, Halina Kowalski, Grant L. Iverson, Laurence M. Binder, Jesse R. Fann and Marilyn Huckans

Journal of the International Neuropsychological Society DOI:

<http://dx.doi.org/10.1017/S1355617715000326>

Published online: 01 June 2015

To compare neuropsychological test performance of Veterans with and without mild traumatic brain injury (MTBI), blast exposure, and posttraumatic stress disorder (PTSD) symptoms. We compared the neuropsychological test performance of 49 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans diagnosed with MTBI resulting from combat blast-exposure to that of 20 blast-exposed OEF/OIF Veterans without history of MTBI, 23 OEF/OIF Veterans with no blast exposure or MTBI history, and 40 matched civilian controls. Comparison of neuropsychological test performance across all four participant groups showed a complex pattern of mixed significant and mostly nonsignificant results, with omnibus tests significant for measures of attention, spatial abilities, and executive function. The most consistent pattern was the absence of significant differences between blast-exposed Veterans with MTBI history and blast-exposed Veterans without MTBI history. When blast-exposed Veteran groups with and without MTBI history were aggregated and compared to non-blast-exposed Veterans, there were significant differences for some measures of learning and memory, spatial abilities, and executive function. However, covariation for severity of PTSD symptoms eliminated all significant omnibus neuropsychological differences between Veteran groups. Our results suggest that, although some mild neurocognitive effects were associated with blast exposure, these neurocognitive effects might be better explained by PTSD symptom severity rather than blast exposure or MTBI history alone. (JINS, 2015, 21, 1–11)

<http://www.sciencedirect.com/science/article/pii/S0272735815000884>

Sleep Disturbances, TBI and PTSD: Implications for Treatment and Recovery.

Karina Stavitsky Gilbert, Sarah M. Kark, Philip Gehrman, Yelena Bogdanova

Clinical Psychology Review

Available online 3 June 2015

doi:10.1016/j.cpr.2015.05.008

Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), and sleep problems significantly affect recovery and functional status in military personnel and Veterans returning from combat. Despite recent attention, sleep is understudied in the Veteran population. Few treatments and rehabilitation protocols target sleep, although poor sleep remains at clinical levels and continues to adversely impact functioning even after the resolution of PTSD or mild TBI symptoms. Recent developments in non-pharmacologic sleep treatments have proven efficacious as stand-alone interventions and have potential to improve treatment outcomes by augmenting traditional behavioral and cognitive therapies. This review discusses the extensive scope of work in the area of sleep as it relates to TBI and PTSD, including pathophysiology and neurobiology of sleep; existing and emerging treatment options; as well as methodological issues in sleep measurements for TBI and PTSD. Understanding sleep problems and their role in the development and maintenance of PTSD and TBI symptoms may lead to improvement in

overall treatment outcomes while offering a non-stigmatizing entry in mental health services and make current treatments more comprehensive by helping to address a broader spectrum of difficulties.

<http://onlinelibrary.wiley.com/doi/10.1111/socf.12166/abstract>

Coverage of Veterans of the Wars in Iraq and Afghanistan in the U.S. Media.

Meredith Kleykamp and Crosby Hipes

Sociological Forum

Volume 30, Issue 2, pages 348–368, June 2015

DOI: 10.1111/socf.12166

To evaluate how the media frames veterans of the wars in Iraq and Afghanistan, this study systematically assesses the discourse on Iraq and Afghanistan veterans in the New York Times and Washington Post from 2003 to 2011. Our analysis of a stratified sample of 151 articles featuring veterans from either the wars in Iraq or Afghanistan finds that the media frames veterans as damaged by their service but deserving of government benefits and social assistance. When the media frames veterans as actively engaging in society, their social engagement is often because of or despite their injuries or mistreatment. We find interplay between victimization and deservingness such that depictions of the cohort as physically and mentally damaged complement and justify arguments for a sustained high level of benefits to accommodate the needs of veterans. We thus argue that generous benefits for veterans partly stem from their depiction as having suffered from their service.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22383/abstract>

Depression mediates the relation of insomnia severity with suicide risk in three clinical samples of U.S. military personnel.

Bryan, C. J., Gonzales, J., Rudd, M. D., Bryan, A. O., Clemans, T. A., Ray-Sannerud, B., Wertemberger, E., Leeson, B., Heron, E. A., Morrow, C. E. and Etienne, N.

Depression and Anxiety

Article first published online: 5 JUN 2015

DOI: 10.1002/da.22383

Background

A growing body of empirical research suggests insomnia severity is directly related to suicide ideation, attempts, and death in nonmilitary samples, even when controlling for depression and other suicide risk factors. Few studies have explored this relationship in U.S. military personnel.

Methods

The present study entailed secondary data analyses examining the associations of insomnia severity with suicide ideation and attempts in three clinical samples: Air Force psychiatric outpatients (n = 158), recently discharged Army psychiatric inpatients (n = 168), and Army psychiatric outpatients (n = 54). Participants completed the Beck Scale for Suicide Ideation, the Beck Depression Inventory-II or Patient Health Questionnaire-9, the Insomnia Severity Index, and the Posttraumatic Stress Disorder Checklist at baseline; two samples also completed these measures during follow-up.

Results

Sleep disturbance was associated with concurrent (β 's > 0.21; P's < 0.059) and prospective (β 's > 0.39; P's < 0.001) suicide ideation in all three samples. When adjusting for age, gender, depression, and posttraumatic stress, insomnia severity was no longer directly associated with suicide ideation either concurrently (β 's < 0.19; P's > 0.200) or prospectively (β 's < 0.26; P's > 0.063), but depression was (β 's > 0.22; P's < 0.012). Results of a latent difference score mediation model indicated that depression mediated the relation of insomnia severity with suicide ideation.

<http://scholarworks.lib.csusb.edu/etd/169/>

Evaluation of interventions used in the treatment of veterans with co-occurring disorders

Kelly F. Simon, Meghan M. Frawley

Master of Social Work project
University of California - San Bernadino, 2015

This study was a qualitative assessment of the effectiveness of therapeutic interventions used in the treatment of co-occurring disorders, Posttraumatic Stress Disorder (PTSD) and substance abuse. The qualitative assessment was an interview with a number of open ended questions and scales for the respondents to report preference. Interviews were conducted through the Wounded Warriors Project. Participants were males between the ages of 18 and 40, and were of multiple ethnicities. The interview questions primarily addressed whether or not the respondents received services and which services they felt were most beneficial. The interviews were anonymous and confidential, in the interest of preserving the privacy of the respondents. The results yielded by the data revealed that a small minority received services through the Veterans' Association (VA), and were happy with the services they received. The majority of

participants did not receive services through the VA for a variety of reasons which included long wait times, complicated administrative procedures, lack of transportation and lack of knowledge about which services were available. Veterans who did not receive services through the VA, received services through other venues, such as the Wounded Warrior Project (WWP). These services included medication, individual therapy, peer support groups and twelve step meetings. Data collected revealed that a combination of these services, used simultaneously, was more effective than one service or no services at all.

<http://onlinelibrary.wiley.com/doi/10.1111/fare.12123/abstract>

Influences of Cumulative Risk and Protective Factors on the Adjustment of Adolescents in Military Families.

Lucier-Greer, M., Arnold, A. L., Mancini, J. A., Ford, J. L. and Bryant, C. M.

Family Relations

Volume 64, Issue 3, pages 363–377, July 2015

DOI: 10.1111/fare.12123

The accumulation of stressors is adversely related to adolescent well-being. Using the contextual model of family stress and the theory of community action and change, the authors explored normative and context-specific risks factors among adolescents from military families (N = 1,036) and the role of relationships (family, informal networks, formal systems) as protective factors. Youth who reported higher levels of cumulative risk experienced more depressive symptoms, lower academic performance, and lower persistence. When accounting for family support and presence of informal networks, depressive symptoms were lower, academic performance was higher, and persistence was higher; participation in formal systems was associated with better academic performance. The influential nature of cumulative risk was mitigated in the presence of meaningful relationships, providing support for empirically grounded leverage points to enhance positive youth development.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12173/abstract>

Insomnia Complaint versus Sleep Diary Parameters: Predictions of Suicidal Ideation.

Woosley, J. A., Lichstein, K. L., Taylor, D. J., Riedel, B. W. and Bush, A. J.

Suicide and Life-Threatening Behavior

Article first published online: 6 JUN 2015

DOI: 10.1111/sltb.12173

The purpose of this study was to determine which aspects of insomnia best predict suicidal ideation (SI). Participants were grouped according to whether they complained of insomnia and whether their sleep would be characterized as poor or good by applying quantitative criteria for insomnia to their sleep diary data. Analyses revealed that insomnia complaint was more strongly associated with SI than was poor sleep. These findings suggest that patients who complain of insomnia, regardless of the presence or absence of poor sleep, may be at greater risk for suicide than those who are content with their sleep.

<http://www.jmir.org/2015/6/e139/>

Computerized Cognitive Behavior Therapy for Anxiety and Depression in Rural Areas: A Systematic Review.

Kari Dee Vallury, Martin Jones, Chloe Oosterbroek

Journal of Medical Internet Research

Vol 17, No 6 (2015): June

DOI: 10.2196/jmir.4145

Background:

People living in rural and remote communities have greater difficulty accessing mental health services and evidence-based therapies, such as cognitive behavior therapy (CBT), than their urban counterparts. Computerized CBT (CCBT) can be used to effectively treat depression and anxiety and may be particularly useful in rural settings where there are a lack of suitably trained practitioners.

Objective:

To systematically review the global evidence regarding the clinical effectiveness and acceptability of CCBT interventions for anxiety and/or depression for people living in rural and remote locations.

Methods:

We searched seven online databases: Medline, Embase Classic and Embase, PsycINFO, CINAHL, Web of Science, Scopus, and the Cochrane Library. We also hand searched reference lists, Internet search engines, and trial protocols. Two stages of selection were undertaken. In the first, the three authors screened citations. Studies were retained if they reported the efficacy, effectiveness or acceptability of CCBT for depression and/or anxiety disorders, were peer reviewed, and written in English. The qualitative data analysis software, NVivo 10, was then used to run automated text searches for the word "rural," its synonyms, and stemmed words. All studies identified were read in full and were included in the study if they measured or meaningfully discussed the efficacy or acceptability of CCBT among rural participants.

Results:

A total of 2594 studies were identified, of which 11 met the selection criteria and were included in the review. The studies that disaggregated efficacy data by location of participant reported that CCBT was equally effective for rural and urban participants. Rural location was found to both positively and negatively predict adherence across studies. CCBT may be more acceptable among rural than urban participants—studies to date showed that rural participants were less likely to want more face-to-face contact with a practitioner and found that computerized delivery addressed confidentiality concerns.

Conclusions:

CCBT can be effective for addressing depression and anxiety and is acceptable among rural participants. Further work is required to confirm these results across a wider range of countries, and to determine the most feasible model of CCBT delivery, in partnership with people who live and work in rural and remote communities.

Links of Interest

The Evidence Points to a Better Way to Fight Insomnia

<http://www.nytimes.com/2015/06/09/upshot/the-evidence-points-to-a-better-way-to-fight-insomnia.html>

Survey finds civilian physicians feel underprepared to treat veterans

<http://www.marketwatch.com/story/survey-finds-civilian-physicians-feel-underprepared-to-treat-veterans-2015-06-01>

Study maps types of physical activity associated with better sleep

<http://www.sciencedaily.com/releases/2015/06/150604104150.htm>

Despite abnormalities after concussion, sleep continues to aid memory and recall

http://www.eurekalert.org/pub_releases/2015-06/uoma-daa060415.php

The Long Tail of War

War's impact on mental health stays with soldiers long after they leave Iraq and Afghanistan.

<http://www.usnews.com/opinion/blogs/policy-dose/2015/06/04/veterans-battle-mental-health-issues-after-iraq-and-afghanistan>

SLEEP 2015: New Findings in Sleep Apnea Tx, CBT for Insomnia, More

Highlights of the leading international meeting on sleep disorders

<http://www.medpagetoday.com/MeetingCoverage/APSS/51961>

Therapist receives VFW award for helping military children

<http://warwickonline.com/stories/Therapist-receives-VFW-award-for-helping-military-children,103130>

Resource of the Week: [Public Service Student Loan Forgiveness \(PSLF\) Program](#)

From the U.S. Department of Education:

The PSLF Program is intended to encourage individuals to enter and continue to work full-time in public service jobs. Under this program, borrowers may qualify for forgiveness of the remaining balance of their Direct Loans after they have made 120 qualifying payments on those loans while employed full time by certain public service employers.

According to the Department of Education:

Qualifying employment is any employment with a federal, state, or local government agency, entity, or organization or a not-for-profit organization that has been designated as tax-exempt by the Internal Revenue Service (IRS) under Section 501(c)(3) of the Internal Revenue Code (IRC). The type or nature of employment with the organization does not matter for PSLF purposes. Additionally, the type of services that these public service organizations provide does not matter for PSLF purposes.

[Home](#) » [How to Repay Your Loans](#) » [Forgiveness, Cancellation, and Discharge](#) » Public Service Loan Forgiveness



If you work full-time in a public service job, you may qualify for Public Service Loan Forgiveness.
Learn more and see if you qualify.

The information below describes the Public Service **Loan Forgiveness** (PSLF) Program. It includes the eligibility requirements and the process for tracking your progress toward qualifying for PSLF Fact Sheet. This information can also be found in the [PSLF Fact Sheet](#).

- What is the Public Service Loan Forgiveness Program?
- What must I do to have any remaining balances on my Direct Loans forgiven under the PSLF Program?
- What loans are eligible for forgiveness?
- What are on-time, full, scheduled, monthly payments?
- What is a qualifying repayment plan?
- What kinds of employment qualify?
- What is full-time employment?
- What does it mean that my 120 Direct Loan payments must be made while I am working full-time at certain public service organizations?
- How can I keep track of my eligibility?
- What should I do after I become eligible for PSLF?

On January 31, 2012, the U.S. Department of Education (ED) released an [Employment Certification form](#) to help borrowers track their progress toward qualifying for PSLF.

Glossary

[Loan Forgiveness](#)

The cancellation of all or some portion of your remaining federal student loan balance. If your loan is forgiven, you are no longer responsible for repaying that remaining portion of the loan. ...

[William D. Ford Federal Direct Loan \(Direct Loan\) Program](#)

The federal program that provides loans to eligible student and parent borrowers under Title IV of the Higher Education Act. Funds are provided by the federal government to eligible borrowers...

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