



**CDP Research Update -- March 3, 2016**

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<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V27N1.pdf>

### **PTSD Research Quarterly -- Forty Years After the War: How are Vietnam Veterans Doing Today?**

National Center for PTSD  
Volume 27, Issue 1 (2016)

Longitudinal studies are extremely important in trauma research. Questions begin with how well people cope during the immediate aftermath of trauma exposure and progress to questions about long-term resilience or vulnerability to PTSD. Vietnam Veterans are one of the most rigorously studied cohorts in this regard.

This issue of the PTSD Research Quarterly provides a guide to important recent findings on posttraumatic trajectories spanning 40-50 years among Vietnam Veterans whose war zone trauma occurred during the 1960s and 1970s.

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<http://www.gao.gov/products/GAO-16-280>

**Federal Health Care Center: VA and DOD Need to Address Ongoing Difficulties and Better Prepare for Future Integrations.**

Government Accountability Office

GAO-16-280: Published: Feb 29, 2016. Publicly Released: Feb 29, 2016

GAO is making 8 recommendations, including that VA and DOD collaborate to establish selection criteria for FHCC leadership and that prior to future integration efforts, VA and DOD conduct data-driven strategic workforce planning and resolve differences in IT network security standards to the extent possible. VA and DOD concurred with all of GAO's recommendations.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22075/abstract>

**Long-Term Trajectories of PTSD in Vietnam-Era Veterans: The Course and Consequences of PTSD in Twins.**

Magruder, K. M., Goldberg, J., Forsberg, C. W., Friedman, M. J., Litz, B. T., Vaccarino, V., Heagerty, P. J., Gleason, T. C., Huang, G. D. and Smith, N. L.

Journal of Traumatic Stress

Volume 29, Issue 1, pages 5–16, February 2016

DOI: 10.1002/jts.22075

We estimated the temporal course of posttraumatic stress disorder (PTSD) in Vietnam-era veterans using a national sample of male twins with a 20-year follow-up. The complete sample included those twins with a PTSD diagnostic assessment in 1992 and who completed a DSM-IV PTSD diagnostic assessment and a self-report PTSD checklist in 2012 (n = 4,138). Using PTSD diagnostic data, we classified veterans into 5 mutually exclusive groups, including those who never had PTSD, and 4 PTSD trajectory groups: (a) early recovery, (b) late recovery, (c) late

onset, and (d) chronic. The majority of veterans remained unaffected by PTSD throughout their lives (79.05% of those with theater service, 90.85% of those with nontheater service); however, an important minority (10.50% of theater veterans, 4.45% of nontheater veterans) in 2012 had current PTSD that was either late onset (6.55% theater, 3.29% nontheater) or chronic (3.95% theater, 1.16% nontheater). The distribution of trajectories was significantly different by theater service ( $p < .001$ ). PTSD remains a prominent issue for many Vietnam-era veterans, especially for those who served in Vietnam.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22075/abstract>

### **Retrospective Appraisals Mediate the Effects of Combat Experiences on PTS and Depression Symptoms in U.S. Army Medics.**

Barbara L. Pitts and Martin A. Safer

Journal of Traumatic Stress

Volume 29, Issue 1, pages 65–71, February 2016

DOI: 10.1002/jts.22067

A life-threatening traumatic experience can cause physical and psychological distress, but it can also be remembered with pride from having demonstrated one's courage and abilities under severe circumstances. Characteristics of the event, early response, as well as later personal reflection, together determine the individual's response to a traumatic event. We investigated how traumatic combat experiences and retrospective appraisals of those experiences affected reports of symptoms of posttraumatic stress and depression in 324 U.S. Army medics. Higher levels of combat experiences were associated with both appraisals of threat to life ( $r = .40$ ) and appraisals of personal benefit of the deployment ( $r = .15$ ). Threat appraisals were associated with increases ( $r = .33$  and  $.29$ ), whereas benefit appraisals were associated with decreases ( $r = -.28$  and  $-.30$ , respectfully), in symptoms of posttraumatic stress and depression. These opposing mediation pathways led to weak or nonsignificant total effects, which concealed the effects of combat intensity on posttraumatic stress ( $R^2 = .28$ ) and depression ( $R^2 = .24$ ). Acknowledging the beneficial effects that a combat experience had on one's life was associated with less intense behavioral health symptoms and offset the detrimental effects of traumatic combat experiences.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22070/abstract>

### **Efficacy of Fifteen Emerging Interventions for the Treatment of Posttraumatic Stress Disorder: A Systematic Review.**

Metcalfe, O., Varker, T., Forbes, D., Phelps, A., Dell, L., DiBattista, A., Ralph, N. and O'Donnell, M.

Journal of Traumatic Stress

Volume 29, Issue 1, pages 88–92, February 2016

DOI: 10.1002/jts.22070

Although there is an abundance of novel interventions for the treatment of posttraumatic stress disorder (PTSD), often their efficacy remains unknown. This systematic review assessed the evidence for 15 new or novel interventions for the treatment of PTSD. Studies that investigated changes to PTSD symptoms following the delivery of any 1 of the 15 interventions of interest were identified through systematic literature searches. There were 19 studies that met the inclusion criteria for this study. Eligible studies were assessed against methodological quality criteria and data were extracted. The majority of the 19 studies were of poor quality, hampered by methodological limitations, such as small sample sizes and lack of control group. There were 4 interventions, however, stemming from a mind–body philosophy (acupuncture, emotional freedom technique, mantra-based meditation, and yoga) that had moderate quality evidence from mostly small- to moderate-sized randomized controlled trials. The active components, however, of these promising emerging interventions and how they related to or were distinct from established treatments remain unclear. The majority of emerging interventions for the treatment of PTSD currently have an insufficient level of evidence supporting their efficacy, despite their increasing popularity. Further well-designed controlled trials of emerging interventions for PTSD are required.

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<http://www.tandfonline.com/doi/full/10.1080/10926771.2015.1081661>

### **Anticipatory Anxiety in the Treatment of Combat Veterans with Posttraumatic Stress Disorder.**

Natalie C. Fala , Jennifer A. Coleman , John R. Lynch

Journal of Aggression, Maltreatment & Trauma

Vol. 25, Iss. 2, 2016

DOI:10.1080/10926771.2015.1081661

Combat veterans have experienced a transformational process during war zone deployment, including emotional, cognitive, and sensory processing changes. They also return entrenched in military expectations of conduct and behavior. These changes result in anticipatory anxiety that makes it difficult to reintegrate into the civilian world, and are related to symptoms of posttraumatic stress disorder (PTSD). The PTSD Recovery Program at the McGuire Veterans Affairs Medical Center (VAMC) is a manualized treatment that focuses on the personal and daily experiences of combat veterans rather than exposure to traumatic memories. Program

evaluation data demonstrated significant reduction in PTSD symptoms and improvements in general self-efficacy and adaptive behaviors. Results support the PTSD Recovery Program as an effective treatment that enhances readjustment to civilian life.

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<http://www.tandfonline.com/doi/full/10.1080/10926771.2015.1107174>

### **Rumination, Resilience, and Posttraumatic Stress Disorder Symptom Severity Among Veterans of Iraq and Afghanistan.**

Laura Blackburn , Gina P. Owens

Journal of Aggression, Maltreatment & Trauma  
Vol. 25, Iss. 2, 2016  
DOI:10.1080/10926771.2015.1107174

This study investigated the relationships among combat exposure, intrusive, and deliberate rumination, resilience, and posttraumatic stress disorder (PTSD) among service members who deployed to Iraq or Afghanistan (N = 191). Participants completed an online survey and hierarchical linear regression results indicated that enlisted rank, higher combat exposure, lower resilience, and higher intrusive rumination predicted higher levels of PTSD symptom severity. Resilience moderated the relationship between combat exposure and PTSD symptom severity, such that participants who had higher levels of resilience had lower levels of PTSD symptom severity at all levels of combat exposure. These findings suggest the importance of increasing resilience in combat veterans, specifically those of enlisted rank and veterans exposed to higher levels of combat. Findings also suggest that teaching veterans how to control or minimize intrusive rumination might help lower PTSD severity.

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<http://www.sciencedirect.com/science/article/pii/S0005789416000204>

### **“Why” or “How”: The Effect of Concrete Versus Abstract Processing on Intrusive Memories Following Analogue Trauma.**

Rachel White and Jennifer Wild

Behavior Therapy  
Available online 24 February 2016  
doi:10.1016/j.beth.2016.02.004

Emergency service workers, military personnel, and journalists working in conflict zones are regularly exposed to trauma as part of their jobs and suffer higher rates of posttraumatic stress

compared with the general population. These individuals often know that they will be exposed to trauma and therefore have the opportunity to adopt potentially protective cognitive strategies. One cognitive strategy linked to better mood and recovery from upsetting events is concrete information processing. Conversely, abstract information processing is linked to the development of anxiety and depression. We trained 50 healthy participants to apply an abstract or concrete mode of processing to six traumatic film clips and to apply this mode of processing to a post-training traumatic film. Intrusive memories of the films were recorded for 1 week and the Impact of Events Scale - Revised (IES-R; Weiss & Marmar, 1997) was completed at 1-week follow-up. As predicted, participants in the concrete condition reported significantly fewer intrusive memories in response to the films and had lower IES-R scores compared with those in the abstract condition. They also showed reduced emotional reactivity to the post-training film. Self-reported proneness to intrusive memories in everyday life was significantly correlated with intrusive memories of the films, whereas trait rumination, trait dissociation, and sleep difficulties were not. Findings suggest that training individuals to adopt a concrete mode of information processing during analogue trauma may protect against the development of intrusive memories.

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<http://occmmed.oxfordjournals.org/content/early/2016/02/12/occmmed.kqw009.abstract>

## **Unit cohesion, traumatic exposure and mental health of military personnel.**

J. Kanesarajah, M. Waller, W. Y. Zheng, and A. J. Dobson

Occupational Medicine

First published online: February 12, 2016

doi: 10.1093/occmmed/kqw009

### Background

The benefit of military unit cohesion to morale and psychological resilience is well established. But it remains unclear whether unit cohesion modifies the association between deployment-related traumatic exposure and mental health problems.

### Aims

To examine the association between unit cohesion, traumatic exposure and poor mental health [symptoms of post-traumatic stress disorder (PTSD), psychological distress and alcohol dependency] and assess whether the relationship between traumatic exposure and poor mental health differs by level of unit cohesion.

### Methods

A self-reported cross-sectional survey of Australian military personnel deployed to Iraq or Afghanistan between 2001 and 2009.

## Results

Among 11411 participants, those with low levels of unit cohesion had higher odds of PTSD symptoms [aOR (95% CI): 2.54 (1.88, 3.42)], very high psychological distress [aOR (95% CI): 4.28 (3.04, 6.02)] and a high level of alcohol problems [aOR (95% CI): 1.71 (1.32, 2.22)] compared with those reporting high unit cohesion on deployment. Higher exposure to traumatic events on deployment was associated with greater risk of PTSD symptoms, very high levels of psychological distress and high levels of alcohol problems in this cohort. However, there was no evidence of a statistically significant interaction between unit cohesion and traumatic exposures in influencing poor mental health.

## Conclusions

Our findings suggest that both unit cohesion and traumatic exposure are independently associated with poor mental health. Efforts to improve military unit cohesion may help to improve the mental health resilience of military personnel, regardless of their level of traumatic exposure.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153539>

## **Sleep, Agitation, and Irritation: Proxies for Functional Impairment among Service Members Seeking Mental Health Treatment.**

Jamie T. Carreno , Joshua E. Wilk

Military Behavioral Health

Accepted author version posted online: 19 Feb 2016

DOI:10.1080/21635781.2016.1153539

Symptoms of depression, anxiety and posttraumatic stress disorder (PTSD) have a negative effect on occupational, social, and marital/intimate partner functioning. Other problem emotions or behaviors, such as sleep troubles, irritation or agitation could also have a similar relationship to a variety of functional impairments. The current study sought to (1) replicate findings supporting a relationship between symptoms of psychopathology and a variety of functional impairments (2) examine the relationship between sleep disturbances, agitation and irritation on the same functional impairments and (3) examine the differences in the strength of the relationships described in (1) and (2). Military providers completed a survey indicating clinical perceptions of the variables of interest for one Service Member from their clinical caseload. Higher levels of depression, anxiety and PTSD symptomatology were related to all domains of functional impairment as were reported levels of sleep disturbances, agitation and irritation. Few differences were found in the strength of the correlations established for depression/anxiety/PTSD and sleep problems/irritation/agitation. Given the potential hesitation of Service Members to report symptoms of psychopathology, reports of sleep problems,



irritation and agitation may present unique clinical benefits by providing an additional health touch point for education on behavioral health and available services.

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<http://www.ncbi.nlm.nih.gov/pubmed/26897999>

Soc Work. 2016 Jan;61(1):53-60.

### **Psychosocial Equine Program for Veterans.**

Ferruolo DM.

Nearly half of all combat veterans suffer from serious psychological disorders and reintegration issues. Veterans shy away from typical talk therapy and are seeking alternative treatments. Equine-facilitated mental health therapy has shown promise in treating veterans with depressive and anxiety disorders and reintegration issues. This article reports on an institutional review board-approved pilot program designed to address the mental health needs of veterans. Furthermore, this article discusses future directions for evolving development of equine treatment programming.

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<http://www.ncbi.nlm.nih.gov/pubmed/26890894>

J Clin Psychiatry. 2016 Feb 2. [Epub ahead of print]

### **Sleep disturbance in chronic military-related PTSD: clinical impact and response to adjunctive risperidone in the Veterans Affairs Cooperative Study #504.**

Krystal JH1, Pietrzak RH, Rosenheck RA, Cramer JA, Vessicchio J, Jones KM, Huang GD, Vertrees JE, Collins J, Krystal AD; Veterans Affairs Cooperative Study #504 Group

#### **OBJECTIVE:**

Sleep disturbances are common among veterans with chronic military-related posttraumatic stress disorder (PTSD). This article reports the results of a multicenter clinical trial that explored the clinical correlates of reported sleep impairment in these veterans and tested the impact of the second-generation antipsychotic risperidone upon these symptoms.

#### **METHOD:**

This article reports secondary analyses of a 24-week multicenter randomized placebo-controlled trial of adjunctive risperidone in patients with chronic military-related PTSD symptoms (n = 267, 97% male) who were symptomatic despite treatment with antidepressants and other medications. The study was conducted between February 2007 and February 2010. DSM-IV

PTSD diagnoses were made by using the Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Nonpatient Edition. Sleep disturbances were assessed principally by using the Pittsburgh Sleep Quality Index (PSQI) (primary outcome measure). Analyses were conducted using bivariate correlations and longitudinal mixed model regressions.

#### RESULTS:

Eighty-eight percent of the patients in this study had clinically significantly impaired sleep on the PSQI. Severity of sleep disturbances correlated with PTSD symptom severity as measured by the Clinician-Administered PTSD Scale (CAPS) and reductions in multiple measures of quality of life (Veterans RAND 36-item Health Survey [SF-36 V] subscales, Boston Life Satisfaction Index). Risperidone produced small but statistically significant effects on total PSQI scores (main effect of drug:  $F_{1,228} = 4.57$ ,  $P = .034$ ; drug-by-time interaction:  $F_{2,421} = 4.32$ ,  $P = .014$ ) and severity of nightmares as assessed by the CAPS (main effect of drug:  $F_{1,248} = 4.60$ ,  $P = .033$ ). The improvements in sleep quality produced by risperidone correlated with reductions in PTSD symptom severity and improvement in the mental health subscale of the SF-36 V.

#### CONCLUSIONS:

This study highlighted the near universality and significant negative impact of severe disturbances in sleep quality in veterans with chronic military-related PTSD who were partial responders to standard pharmacotherapies. The modest improvements in sleep quality produced by adjunctive risperidone were correlated with limited reductions in PTSD severity and improvements in quality of life.

#### TRIAL REGISTRATION:

ClinicalTrials.gov identifier: NCT00099983. © Copyright 2016 Physicians Postgraduate Press

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<http://link.springer.com/article/10.1007/s10935-016-0419-6>

### **The Influence of Training, Reluctance, Efficacy, and Stigma on Suicide Intervention Behavior Among NCOs in the Army and Marine Corps.**

Lynsay Ayer, Rajeev Ramchand, Lily Geyer, Lane Burgette, Aaron Kofner

The Journal of Primary Prevention  
First online: 20 February 2016  
DOI 10.1007/s10935-016-0419-6

The Army and Marine Corps have consistently experienced the highest rates of suicide relative to the other services. In both the Army and Marine Corps, the service members responsible for identifying and referring individuals at risk for suicide are called “gatekeepers” and are typically noncommissioned officers (NCOs). We used structural equation modeling on survey responses from 1184 Army soldiers and 796 marines to estimate the relationships between training,

intervention efficacy, reluctance, and mental health stigma on NCO intervention behaviors. Efficacy and reluctance were independently associated with intervention behaviors, and stigma was only associated with intervention behaviors among Army NCOs. Study results suggest that while quantity of training may help NCOs feel more confident about their ability to intervene, other efforts such as changing training content and delivery mode (e.g., interactive vs. didactic training) may be necessary in order to reduce reluctance and stigma to intervene with service members at risk for suicide.

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<http://link.springer.com/article/10.1007/s11062-016-9559-9>

### **Posttraumatic Stress Disorder (PTSD): Mechanisms and Possible Treatments.**

S. Asalgoo, G. P. Jahromi, G. H. Meftahi, H. Sahraei

Neurophysiology

First online: 20 February 2016

DOI 10.1007/s11062-016-9559-9

Posttraumatic stress disorder (PTSD) is a debilitating mental condition occurring after a tragedy or a traumatic experience, such as rape, assault, natural disasters, war, car or plane accidents, etc. PTSD can cause a number of symptoms, such as fear, high anxiety, hyperarousal, bad dreams, nightmares, etc., existing for a long time after the traumatic event. In recent years, the spread of PTSD has increased in the world, especially in Asia (Middle East), particularly among soldiers who have taken part in military conflicts. This situation confirms the importance of understanding how PTSD develops and of improving its treatment. This paper is a review of the literature related to the respective topics. Like other anxiety disorders, PTSD is related to disruption of the endocrine system, particularly disintegration of the hypothalamus-pituitary-adrenal axis (HPAA). People suffering from PTSD are characterized by elevated levels of corticotropin-releasing hormone, low basal cortisol levels, and enhanced negative feedback suppression of the HPAA. At the present time, certain plant-derived compounds are considered to be a new important source to treat PTSD. For example, remedies obtained from saffron are such possible means. According to our findings, saffron components may considerably affect some parts of the HPAA for reduction of stress-induced corticosterone release.

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<http://psycnet.apa.org/journals/trm/21/4/267/>

### **Family functioning in recent combat veterans with posttraumatic stress disorder and alcohol misuse.**

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

Traumatology  
Vol 21(4), Dec 2015, 267-272  
<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)

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<http://psycnet.apa.org/journals/trm/21/4/299/>

**The combat veteran paradox: Paradoxes and dilemmas encountered with reintegrating combat veterans and the agencies that support them.**

Castro, Carl A.; Kintzle, Sara; Hassan, Anthony M.

Traumatology  
Vol 21(4), Dec 2015, 299-310  
<http://dx.doi.org/10.1037/trm0000049>

The combat veteran paradox proposes that most changes individuals experience resulting from combat exposure are normal, and not indicative of a mental health disorder. Yet, because of the number and complexities of these changes, the combat veteran paradox states that combat veterans who are healthy can benefit from counseling. Counseling should focus on helping the

combat veteran understand how combat experiences might influence their thoughts, emotions and behaviors. Counseling can also help combat veterans understand the numerous paradoxes often experienced during and after deployment. Combat veterans also encounter numerous dilemmas, most prominent being the military mental health dilemmas, consisting of multiple double binds imposed on the combat veteran by their partner, the military culture, and him/herself; all of which impede the combat veteran from receiving much needed mental health care support. If left unchecked, these can lead to more significant mental health issues requiring professional intervention. Veteran helping organizations also face dilemmas and paradoxes, which are important to understand to ensure veterans receive maximum care and assistance. Although many dilemmas are unavoidable and many paradoxes unsolvable, a holistic approach to understanding and ameliorating veteran paradoxes and dilemmas is necessary to optimize the veterans transition home. There are also similarities between combat trauma and other types of trauma, and between the military and other occupations with inherent danger. Recognizing these will further aid in the development of interventions that will allow trauma survivors to thrive and grow after traumatic events. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2016.1153538>

### **Association of Combat Experiences with Posttraumatic Stress Disorder among Canadian Military Personnel Deployed in Support of the Mission in Afghanistan.**

Kimberley Watkins , Kerry Sudom , Mark Zamorski

Military Behavioral Health

Accepted author version posted online: 22 Feb 2016

DOI:10.1080/21635781.2016.1153538

Understanding the contribution of specific combat experiences to post-deployment posttraumatic stress disorder (PTSD) may inform preventive and therapeutic interventions. This study investigated the associations of combat experiences with PTSD among Canadian military personnel after return from deployment to Afghanistan. Most experiences had positive associations with PTSD, but shooting, calling in fire, and clearing buildings had negative associations. The items most strongly associated with PTSD were those that were uncommonly experienced, might not be expected, and that involved some measure of interpretation or violation of one's morality. These are potential targets for pre- and post-trauma interventions with military personnel.

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**Examination of the Dynamic Interplay between Posttraumatic Stress Symptoms and Alcohol Misuse among Combat-Exposed Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) Veterans.**

Kirsten J. Langdon, Annie B. Fox, Lynda A. King, Daniel W. King, Susan Eisen, Dawne Vogt

Journal of Affective Disorders

Available online 22 February 2016

doi:10.1016/j.jad.2016.02.048

**Background**

Although alcohol misuse co-occurs with PTSD symptoms at a strikingly high rate (i.e., nearly 52% of men and 28% of women with PTSD also meet diagnostic criteria for an Alcohol Use Disorder; Kessler et al., 1995), the functional associations between these symptom types remain unclear.

**Methods**

The current study sought to clarify the nature of posttraumatic stress-alcohol misuse relations by employing a prospective longitudinal methodology-the latent difference score approach-to examine dynamic change in posttraumatic stress symptoms and alcohol misuse among 478 combat-exposed Veterans completing a longitudinal survey of post-deployment mental and physical health. This study builds on the existing literature, as most prior research has been limited to cross-sectional studies and has not explored prospective relations between specific PTSD symptom clusters and alcohol misuse.

**Results**

Consistent with the self-medication model, results indicated that PTSD symptoms demonstrate a prospective and proximal association with alcohol misuse during the assessment period; however, alcohol misuse did not appear to be a unique contributor to overall PTSD symptom exacerbation over time. Examination of individual PTSD symptom clusters revealed that more severe symptoms of intrusion and numbing, but not avoidance and hyperarousal, predicted greater alcohol misuse at subsequent time intervals.

**Limitations**

The constructs examined within this investigation relied on self-report data; diagnostic criteria for PTSD and/or Alcohol Use Disorders were not assessed. Future work may benefit from replicating these findings in clinical populations formally diagnosed with PTSD via clinician-administered structured interviews.

**Conclusions**

Findings underscore the importance of addressing PTSD symptoms in the context of alcohol treatment to facilitate improved drinking outcomes.

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<http://www.tandfonline.com/doi/abs/10.1080/0164212X.2015.1082081>

**Well-being and Coping of Student Veterans Readjusting into Academia: A Pilot Survey.**

Brian T. Gregg , Patrick H. Kitzman , Anne Shordike

Occupational Therapy in Mental Health  
Vol. 32, Iss. 1, 2016; pages 86-107  
DOI:10.1080/0164212X.2015.1082081

This study explored student veterans coping with transitions to postsecondary education. An instrument using a Tailored Survey Design and an Adult Transitioning Framework was developed to collect coping responses of 13 veterans with deployment experience transitioning to postsecondary education. Results indicated 38% reported difficulty managing finances, 93% utilized military training to manage stressors, and 38% sought environmental supports provided by the university. Findings suggest previous military experiences can be incorporated into occupations supporting individual coping skill development for the transition to postsecondary education. Further research is needed to understand barriers and facilitators of student veteran engagement in university resources.

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<http://online.liebertpub.com/doi/abs/10.1089/neu.2015.4320>

**Prognostic indicators of persistent post-concussive symptoms after deployment-related mild traumatic brain injury: A prospective longitudinal study in U.S. Army soldiers.**

Dr. Murray B. Stein, Dr. Robert J Ursano, Dr. Laura Campbell-Sills, Dr. Lisa J Colpe, Dr. Carol S Fullerton, Dr. Steven G Heeringa, Dr. Matthew K Nock, Ms. Nancy A Sampson, Dr. Michael Schoenbaum, Ms. Xiaoying Sun, Dr. Sonia Jain, and Dr. Ronald C Kessler

Journal of Neurotrauma  
Online Ahead of Editing: February 23, 2016  
doi:10.1089/neu.2015.4320

Mild traumatic brain injury (mTBI), or concussion, is prevalent in the military. The course of recovery can be highly variable. This study investigates whether deployment-acquired mTBI is associated with subsequent presence and severity of post-concussive symptoms (PCS); and identifies predictors of persistent PCS among U.S. Army personnel who sustained mTBI while deployed to Afghanistan. We used data from a prospective longitudinal survey of soldiers assessed 1-2 months prior to a 10-month deployment to Afghanistan (T0), upon redeployment

to the U.S. (T1), approximately 3 months later (T2), and approximately 9 months later (T3). Outcomes of interest were PCS at T2 and T3. Predictors considered were: socio-demographic factors, number of prior deployments, pre-deployment mental health and TBI history, and mTBI and other military-related stress during the index deployment. The study sample was comprised of 4518 soldiers, 822 (18.2%) of whom experienced mTBI during the index deployment. After adjusting for demographic, clinical, and deployment-related factors, deployment-acquired mTBI was associated with nearly triple the risk of reporting any PCS, and with increased severity of PCS when symptoms were present. Among those who sustained mTBI, severity of PCS at follow-up was associated with history of pre-deployment TBI(s), pre-deployment psychological distress, more severe deployment stress, and loss of consciousness or lapse of memory (versus being “dazed” only) as a result of deployment-acquired mTBI. In summary, we found that sustaining mTBI increases risk for persistent PCS. Prior TBI(s), pre-deployment psychological distress, severe deployment stress, and loss of consciousness or lapse of memory resulting from mTBI(s) are prognostic indicators of persistent PCS following an index mTBI. These observations may have actionable implications for prevention of chronic sequelae of mTBI in the military and other settings.

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<http://www.tandfonline.com/doi/abs/10.1080/01494929.2016.1157122>

### **PTSD and Physical Health Symptoms Among Veterans: Association with Child and Relationship Functioning.**

Kathrine Sullivan , Nicholas Barr , Sara Kintzle , Tamika Gilreath , Carl A. Castro

Marriage & Family Review

Accepted author version posted online: 24 Feb 2016

DOI:10.1080/01494929.2016.1157122

This study examines the association between veterans’ physical and mental health symptoms and perceptions of adverse child and relationship functioning. Veteran responses to the PHQ-15, assessing physical health, the PCL-C, assessing PTSD symptoms, and reports of family challenges were drawn from a countywide veterans survey. Findings indicate physical health (OR = 1.048, 95% CI: 1.002, 1.098) and PTSD symptomatology (OR = 1.019, 95% CI: 1.004, 1.034) independently predicted increased child difficulties. Similarly, physical health (OR = 1.081, 95% CI: 1.012, 1.154) and PTSD symptoms (OR = 1.043, 95% CI: 1.022, 1.065) independently impacted relationship difficulties. Using standardized coefficients to compare, PTSD symptoms were a stronger predictor across both models. Results highlight the dual importance of assessing both veterans’ physical and mental health symptoms to understanding family functioning. Additionally these findings underscore the importance of longitudinal research, which can follow families beyond separation from the military.

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<http://www.tandfonline.com/doi/abs/10.1080/0164212X.2015.1082172>

**Combating the Suicide Epidemic: The Effects of Leisure Engagement on the Incidence of Depression and Poor Life Satisfaction in Soldiers.**

Katie Odom

Occupational Therapy in Mental Health  
Volume 32, Issue 1, 2016, pages 70-85  
DOI:10.1080/0164212X.2015.1082172

This cross-sectional study examined the relationship of leisure engagement to levels of depression and life satisfaction in U.S. Army Soldiers. The relationship between overall time engaging in leisure, as well as categories of physically active and sedentary leisure, on the incidence of depression and poor life satisfaction were examined. Results from self-report survey of 230 soldiers revealed higher amounts of time spent engaged in leisure correlated with reported lower levels of depression and higher life satisfaction. The categories physically active and sedentary leisure did not demonstrate a distinct relationship to levels of depression, but both positively related to life satisfaction.

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<http://link.springer.com/article/10.1007/s13142-016-0393-9>

**Development and refinement of a clinician intervention to facilitate primary care patient use of the PTSD Coach app.**

Kyle Possemato, Eric Kuhn, Emily M. Johnson, Julia E. Hoffman, Emily Brooks

Translational Behavioral Medicine  
First online: 22 February 2016

Posttraumatic stress disorder (PTSD) is common and undertreated among Veterans Affairs (VA) primary care patients. A brief primary care intervention combining clinician support with a self-management mobile app (Clinician-Supported PTSD Coach, CS-PTSD Coach) may improve patient outcomes. This study developed and refined an intervention to provide clinician support to facilitate use of the PTSD Coach app and gathered VA provider and patient qualitative and quantitative feedback on CS-PTSD Coach to investigate preliminary acceptability and implementation barriers/facilitators. VA primary care providers and mental health leadership (N = 9) completed a survey and interview regarding implementation barriers and facilitators structured according to the Consolidated Framework for Implementation Research (CFIR). Clinicians who delivered CS-PTSD Coach (N = 3) and patients (N = 9) who received it provided feedback on the intervention and implementation process. CS-PTSD Coach has high provider

and patient acceptability. Important implementation factors included that CS-PTSD Coach be compatible with the clinics' current practices, have low complexity to implement, be perceived to address patient needs, and have strong support from leadership. Diverse factors related to CS-PTSD Coach delivery facilitate implementation, provide an opportunity to problem-solve barriers, and improve integration of the intervention into primary care.

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<https://utah.pure.elsevier.com/en/publications/a-preliminary-study-of-dsm-5-ptsd-symptom-patterns-in-veterans-by>

### **A Preliminary Study of DSM-5 PTSD Symptom Patterns in Veterans by Trauma Type.**

Jessica Graham ; Margaret Legarreta ; Lindsey North ; Jennifer DiMuzio ; Erin McGlade ; Deborah Yurgelun-Todd

Military Psychology, 2016  
DOI 10.1037/mil0000092

Posttraumatic stress disorder (PTSD) has a primary etiology in experiencing psychological trauma and the subsequent psychological sequelae (American Psychiatric Association, 2013). There are multiple trauma types that may serve as the index trauma in PTSD. This exploratory study compared DSM-5 PTSD symptoms for 3 types of trauma in veterans: combat trauma (n = 36), sexual trauma (n = 21), and civilian trauma (n = 21). Results indicated that veterans with combat trauma were likely to experience diminished interest and detachment and estrangement from others. Veterans with sexual trauma were likely to experience detachment and estrangement from others, sleep disturbances, and problems with concentration. Veterans with civilian traumas were less likely to meet criteria for PTSD and were less likely to experience a number of PTSD symptoms. Results of this preliminary study suggest that PTSD is not a unitary disorder, but a disorder characterized by different subtypes based on the precipitating trauma. (PsycINFO Database Record)

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<http://www.sciencedirect.com/science/article/pii/S1077722916000249>

### **Cognitive Behavioral Therapy as an Integral Component of Interprofessional Care.**

Antonette M. Zeiss

Cognitive and Behavioral Practice  
Available online 22 February 2016  
doi:10.1016/j.cbpra.2016.01.004

Integrated care, using an interprofessional team model of care, is emerging as the standard for health care in the United States. Even though this is the standard for care, this is not always the care actually delivered. There are major opportunities for cognitive behavioral therapists (CBT) to deliver care in this model and to help advance the integrated, interprofessional delivery of care. These opportunities, and the challenges to developing a highly functioning interprofessional team are explored. ABCT members are encouraged to explore how their practice can be more aligned with interprofessional practice.

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<http://psycnet.apa.org/journals/tra/8/2/127/>

### **The structure of PTSD in active-duty marines across the deployment cycle.**

Boasso, Alyssa M.; Steenkamp, Maria M.; Fox, Annie B.; Nash, William P.; Larson, Jonathan L.; Litz, Brett T.

Psychological Trauma: Theory, Research, Practice, and Policy  
Vol 8(2), Mar 2016, 127-134  
<http://dx.doi.org/10.1037/tra0000109>

#### **Objective:**

There has been significant debate about the optimal factor structure of posttraumatic stress disorder (PTSD). In military and veteran samples, most available studies have employed self-report measures, assessed PTSD cross-sectionally, used treatment-seeking samples, and assessed symptoms years after deployment. We extend previous studies by comparing the factor structure of clinician-assessed and self-report Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) PTSD in a nontreatment seeking sample at 4 time points spanning the deployment cycle.

#### **Method:**

The data source for this study was the Marine Resiliency Study (MRS), a longitudinal study of 4 battalion cohorts of active-duty male Marines deployed to Iraq and Afghanistan between 2008 and 2012. We examined the fourth cohort (N = 892), which was evaluated 1 month predeployment, and 1, 5, and 8 months postdeployment.

#### **Results:**

Confirmatory factor analyses (CFA) revealed that the 5-factor solution best fit the data across all time points, and across both interview and self-report assessments.

#### **Conclusion:**

The temporal consistency and convergence demonstrated by our analyses underscores the validity of the 5-factor model among service members exposed to warzone stressors. In particular, the findings suggest that diagnostic criteria for PTSD may benefit from disaggregating

hyperarousal symptoms in military samples. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22081/abstract>

### **Sexual Trauma and Adverse Health and Occupational Outcomes Among Men Serving in the U.S. Military.**

Millegan, J., Wang, L., LeardMann, C. A., Miletich, D. and Street, A. E.

Journal of Traumatic Stress

Article first published online: 24 FEB 2016

DOI: 10.1002/jts.22081

Although absolute counts of U.S. service men who experience sexual trauma are comparable to service women, little is known about the impact of sexual trauma on men. The association of recent sexual trauma (last 3 years) with health and occupational outcomes was investigated using longitudinal data (2004–2013) from the Millennium Cohort Study. Of 37,711 service men, 391 (1.0%) reported recent sexual harassment and 76 (0.2%) sexual assault. In multivariable models, sexual harassment or assault, respectively, was associated with poorer mental health: AOR = 1.60, 95% CI [1.22, 2.12], AOR = 4.39, 95% CI [2.40, 8.05]; posttraumatic stress disorder: AOR = 2.50, 95% CI [1.87, 3.33], AOR = 6.63, 95% CI [3.65, 12.06]; depression: AOR = 2.37, 95% CI [1.69, 3.33], AOR = 5.60, 95% CI [2.83, 11.09]; and multiple physical symptoms: AOR = 2.22, 95% CI [1.69, 2.92]; AOR = 3.57, 95% CI [1.98, 6.42], after adjustment for relevant covariates. Sexual harassment was also associated with poorer physical health: AOR = 1.68, 95% CI [1.27, 2.22]. Men who reported sexual trauma were more likely to have left military service: AOR = 1.60, 95% CI [1.14, 2.24], and be disabled/unemployed postservice: AOR = 1.76, 95% CI [1.02, 3.02]. Results suggest that sexual trauma was significantly associated with adverse health and functionality extending to postmilitary life. Findings support the need for developing better prevention strategies and services to reduce the burden of sexual trauma on service men.

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### **Links of Interest**

DoD, VA Kick Off Interagency Effort for Coordination of Complex Care

<http://www.defense.gov/News-Article-View/Article/672925/dod-va-kick-off-interagency-effort-for-coordination-of-complex-care>

Heart-healthy breathing blows stress away

<http://hprc-online.org/blog/heart-healthy-breathing-blows-stress-away>

The terrifying link between concussions and suicide

<https://www.washingtonpost.com/news/to-your-health/wp/2016/02/22/the-terrifying-link-between-concussions-and-suicide/>

11 Things People With PTSD Want You To Know

[http://www.huffingtonpost.com/entry/what-to-know-about-ptsd\\_us\\_56cddb03e4b0928f5a6deb07](http://www.huffingtonpost.com/entry/what-to-know-about-ptsd_us_56cddb03e4b0928f5a6deb07)

Can't sleep? Street lights may be keeping you awake

<https://www.sciencedaily.com/releases/2016/03/160301175008.htm>

Mobile device addiction linked to depression, anxiety

<https://www.sciencedaily.com/releases/2016/03/160302121325.htm>

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Resource of the Week -- [Congressional Research Service Report - Health Care for Veterans: Suicide Prevention](#) (PDF)

This CRS report begins with a brief overview of the public health framework for suicide prevention, which forms the basis for both the National Strategy for Suicide Prevention and the VHA's approach to suicide prevention. The three subsequent parts of the report correspond to the three major components of the public health framework: (1) suicide surveillance, (2) suicide risk factors and protective factors, and (3) suicide prevention interventions. The final section addresses potential issues for Congress, and the Appendix summarizes provisions of public laws addressing suicide prevention among veterans.

This Congressional Research Service report is available via the Federation of American Scientists [Project on Government Secrecy](#).



## Health Care for Veterans: Suicide Prevention

**Erin Bagalman**  
Analyst in Health Policy

February 23, 2016

Congressional Research Service  
7-5700  
[www.crs.gov](http://www.crs.gov)  
R42340

CRS REPORT  
Prepared for Members and  
Committees of Congress

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