



CDP Research Update -- July 16, 2015

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<http://archpsyc.jamanetwork.com/article.aspx?articleid=2368741>

Suicide Attempts in the US Army During the Wars in Afghanistan and Iraq, 2004 to 2009.

Ursano RJ, Kessler RC, Stein MB, et al.

JAMA Psychiatry

Published online July 08, 2015

doi:10.1001/jamapsychiatry.2015.0987

Importance

The rate of suicide attempts in the US Army increased sharply during the wars in Afghanistan and Iraq. Research on this important health outcome has been hampered by the lack of integration among Army administrative data systems.

Objective

To identify risk factors for suicide attempts among active-duty members of the regular Army from January 1, 2004, through December 31, 2009.

Design, Setting, and Participants

This longitudinal, retrospective cohort study, as part of the Army Study to Assess Risk and Resilience in Servicemembers (STARRS), used individual-level person-month records from Army and Department of Defense administrative data systems to examine sociodemographic, service-related, and mental health predictors of medically documented suicide attempts among active-duty regular Army soldiers from January 1, 2004, through December 31, 2009. We analyzed data from 9791 suicide attempters and an equal-probability sample of 183 826 control person-months using a discrete-time survival framework. Data analysis was performed from February 3 through November 12, 2014.

Main Outcomes and Measures

Suicide attempts identified using Department of Defense Suicide Event Report records and diagnostic codes E950 through E958 from the International Classification of Diseases, Ninth Revision, Clinical Modification. Standardized estimates of suicide attempt risk for sociodemographic, service-related, and mental health predictor variables were constructed from Army personnel and medical records.

Results

Enlisted soldiers accounted for 98.6% of all suicide attempts (9650 attempters; overall rate, 377.0 [95% CI, 369.7-384.7] per 100 000 person-years). In multivariate models, suicide attempts among enlisted soldiers were predicted (data reported as odds ratio [95% CI]) by female sex (2.4 [2.3-2.5]), entering Army service at 25 years or older (1.6 [1.5-1.8]), current age

of 29 years or younger (<21 years, 5.6 [5.1-6.2]; 21-24 years, 2.9 [2.6-3.2]; 25-29 years, 1.6 [1.5-1.8]), white race (black, 0.7 [0.6-0.7]; Hispanic, 0.7 [0.7-0.8]; Asian, 0.7 [0.6-0.8]), an educational level of less than high school (2.0 [2.0-2.1]), being in the first 4 years of service (1-2 years, 2.4 [2.2-2.6]; 3-4 years, 1.5 [1.4-1.6]), having never (2.8 [2.6-3.0]) or previously (2.6 [2.4-2.8]) been deployed, and a mental health diagnosis during the previous month (18.2 [17.4-19.1]). Attempts among officers (overall rate, 27.9 per 100 000 person-years) were predicted by female sex (2.8 [2.0-4.1]), entering Army service at 25 years or older (2.0 [1.3-3.1]), current age of 40 years or older (0.5 [0.3-0.8]), and a mental health diagnosis during the previous month (90.2 [59.5-136.7]). Discrete-time hazard models indicated risk among enlisted soldiers was highest in the second month of service (102.7 per 100 000 person-months) and declined substantially as length of service increased (mean during the second year of service, 56.0 per 100 000 person-years; after 4 years of service, 29.4 per 100 000 person-months), whereas risk among officers remained stable (overall mean, 6.1 per 100 000 person-months).

Conclusions and Relevance

Our results represent, to our knowledge, the most comprehensive accounting to date of suicide attempts in the Army. The findings reveal unique risk profiles for enlisted soldiers and officers and highlight the importance of research and prevention focused on enlisted soldiers in their first Army tour.

<http://www.sciencedirect.com/science/article/pii/S1087079215000908>

Beyond the mean: A systematic review on the correlates of daily intraindividual variability of sleep/wake patterns.

Bei Bei, Joshua F. Wiley, John Trinder, Rachel Manber

Sleep Medicine Reviews

Available online 2 July 2015

doi:10.1016/j.smr.2015.06.003

Features of an individual's sleep/wake patterns across multiple days are governed by two dimensions, the mean and the intraindividual variability (IIV). The existing literature focuses on the means, while the nature and correlates of sleep/wake IIV are not well understood. A systematic search of records in five major databases from inception to November 2014 identified 53 peer-reviewed empirical publications that examined correlates of sleep/wake IIV in adults. Overall, this literature appeared ad hoc, with under-developed theoretical frameworks and inconsistent methodologies. Correlates most consistently associated with greater IIV in one or more aspects of sleep/wake patterns were: younger age, non-White race/ethnicity, living alone, physical health conditions, higher BMI, weight gain, bipolar and unipolar depression symptomatology, stress, and evening chronotype; symptoms of insomnia and poor sleep were associated with higher sleep/wake IIV, which was reduced following sleep interventions. The

effects of experimentally reduced sleep/wake IIV on daytime functioning were inconclusive. In extending current understanding of sleep/wake patterns beyond the mean values, IIV should be incorporated as an additional dimension when sleep is examined across multiple days. Theoretical and methodological shortcomings in the existing literature, and opportunities for future research are discussed.

<https://idea.library.drexel.edu/islandora/object/idea%3A6308>

The Experience of Wives/Female Companions of Aging Vietnam Veterans with Chronic Posttraumatic Stress Disorder: A Qualitative Replication Study

Richardson, Margaret Mary

Thesis (Dr.N.P., Nursing Practice)
Drexel University, 2015

A plethora of information exists regarding Posttraumatic Stress Disorder (PTSD) in Vietnam veterans. What has not been exclusively researched is the effect of this illness on the aging wives and female companions of these veterans. The purpose of this phenomenologic qualitative replication study was to describe the experiences of wives and female companions living with aging Vietnam veterans with chronic PTSD and to compare/contrast findings to the 2001 parent study conducted by Lyons. A purposive sample of wives/female companions living with aging Vietnam veterans with chronic PTSD was recruited from various geographical areas of the United States using snowball sampling, recruitment flyers and direct contact. The 10 participants ranged in age from mid-fifties to the late sixties and had been in a cohabitating relationship with aging Vietnam veterans diagnosed with PTSD for more than six months over the last fifteen years. The data collection approach for this phenomenological study used semi-structured interview questions, with four participants interviewed in person and the remaining six participants interviewed by telephone; all interviews were audio recorded. Participants were also asked to complete a demographic questionnaire and the Cohen perceived stress scale, which measured the level of perceived stress within the past month. Data was analyzed using Colaizzi's systematic method and the qualitative analytical program Nvivo 10 was used to code data and extract themes. Themes that emerged were similar to the findings of Lyons and a fourth phase was added that was termed the epilogue.

<http://acegonline.org/wp-content/uploads/2013/02/JMGC-Vol-3-Is-1.pdf>

Journal of Military and Government Counseling

Volume 3, Number 1, 2015

Reaching Those Who Are Difficult to Reach: Exploring Online Interventions for Survivors of Military Sexual Trauma

Jane L. Nichols

From Combat to Campus: Assessing the Needs of Student Veterans and Their Families in Higher Education

Angela D. Wheelus and Susan R. Boes

Barriers to Mental Health Treatment in the Military

Emma Eckart and Roxane L. Dufrene

Graduate Student Paper – Veterans and the Civilian Workforce

Kevin E. Mellencamp

http://journals.lww.com/jtrauma/Abstract/publishahead/The_effects_of_combat_related_mild_traumatic_brain.99783.aspx

The effects of combat-related mild traumatic brain injury (mTBI): Does blast mTBI history matter?

Kontos, Anthony P. PhD; Elbin, RJ PhD; Kotwal, Russ S. MD, PhD; Lutz, Robert H. MD, PhD; Kane, Shawn MD; Benson, Peter J. MD; Forsten, Robert D. DO; Collins, Michael W. PhD

Journal of Trauma and Acute Care Surgery:

Post Author Corrections: June 30, 2015

doi: 10.1097/TA.0000000000000667

BACKGROUND:

The effects of mild traumatic brain injury (mTBI) have received significant attention since the beginning of the conflicts in Afghanistan and Iraq. Surprisingly, little is known about the temporal nature of neurocognitive impairment, mTBI, and posttraumatic stress (PTS) symptoms following combat-related mTBI. It is also unclear as to the role that blast exposure history has on mTBI and PTS impairments and symptoms. The purposes of this study were to examine prospectively the effects of mTBI on neurocognitive performance as well as mTBI and PTS symptoms among US Army Special Operations Command personnel and to study the influence of history of blast mTBI on these effects.

METHODS:

Eighty US Army Special Operations Command personnel with (n = 19) and without (n = 61) a history of blast-related mTBI completed the military version of the Immediate Post-concussion Assessment Cognitive Test (ImPACT), Post Concussion Symptom Scale (PCSS), and the PTSD Checklist (PCL) at baseline as well as 1 day to 7 days and 8 days to 20 days following a combat-related mTBI.

RESULTS:

Results indicated that verbal memory ($p = 0.002$) and processing speed ($p = 0.003$) scores were significantly lower and mTBI symptoms ($p = 0.001$) were significantly higher at 1 day to 7 days after injury compared with both baseline and 8 days to 20 days after injury. PTS remained stable across the three periods. Participants with a history of blast mTBI demonstrated lower verbal memory at 1 day to 7 days after mTBI compared with participants without a history of blast mTBI ($p = 0.02$).

CONCLUSION:

Decreases in neurocognitive performance and increased mTBI symptoms are evident in the first 1 day to 7 days following combat-related mTBI, and a history of blast-related mTBI may influence these effects.

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0128599>

The Challenges of Afghanistan and Iraq Veterans' Transition from Military to Civilian Life and Approaches to Reconnection.

Ahern J, Worthen M, Masters J, Lippman SA, Ozer EJ, Moos R

PLoS ONE

0(7): e0128599

doi:10.1371/journal.pone.0128599

Afghanistan and Iraq veterans experienced traumas during deployment, and disrupted connections with friends and family. In this context, it is critical to understand the nature of veterans' transition to civilian life, the challenges navigated, and approaches to reconnection. We investigated these issues in a qualitative study, framed by homecoming theory, that comprised in-depth interviews with 24 veterans. Using an inductive thematic analysis approach, we developed three overarching themes. **Military as family** explored how many veterans experienced the military environment as a "family" that took care of them and provided structure. **Normal is alien** encompassed many veterans experiences of disconnection from people at home, lack of support from institutions, lack of structure, and loss of purpose upon return to civilian life. **Searching for a new normal** included strategies and supports veterans found to reconnect in the face of these challenges. A veteran who had successfully transitioned and

provided support and advice as a peer navigator was frequently discussed as a key resource. A minority of respondents—those who were mistreated by the military system, women veterans, and veterans recovering from substance abuse problems—were less able to access peer support. Other reconnection strategies included becoming an ambassador to the military experience, and knowing transition challenges would ease with time. Results were consistent with and are discussed in the context of homecoming theory and social climate theory. Social support is known to be protective for veterans, but our findings add the nuance of substantial obstacles veterans face in locating and accessing support, due to disconnection and unsupportive institutions. Larger scale work is needed to better understand how to foster peer connection, build reconnection with family, and engage the broader community to understand and support veterans; interventions to support reconnection for veterans should be developed.

<http://www.sciencedirect.com/science/article/pii/S0193953X15000519>

Telepsychiatry : Effective, Evidence-Based, and at a Tipping Point in Health Care Delivery?

Psychiatric Clinics of North America

Available online 2 July 2015

doi:10.1016/j.psc.2015.05.006

KEY POINTS

- Telepsychiatry is effective compared with in-person care for adults and many populations, disorders, and settings.
- Telepsychiatry adds versatility to clinical practice and new models of care, if applied judiciously and incrementally.
- Good telepsychiatric care depends on time-tested principles of good patient-doctor engagement, the therapeutic relationship, communication, bio-psycho-socio-cultural treatment, and integrated care.
- Participants in care, particularly patients, feel empowered through technology and inform us of virtual care options for the future.

<http://www.tandfonline.com/doi/abs/10.1080/02650533.2015.1050655#.VaAu1WDaufQ>

Structural and Cultural Factors in Suicide Prevention: The Contrast between Mainstream and Inuit Approaches to Understanding and Preventing Suicide.

Marika Morris & Claire Crooks

Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community

Published online: 03 Jul 2015

DOI:10.1080/02650533.2015.1050655

This article is a documentary analysis of Inuit knowledge about suicide prevention which yields insights into how structural and cultural factors are essential to curbing suicide in marginalized populations. This study investigated the grey literature produced by Inuit community organizations and Inuit-led regional governments for Inuit understandings of suicide, its causes and prevention. Findings include that Inuit identify rapid colonization and its effects as the root of Inuit's highest suicide rate of any group in Canada; that suicide cannot be viewed in isolation from socio-economic conditions; that restoring the cultural pride of Inuit is essential to mental well-being; and that Inuit have created suicide prevention models building on strengths, relationship skills building and engaging the community, particularly youth and elders. This article makes an important contribution to the academic literature and social work practice in documenting Inuit suicide prevention concepts as a complement to western models which focus on individual depression.

<http://psycnet.apa.org/psycinfo/2015-30205-001/>

Differential Effects of Prolonged Exposure on Posttraumatic Stress Disorder Symptoms in Female Veterans.

Schnurr, Paula P.; Lunney, Carole A.

Journal of Consulting and Clinical Psychology,

Jul 6 , 2015

<http://dx.doi.org/10.1037/ccp0000031>

Objective:

We compared the effect of Prolonged Exposure (PE) on posttraumatic stress disorder (PTSD) symptom clusters and individual symptoms relative to a nonspecific comparison therapy (present-centered therapy; PCT) to identify the unique benefits of PE. We used data from a 12-site randomized clinical trial that found PE to be more effective than PCT for reducing PTSD symptom severity.

Method:

Participants were 284 female veterans and active duty soldiers with PTSD (M age = 44.8 years, range = 22–78; 45.4% non-White). Participants were randomized to 10 weekly sessions of PE or PCT and assessed before and after treatment and at 3- and 6-month follow-ups. The primary measure of PTSD symptoms and symptom clusters (reexperiencing, avoidance, numbing, and hyperarousal) was the Clinician-Administered PTSD Scale (CAPS; Weathers et al., 2001) but

we also assessed self-reported PTSD using the PTSD Checklist-Specific Version (PCL; Weathers, Litz, Herman, Huska, & Keane, 1993).

Results:

Almost all clinician-rated and self-reported symptoms improved from pre- to posttreatment in both conditions. In the analyses of clinician-rated PTSD, PE had greater benefit than PCT on avoidance and numbing clusters. PE also had greater benefit on most individual symptoms in these clusters as well as on distress related to reminders. In the analyses of self-reported PTSD, PE had greater benefit than PCT on all clusters and on most individual symptoms.

Conclusion:

PE may be especially helpful for individuals with significant avoidance and numbing. Giving patients information about how a treatment can help with the symptoms that create the greatest burden can facilitate choosing the treatment that is best for them. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://informahealthcare.com/doi/abs/10.3109/00952990.2015.1045978>

A review of research on smoking behavior in three demographic groups of veterans: women, racial/ethnic minorities, and sexual orientation minorities.

Andrea H. Weinberger, Hannah Esan, Marcia G. Hunt, and Rani A. Hoff

The American Journal of Drug and Alcohol Abuse

Posted online on July 7, 2015

(doi:10.3109/00952990.2015.1045978)

Background:

Veterans comprise a large segment of the U.S. population and smoke at high rates. One significant way to reduce healthcare costs and improve the health of veterans is to reduce smoking-related illnesses for smokers who have high smoking rates and/or face disproportionate smoking consequences (e.g. women, racial/ethnic minorities, sexual orientation minorities).

Objectives:

We reviewed published studies of smoking behavior in three demographic subgroups of veterans – women, racial/ethnic minorities, and sexual orientation minorities – to synthesize current knowledge and identify areas in need of more research.

Methods:

A MEDLINE search identified papers on smoking and veterans published through 31 December 2014.

Results:

Twenty-five studies were identified that focused on gender (n = 17), race/ethnicity (n = 6), or sexual orientation (n = 2). Female and sexual orientation minority veterans reported higher rates of smoking than non-veteran women and sexual orientation majority veterans, respectively. Veterans appeared to be offered VA smoking cessation services equally by gender and race. Few studies examined smoking behavior by race/ethnicity or sexual orientation. Little information was identified examining the outcomes of specific smoking treatments for any group.

Conclusion:

There is a need for more research on all aspects of smoking and quit behavior for women, racial/ethnic minorities, and sexual orientation minority veterans. The high rates of smoking by these groups of veterans suggest that they may benefit from motivational interventions aimed at increasing quit attempts and longer and more intense treatments to maximize outcomes. Learning more about these veterans can help reduce costs for those who experience greater consequences of smoking.

<http://www.ncbi.nlm.nih.gov/pubmed/26147237>

Rehabil Psychol. 2015 Jul 6. [Epub ahead of print]

Soldiers Returning From Deployment: A Qualitative Study Regarding Exposure, Coping, and Reintegration.

Brenner LA, Betthausen LM, Bahraini N, Lusk JL, Terrio H, Scher AI, Schwab KA

PURPOSE/OBJECTIVE:

The purpose of this study was to qualitatively explore exposure to deployment-related physical and/or emotional trauma and associated symptoms among Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) soldiers. Interviews also focused on in-theater- and reintegration-related experiences.

Research Method/Design:

OEF/OIF soldiers (N = 103) participated in semistructured interviews, and a qualitative descriptive methodology was used to analyze the data.

RESULTS:

Themes were identified regarding (a) common experiences related to emotional and physical traumas and associated symptoms and strategies for coping and making meaning of experiences and (b) how combat and reintegration experiences affected soldiers' senses of self, relationships with others, and functioning.

CONCLUSIONS/IMPLICATIONS:

Themes identified support a rethinking of deployment-related mild traumatic brain injury and posttraumatic stress disorder as discrete conditions. Dimensional versus categorical models should be considered. The findings also highlight experiences and potentially meaningful constructs (e.g., moral injury, moral repair) that can be used to inform research and clinical efforts aimed at improving the lives of those who have served. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://jiv.sagepub.com/content/early/2015/07/02/0886260515593299.abstract>

Military Versus Civilian Murder-Suicide.

Christina L. Patton, Matthew R. McNally, and William J. Fremouw

Journal of Interpersonal Violence
First published on July 3, 2015
doi:10.1177/0886260515593299

Previous studies have implicated significant differences between military members and civilians with regard to violent behavior, including suicide, domestic violence, and harm to others, but none have examined military murder-suicide. This study sought to determine whether there were meaningful differences between military and civilian murder-suicide perpetrators. Using data from the Center for Disease Control's (CDC) National Violent Death Reporting System (NVDRS), military ($n = 259$) and civilian ($n = 259$) murder-suicide perpetrators were compared on a number of demographic, psychological, and contextual factors using chi-square analyses. Logistic regression was used to determine which variables predicted membership to the military or civilian perpetrator groups. Military murder-suicide perpetrators were more likely to be older, have physical health problems, be currently or formerly married, less likely to abuse substances, and to exhibit significantly different motives than civilian perpetrators. Logistic regression revealed that membership to the military, rather than the civilian, perpetrator group was predicted by age, physical health problems, and declining health motive—reflecting the significance of a more than 15-year difference in mean age between the two groups. Findings point to the need to tailor suicide risk assessments to include questions specific to murder-suicide, to assess attitudes toward murder-suicide, and to the importance of assessing suicide and violence risk in older adult military populations.

<http://psycnet.apa.org/psycinfo/2015-28941-001/>

Family Functioning in Recent Combat Veterans With Posttraumatic Stress Disorder and Alcohol Misuse.

Possemato, Kyle; Pratt, Andrea; Barrie, Kimberly; Ouimette, Paige

Traumatology, Jun 29 , 2015

<http://dx.doi.org/10.1037/trm0000037>

Research indicates that veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) face high rates of posttraumatic stress disorder (PTSD) and that PTSD symptoms are associated with poorer family functioning. This study investigates the relationship of PTSD symptom clusters with functioning domains among OEF/OIF combat veterans while controlling for depression and alcohol use, which are commonly comorbid with PTSD in this population. Participants were 137 OEF/OIF veterans recruited from Veterans Affairs (VA) primary care as part of a longitudinal study examining daily fluctuations in PTSD and alcohol use. The Clinician Administered PTSD Scale (CAPS) measured PTSD severity, the Social Adjustment Scale-Self-Report (SAS-SR) measured veteran's perceptions of family functioning, the Alcohol Use Identification Test (AUDIT) measured hazardous alcohol use, and the Center for Epidemiologic Studies Depression Scale (CES-D) measured depression. Hierarchical linear regressions were conducted with 4 family functioning domains from the SAS-SR as criterion variables and relevant sociodemographic/ military variables, alcohol use severity, depression severity, and PTSD symptom cluster severity as predictors. Results indicate that (a) the emotional numbing cluster of PTSD is uniquely associated with functioning in romantic relationships, (b) depression is uniquely associated with poor functioning within the family unit, (c) alcohol misuse is uniquely associated with problems with family outside the home, and (d) more months back from their most recent combat deployment is associated with more family functioning problems. Clinicians treating the mental health concerns of combat veterans should consider the impact of specific mental health symptoms on family functioning. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

<http://link.springer.com/article/10.1007/s10464-015-9726-y>

The Role of Natural Support Systems in the Post-deployment Adjustment of Active Duty Military Personnel.

Janet A. Welsh, Jonathan Olson, Daniel F. Perkins, Wendy J. Travis, LaJuana Ormsby

American Journal of Community Psychology
July 2015

This study examined the relations among three different types of naturally occurring social support (from romantic partners, friends and neighbors, and unit leaders) and three indices of service member well-being (self reports of depressive symptoms, satisfaction with military life, and perceptions of unit readiness) for service members who did and did not report negative experiences associated with military deployment. Data were drawn from the 2011 Community Assessment completed anonymously by more than 63,000 USAF personnel. Regression analyses revealed that higher levels of social support was associated with better outcomes regardless of negative deployment experiences. Evidence of moderation was also noted, with all forms of social support moderating the impact of negative deployment experiences on depressive symptoms and support from unit leaders moderating the impact of negative deployment experience on satisfaction with military life. No moderation was found for perceptions of unit readiness. Subgroup analyses revealed slightly different patterns for male and female service members, with support providing fewer moderation effects for women. These findings may have value for military leaders and mental health professionals working to harness the power of naturally occurring relationships to maximize the positive adjustment of service members and their families. Implications for practices related to re-integration of post-deployment military personnel are discussed.

<http://yas.sagepub.com/content/early/2015/06/30/0044118X15592296.abstract>

School Climate, Deployment, and Mental Health Among Students in Military-Connected Schools.

Kris Tunac De Pedro, Ron Avi Astor, Tamika D. Gilreath, Rami Benbenishty, and Ruth Berkowitz

Youth & Society

First published on June 30, 2015

doi:10.1177/0044118X15592296

Research has found that when compared with civilian students, military-connected students in the United States have more negative mental health outcomes, stemming from the stress of military life events (i.e., deployment). To date, studies on military-connected youth have not examined the role of protective factors within the school environment, such as school climate, in the mental health and well-being of military-connected adolescents. Given this gap in the research on military adolescents, this study draws from a large sample of military and non-military secondary adolescents in military-connected schools (N = 14,943) and examines associations between school climate, military connection, deployment, and mental health. Findings show that multiple components of school climate are associated with a lower likelihood of depressive symptoms and suicidal ideation and increased likelihood of well-being among students in military-connected schools, after controlling for student demographics, military

connection, and deployments. The authors conclude with a discussion of school climate interventions for military-connected youth.

<http://onlinelibrary.wiley.com/doi/10.1002/pmh.1301/abstract>

Predicting suicide ideation through intrapersonal and interpersonal factors: The interplay of Big-Five personality traits and social support.

Nailah Ayub

Personality and Mental Health

Article first published online: 6 JUL 2015

DOI: 10.1002/pmh.1301

While a specific personality trait may escalate suicide ideation, contextual factors such as social support, when provided effectively, may alleviate the effects of such personality traits. This study examined the moderating role of social support in the relationship between the Big-Five personality traits and suicide ideation. Significant interactions were found between social support and extraversion and emotional stability. Specifically, the relationship between emotional stability and extraversion to suicide ideation was exacerbated when social support was low. Slope analysis showed openness also interacted with low social support. Results were computed for frequency, duration and attitude dimensions of suicide ideation. Extraversion interacted with social support to predict all three dimensions. Social support moderated emotional stability to predict frequency and duration, moderated conscientiousness towards frequency and attitude, and moderated openness towards attitude. The results imply that whereas personality traits may be difficult to alter, social support may play a significant role in saving a life. Psychologists should include family and friends when treating a suicidal youth, guiding them to awareness of one's personality and being more supportive. Copyright © 2015 John Wiley & Sons, Ltd.

<http://jap.sagepub.com/content/21/3/195.short>

Exploration of Individual and Family Factors Related to Community Reintegration in Veterans With Traumatic Brain Injury.

Helene Moriarty, Laraine Winter, Keith Robinson, Gala True, Catherine Piersol, Tracey Vause-Earland, Dolores Blazer Iacovone, Laura Holbert, Brian Newhart, Deborah Fishman, and Thomas H. Short

Journal of the American Psychiatric Nurses Association

May/June 2015 21: 195-211
doi:10.1177/1078390315591879

BACKGROUND:

Community reintegration (CR) poses a major problem for military veterans who have experienced a traumatic brain injury (TBI). Factors contributing to CR after TBI are poorly understood.

OBJECTIVE:

To address the gap in knowledge, an ecological framework was used to explore individual and family factors related to CR.

DESIGN:

Baseline data from an intervention study with 83 veterans with primarily mild to moderate TBI were analyzed. Instruments measured CR, depressive symptoms, physical health, quality of the relationship with the family member, and sociodemographics. Posttraumatic stress disorder and TBI characteristics were determined through record review.

RESULTS:

Five variables that exhibited significant bivariate relationships with CR (veteran rating of quality of relationship, physical functioning, bodily pain, posttraumatic stress disorder diagnosis, and depressive symptoms) were entered into hierarchical regression analysis. In the final analysis, the five variables together accounted for 35% of the variance, but only depression was a significant predictor of CR, with more depressed veterans exhibiting lower CR.

CONCLUSIONS:

Efforts to support CR of Veterans with TBI should carefully assess and target depression, a modifiable factor.

<http://informahealthcare.com/doi/abs/10.3109/00952990.2015.1051185>

The prevalence of binge drinking and receipt of provider drinking advice among US veterans with military service in Iraq or Afghanistan.

Patrick S. Calhoun, Amie R. Schry, H. Ryan Wagner, Nathan A. Kimbrel, Paul Dennis, Scott D. McDonald, Jean C. Beckham, Eric A. Dedert, Harold Kudler, and Kristy Straits-Troster

The American Journal of Drug and Alcohol Abuse
Posted online on July 8, 2015.
(doi:10.3109/00952990.2015.1051185)

Background:

Binge drinking is a significant public health concern linked to a number of health and psychosocial problems. Military service in Afghanistan (OEF) and Iraq (OIF) has been associated with posttraumatic stress disorder (PTSD) and increased hazardous drinking. Brief alcohol interventions may reduce hazardous drinking but are infrequently provided to at-risk drinkers.

Objectives:

This study examined the association of combat exposure, PTSD symptoms, binge drinking, use of VA and non-VA healthcare services, and the incidence of provider drinking advice.

Methods:

OEF/OIF veterans (n = 1087) completed measures of demographics, military history, combat exposure, PTSD symptoms, and binge drinking as part of a confidential mail survey study conducted in 2009 and 2010 (response rate = 29%). Patient report of receiving advice in the past year from a provider about their drinking was queried for frequent binge drinkers. The association of demographic variables, combat exposure, PTSD, and use of healthcare services with binge drinking and receipt of provider drinking advice was estimated using logistic regression.

Results:

Overall, 51% of the sample reported at least one episode of binge drinking in the past year and 19% were identified as frequent binge drinkers. PTSD was related to frequent binge drinking. At-risk veterans using VA healthcare services were significantly more likely to receive provider drinking advice (50%) than veterans not using VA (13.4%).

Conclusions:

There is a need for increased vigilance and action to identify and counsel at-risk veterans about alcohol misuse in this population.

http://sophia.stkate.edu/cgi/viewcontent.cgi?article=1419&context=msw_papers

A Systematic Review of Cognitive Processing Therapy and Prolonged Exposure with Veterans

Lauren Bares

Master of Social Work Clinical Research Papers
St. Catherine University, School of Social Work, 2015

The purpose of this systematic review was to identify the effectiveness of Cognitive Processing Therapy and Prolonged Exposure in reducing PTSD symptomology in United States military veterans. The present research study attempted to identify individual factors that may lead to a more effective treatment outcome with one of the two therapies that are frequently utilized in the Veterans Affairs Health Care System. Thirteen studies met inclusion criteria for the present study. The findings demonstrated both Cognitive Processing Therapy and Prolonged Exposure are effective in reducing PTSD symptomology in veterans. Only one study directly compared the two therapies, and Prolonged Exposure was found to be more effective. Several studies indicated factors that may impact outcomes with Cognitive Processing Therapy and Prolonged Exposure including a veteran's period of service, age, gender, application for increase in service connection, race and ethnicity, education, alcohol use, and use of psychotropic medication. More research is needed to directly compare the effectiveness of Cognitive Processing Therapy and Prolonged Exposure, so veterans can make more informed decisions when considering the therapies.

<http://www.ingentaconnect.com/content/afap/ajp/2015/00000069/00000002/art00002>

The Course and Evolution of Dialectical Behavior Therapy.

Linehan, Marsha M.; Wilks, Chelsey R.

American Journal of Psychotherapy
Volume 69, Number 2, 2015, pp. 97-110(14)

Dialectical behavior therapy was originally developed from early efforts to apply standard behavior therapy to treat individuals who were highly suicidal. Its development was a trial and error effort driven primarily from clinical experience.

Dialectical behavior therapy is a modular and hierarchical treatment consisting of a combination of individual psychotherapy, group skills, training, telephone coaching, and a therapist consultation team. The inherent modularity and hierarchical structure of DBT has allowed for relative ease in adapting and applying the treatment to other populations and settings. New skills have been developed and/or modified due to clinical need and/or advancement in research such as treatment outcomes or mechanisms. There has been an effort to implement DBT skills as a standalone treatment. More research is needed to assess how DBT skills work and for whom. As DBT broadens its reach, the treatment will continue to grow and adapt to meet demands of an evolving clinical landscape.

<http://www.e-sciencecentral.org/articles/SC000010996>

Cognitive Behavioral Therapy for Insomnia: Is it Effective in Treating Symptoms of Comorbid Psychiatric and Medical Disorders? A Review

Sooyeon Suh, PhD, CBSM

Sleep Medicine Research (SMR) 2015; 6(1): 10-15.

Published online: 30 June 2015

Insomnia is a highly comorbid disorder with other psychiatric and physical illnesses. Cognitive behavioral therapy for insomnia (CBTI) is effective for treating insomnia symptoms. Additionally, it is also effective in treating symptoms of the comorbid psychiatric and physical illnesses, and is recommended as an adjunctive treatment to enhance treatment effects of the original disorder. This current article is a review of CBTI with comorbid physical and psychiatric disorders.

<http://downloads.hindawi.com/journals/bn/aip/819402.pdf>

Referral practices for Cognitive Behavioral Therapy for Insomnia - A survey study.

Deirdre A. Conroy and Matthew R. Ebben

Behavioural Neurology

Received 12 March 2015; Revised 5 July 2015; Accepted 7 July 2015

This study examined referring practices for cognitive behavioral therapy for insomnia (CBTI) by physicians at University of Michigan Hospital and Weil Cornell Medical College of Cornell University. A five item questionnaire was sent via email that inquired about the physician's patient load, number of patients complaining of insomnia, percent referred for CBTI, and impressions of what the most effective method for improving sleep quality in their patients with insomnia. The questionnaire was completed by 239 physicians. More physicians believed a treatment other than CBTI and/or medication was most effective (N=83). "Sleep hygiene" was recommended by a third of the sample. The smallest number of physicians felt that CBTI alone was the most effective treatment (N=22). Additional physician education is needed.

<http://www.ncbi.nlm.nih.gov/pubmed/26164549>

Clin Psychol Rev. 2015 Jun 3;40:195-212. doi: 10.1016/j.cpr.2015.05.008. [Epub ahead of print]

Sleep disturbances, TBI and PTSD: Implications for treatment and recovery.

Gilbert KS, Kark SM, Gehrman P, Bogdanova Y

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. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/26170531>

Prof Psychol Res Pr. 2015 Apr;46(2):83-89.

Brief Intervention to Reduce Hazardous Drinking and Enhance Coping among OEF/OIF/OND Veterans.

McDevitt-Murphy ME, Murphy JG, Williams JL, Monahan CJ, Bracken-Minor KL

Hazardous drinking among US Military combat veterans is an important public health issue. Because recent combat veterans are difficult to engage in specialty mental health and substance abuse care, there is a need for opportunistic interventions administered in settings visited by recent combat veterans such as primary care. This paper describes a brief (single-session) intervention that was recently developed and tested in a sample of veterans of Operations Enduring Freedom, Iraqi Freedom and New Dawn (OEF/OIF/OND). The intervention consists of a counseling session delivered in a Motivational Interviewing style using a packet of personalized feedback about alcohol misuse, symptoms of PTSD and depression, as well as coping skills. The treatment is described and data from a single case treated with this intervention are presented.

<http://www.ncbi.nlm.nih.gov/pubmed/26169988>

Soc Psychiatry Psychiatr Epidemiol. 2015 Jul 14. [Epub ahead of print]

A systematic review of mental disorders and perpetration of domestic violence among military populations.

Trevillion K, Williamson E, Thandi G, Borschmann R, Oram S, Howard LM

PURPOSE:

Military populations may experience more severe forms of domestic violence than the general population. Although mental disorders are associated with domestic violence perpetration among the general population, it is not clear whether this is the case for military populations. This review aimed to establish the prevalence and odds of domestic violence perpetration among male and female military personnel with mental disorders.

METHODS:

Systematic review: searches of eleven electronic databases were supplemented by hand searches, reference screening, citation tracking and expert recommendations.

RESULTS:

Ten studies were included; nine reporting on partner violence and one on violence against an adult family member. Median prevalence estimates were calculated for partner violence perpetration among male military personnel with post-traumatic stress disorder (PTSD); estimates on other disorders were not possible due to lack of data. 27.5 % of men with PTSD reported past year physical violence perpetration against a partner and 91.0 % reported past year psychological violence perpetration against a partner. Due to limited data, no median estimates could be calculated for female military personnel. Data from individual papers indicate increased odds of past year partner violence perpetration among male and female military personnel with depression; inconsistent findings were reported for risk of partner violence perpetration among male and female military personnel with PTSD.

CONCLUSIONS:

There is some evidence that mental disorders among military personnel are associated with past year domestic violence perpetration, though current data cannot confirm direction of causality. Research is needed to inform the development of interventions targeted to reduce domestic violence perpetration among military personnel.

<http://www.ncbi.nlm.nih.gov/pubmed/26168878>

J Pain. 2015 Jul 10. pii: S1526-5900(15)00757-9. doi: 10.1016/j.jpain.2015.06.010. [Epub ahead of print]

Paradoxical pain perception in PTSD: The unique role of anxiety and dissociation.

Defrin R, Schreiber S, Ginzburg K

Posttraumatic stress disorder (PTSD) and chronic pain often co-occur and exacerbate each other. Elucidating the mechanism of this co-occurrence therefore has clinical importance. Previously, PTSD patients with chronic pain were found to demonstrate a unique, paradoxical pain profile: hyper-responsiveness together with hyposensitivity to pain. Our aim was to examine whether two seemingly paradoxical facets of PTSD - anxiety and dissociation - underlie this paradoxical profile. PTSD patients (n=32) and healthy controls (n=43) underwent psychophysical testing and completed questionnaires. PTSD patients had higher pain thresholds and higher pain ratings to suprathreshold stimuli than controls. Pain thresholds were positively associated with dissociation levels and negatively associated with anxiety sensitivity levels. Experimental pain ratings were positively associated with anxiety sensitivity and negatively related to dissociation levels. Chronic pain intensity was associated with anxiety, anxiety sensitivity and pain catastrophizing. It appears that reduced conscious attention towards incoming stimuli, resulting from dissociation, causes delayed response in pain threshold measurement while biases towards threatening stimuli and decreased inhibition, possibly due to elevated anxiety, are responsible for the intensification of experimental and chronic pain. The paradoxical facets of PTSD and their particular influences over pain perception seem to reinforce the coexistence of PTSD and chronic pain, and should be considered when treating traumatized individuals. PERSPECTIVE: This article provides new information regarding the underlying mechanism of the coexistence of PTSD and chronic pain. This knowledge could potentially help to provide better management of PTSD and chronic pain among individuals in the aftermath of trauma. Copyright © 2015 American Pain Society. Published by Elsevier Inc. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26167946>

J Consult Clin Psychol. 2015 Jul 13. [Epub ahead of print]

The Influence of the Dissociative Subtype of Posttraumatic Stress Disorder on Treatment Efficacy in Female Veterans and Active Duty Service Members.

Wolf EJ, Lunney CA, Schnurr PP

OBJECTIVE:

A dissociative subtype of posttraumatic stress disorder (PTSD) was recently added to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; American Psychiatric Association, 2013) and is thought to be associated with poor PTSD treatment response.

METHOD:

We used latent growth curve modeling to examine data from a randomized controlled trial of prolonged exposure and present-centered therapy for PTSD in a sample of 284 female veterans and active duty service members with PTSD to test the association between the dissociative subtype and treatment response.

RESULTS:

Individuals with the dissociative subtype (defined using latent profile analysis) had a flatter slope ($p = .008$) compared with those with high PTSD symptoms and no dissociation, such that the former group showed, on average, a 9.75 (95% confidence interval [-16.94, -2.57]) lesser decrease in PTSD severity scores on the Clinician Administered PTSD Scale (Blake et al., 1995) over the course of the trial. However, this effect was small in magnitude. Dissociative symptoms decreased markedly among those with the subtype, though neither treatment explicitly addressed such symptoms. There were no differences as a function of treatment type.

CONCLUSIONS:

Results raise doubt about the common clinical perception that exposure therapy is not effective or appropriate for individuals who have PTSD and dissociation, and provide empirical support for the use of exposure treatment for individuals with the dissociative subtype of PTSD. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26164548>

Clin Psychol Rev. 2015 Jun 27;40:184-194. doi: 10.1016/j.cpr.2015.06.008. [Epub ahead of print]

The efficacy of recommended treatments for veterans with PTSD: A metaregression analysis.

Haagen JF, Smid GE, Knipscheer JW, Kleber RJ

Soldiers and veterans diagnosed with PTSD benefit less from psychotherapy than non-military populations. The current meta-analysis identified treatment predictors for traumatised soldiers and veterans, using data from studies examining guideline recommended interventions, namely: EMDR, exposure, cognitive, cognitive restructuring, cognitive processing, trauma-focused cognitive behavioural, and stress management therapies. A systematic search identified 57 eligible studies reporting on 69 treated samples. Exposure therapy and cognitive processing

therapy were more effective than EMDR and stress management therapy. Group-only therapy formats performed worse compared with individual-only formats, or a combination of both formats. After controlling for study design variables, EMDR no longer negatively predicted treatment outcome. The number of trauma-focused sessions, unlike the total number of psychotherapy sessions, positively predicted treatment outcome. We found a relationship between PTSD pretreatment severity levels and treatment outcome, indicating lower treatment gains at low and high PTSD severity levels compared with moderate severity levels. Demographic variables did not influence treatment outcome. Consequently, soldiers and veterans are best served using exposure interventions to target PTSD. Our results did not support a group-only therapy format. Recommended interventions appear less effective at relatively low and high patient PTSD severity levels. Future high-quality studies are needed to determine the efficacy of EMDR. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26156261>

Psychiatr Q. 2015 Jul 9. [Epub ahead of print]

"I Want to Come Home": Vietnam-Era Veterans' Presenting for Mental Health Care, Roughly 40 Years After Vietnam.

Desai MU, Pavlo AJ, Davidson L, Harpaz-Rotem I, Rosenheck R

There continues to be an increase in the number of Vietnam-era veterans receiving a diagnosis of PTSD in the Veterans Health Administration, nearly four decades after Vietnam. In the present study, our aim was to better understand what prompts Vietnam-era veterans to present to a VHA mental health clinic, and to determine the meaning of this experience for them. Participants were interviewed regarding the experiences that prompted their visit to the mental health clinic at a VA medical center. Ensuing narratives were analyzed via phenomenological qualitative methods. Findings revealed that veterans did not hold a clear and determinate understanding of "PTSD" prior to attending the mental health clinic. Their engagement was instead the culmination of a long process wherein trusted others (e.g., family, other veterans, primary care doctors) suggested that their difficulties may be indicative of a problematic pattern that required attention beyond the everyday ways of dealing with them. In general, veterans suffered from a longstanding experience of social rejection, abandonment, and even betrayal following the war, including pervasive stigmatizations and perceived "weaknesses," and their own preferences for self-reliance over inattentive social and governmental institutions. Many veterans were newly focused on renewing meaning and purpose in their lives. The findings suggest the need to build stronger bridges between the VA and veterans' community supports, who greatly influenced veterans' care seeking. Further efforts to welcome Vietnam-era veterans home, validate their experiences of rejection and abandonment, and respectfully process their ensuing pain and anger are warranted.

<http://www.ncbi.nlm.nih.gov/pubmed/26147447>

Psychol Trauma. 2015 Jul 6. [Epub ahead of print]

Violence Associated With Combat-Related Posttraumatic Stress Disorder: The Importance of Anger.

Novaco RW, Chemtob CM

The importance of anger with regard to violence among veterans with combat-related PTSD has received little attention. We previously proposed that in PTSD the activation of threat-related cognitive networks strongly potentiates anger in a positive feedback loop and that inhibitory controls on aggression can be overridden when PTSD and anger activation are conjoined. We predicted that violence would be intensified when combat-related PTSD was conjoined with anger. We used the National Vietnam Veterans Readjustment Study (NVVRS) public use data set, selecting the male combat theater veterans, which entailed 1,200 from the main survey (Study 1) and 259 from the clinical interview component (Study 2). Anger indices were constructed from NVVRS variables. PTSD was assessed by continuous symptom scores and by clinical diagnostic measures. Conjoined anger and PTSD was associated with greatly increased violence. PTSD was not associated with violence in the absence of anger. This result was obtained using alternative measures of PTSD and of anger in both the main survey and the clinical interview component. These findings call for reconceptualizing the association of PTSD and violence. Concerted attention should be given to anger as a risk factor for violence in the assessment and treatment of combat-related PTSD, and as an important portal of entry for treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/26141210>

J R Army Med Corps. 2015 Jul 3. pii: jramc-2015-000417. doi: 10.1136/jramc-2015-000417. [Epub ahead of print]

Accelerated resolution therapy: an innovative mental health intervention to treat post-traumatic stress disorder.

Finnegan A, Kip K, Hernandez D, McGhee S, Rosenzweig L, Hynes C, Thomas M

Post-traumatic stress disorder (PTSD) is a disabling trauma and stress-related disorder that may occur after a person experiences a traumatic event, and evokes a combination of intrusion and avoidance symptoms, negative alterations in cognitions and mood, and alterations in arousal and reactivity. Accelerated resolution therapy (ART) is an emerging psychotherapy that

provides fast and lasting resolution for mental health problems such as PTSD. ART has been shown to achieve a positive result in one to five sessions, typically over a 2-week period, and requires no homework, skills practice or repeated exposure to targeted events. Initial research, including one randomised control trial, has demonstrated that ART interventions can significantly reduce symptoms of psychological trauma in both civilians and US service members and veterans. These results suggest that ART be considered as either a primary treatment option or for refractory PTSD in those with a suboptimal response to endorsed first-line therapies. Conservative estimates indicate substantial potential cost savings in PTSD treatment. Despite the need for more definitive clinical trials, there is increasing interest in ART in the USA, including in the US Army. The growing positive empirical evidence is compelling, and there appears to be sufficient evidence to warrant UK researchers undertaking ART research. The armed forces offer the potential for comparative international trials. However, equally important are veterans, emergency services personnel and those subjected to violence. ART appears to also have application in other conditions, including depression, anxiety disorders, and alcohol or drug misuse. ART can potentially help personnel traumatised by the unique challenges of war and conflict zones by providing brief psychotherapy in a readily accessible and culturally competent manner. ART facilitates the provision of interventions and resolutions in theatre, thus enhancing forces' fighting capability. Published by the BMJ Publishing Group Limited.

<http://www.ncbi.nlm.nih.gov/pubmed/26140870>

Sleep Med Rev. 2015 Feb 4. pii: S1087-0792(15)00020-9. doi: 10.1016/j.smrv.2015.01.008. [Epub ahead of print]

Trauma-induced insomnia: A novel model for trauma and sleep research.

Sinha SS

Traumatic events have been increasingly recognized as important precipitants of clinically significant insomnia. Trauma is an extreme form of stressful life event that generates a sustained neurobiological response triggering the onset and maintenance of insomnia. Trauma may disrupt the normal sleep-wake regulatory mechanism by sensitizing the central nervous system's arousal centers, leading to pronounced central and physiological hyperarousal. The central concept of hyperarousal has been linked to both the pathogenesis of insomnia and to the neurobiological changes in the aftermath of traumatic events, and may be a neurobiological commonality underlying trauma and insomnia. This paper presents evidence for trauma-induced insomnia and advances a model of it as an important nosological and neurobiological entity. Trauma-induced insomnia may occur in the absence of full-blown posttraumatic stress disorder (PTSD), and may also be a precursor of subsequent PTSD development. Converging lines of evidence from the neuroscience of insomnia with the neurobiology and psychophysiology of stress, fear, trauma and PTSD will be integrated to advance understanding of the condition.

Preclinical and clinical stress and fear paradigms have informed the neurobiological pathways mediating the production of insomnia by trauma. Elucidating the underlying neurobiological substrates can establish novel biological markers to identify persons at risk for the condition, and help optimize treatment of the trauma-insomnia interface. Early identification and treatment of trauma-induced insomnia may prevent the development of PTSD, as well as other important sequelae such as depression, substance dependence, and other medical conditions. Copyright © 2015 Elsevier Ltd. All rights reserved.

<http://www.ncbi.nlm.nih.gov/pubmed/26132685>

J Clin Psychiatry. 2015 Jun;76(6):e774-8. doi: 10.4088/JCP.14m09155.

Targeting relational aggression in veterans: the Strength at Home Friends and Family intervention.

Hayes MA, Gallagher MW, Gilbert KS, Creech SK, DeCandia CJ, Beach CA, Taft CT

OBJECTIVE:

We evaluated the effectiveness of Strength at Home Friends and Families (SAH-F), a dyadic group intervention to prevent relational aggression and its negative consequences, in a community-based sample of service members/veterans and significant others who reported relational difficulties.

METHOD:

Participants included 70 veterans and their loved ones. Recruitment was conducted from October 2010 through March 2012. Participants completed an initial assessment that included measures of relational aggression and functioning, depressive symptoms, and posttraumatic stress disorder (PTSD) symptoms. Participants were enrolled in the 10-week SAH-F targeting social information-processing mechanisms hypothesized to underlie the relationship between trauma and aggression and were reassessed at program completion and 3 months after intervention.

RESULTS:

Significant reductions in psychological aggression were seen both at program completion and at 3-month follow-up for both veterans (standardized mean gain effect size [ES_g] = -0.45, $P < .05$) and significant others (ES_g = -0.30, $P < .05$). Perpetration of physical aggression remained low after pretreatment and did not increase. Relationship adjustment reported by significant others, but not veterans, indicated a significant improvement from pretreatment to program completion (ES_g = 0.33, $P < .05$). Significant ($P < .05$) decreases in depressive symptoms were observed from pretreatment to program completion for veterans (ES_g = -0.30, $P < .05$) and significant others (ES_g = -0.55, $P < .05$), and significant decreases in PTSD symptoms were observed from pretreatment to follow-up for veterans and significant others (ES_g = -0.52, $P < .05$).

CONCLUSIONS:

Results provide support for the effectiveness of SAH-F in reducing relational aggression in military member/significant other dyads and enhancing relationship quality and mental health. © Copyright 2015 Physicians Postgraduate Press, Inc.

Links of Interest

Most popular colleges for TA & GI Bill — latest trends

<http://www.militarytimes.com/story/veterans/best-for-vets/2015/07/15/most-popular-colleges-for-ta-gi-bill-fiscal-2014/30124063/>

A soldier and his combat dog both returned from Iraq with PTSD — and found support in each other

<http://www.washingtonpost.com/news/inspired-life/wp/2015/07/02/a-decorated-soldier-and-his-beloved-combat-dog-both-returned-from-iraq-with-ptsd-and-found-support-in-each-other/>

How an Insomnia Therapy Can Help With Other Illnesses

<http://www.nytimes.com/2015/07/14/upshot/how-an-insomnia-therapy-can-help-with-other-illnesses.html>

Newly Enlisted Army Soldiers at Risk of Attempted Suicide: Study

http://www.nlm.nih.gov/medlineplus/news/fullstory_153511.html

Violent video games provide quick stress relief, but at a price

<http://www.sciencedaily.com/releases/2015/07/150709132638.htm>

Why social workers aren't discussing religion, spirituality with clients

Social work professor explains disconnect between practitioners' beliefs, practice

<http://www.sciencedaily.com/releases/2015/07/150708160449.htm>

Virtual training helps vets with PTSD, mentally ill get more jobs

Virtual human -- based on FBI training -- shows them how to ace job interview

<http://www.sciencedaily.com/releases/2015/07/150701083716.htm>

Congresswoman says Army to mull breast-feeding policy

<http://www.stripes.com/news/congresswoman-says-army-to-mull-breast-feeding-policy-1.358037>

See also: Military bases struggle with breast-feeding policies

<http://www.stripes.com/news/pacific/military-bases-struggle-with-breast-feeding-policies-1.352989>

Resource of the Week: [Calhoun: The NPS Institutional Archive](#)

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Some random items of potential interest:

- [Military Suicide: A Brief Bibliography of Scholarly Resources](#) (Marlatt)
- [Analysis of suicide behaviors in the Navy active duty and reserve component population](#) Blankenship and Shepherd)
- ["Good to Go!" Marines, Combat, and the Culture of Silence](#) (Todd)
- [Facilitating targeted intervention in substance abuse treatment programs via a risk scoring methodology](#) (Fricker and Coté)
- [Roles and challenges of women in the military](#) (Amara)
- [Anticipating the TBI-related Health Care Needs of Women Veterans following the Department of Defense Change in Combat Assignment Policy](#) (Amara, Iverson, Krengel, Pogoda)



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