



**CDP Research Update -- April 14, 2016**

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- Predictors of Positive Illicit Drug Tests After OEF/OIF Deployment Among Army Enlisted Service Members.
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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00110>

**Predictors of Positive Illicit Drug Tests After OEF/OIF Deployment Among Army Enlisted Service Members.**

Mary Jo Larson, PhD, MPA; Beth A. Mohr , MS; Diana D. Jeffery , PhD; Rachel Sayko Adams, PhD, MPH; Thomas V. Williams, PhD

Military Medicine

Volume 181 Issue 4, April 2016, pp. 334-342

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00110>

Objective:

To identify characteristics associated with testing positive for illicit drugs postdeployment among Army enlisted members.

Methods:

Army active duty and National Guard/Reserve enlisted members returning from Operation Enduring Freedom/Operation Iraqi Freedom deployments in fiscal years 2008 to 2011, who submitted urine specimens for random and other illicit drug tests up to 3 years postdeployment, were included. Multiple logistic regression models, stratified by component, identified demographic and deployment characteristics associated with any positive drug test (cocaine, heroin, tetrahydrocannabinol [marijuana], or amphetamine) during the 3 years postdeployment.

Results:

Among Army active duty and National Guard/Reserve enlisted members, respectively, 3.46% (95% confidence interval 3.40–3.52) and 3.84% (confidence interval 3.74–3.94) tested positive for 1+ illicit drugs during the 3 years postdeployment; the vast majority for marijuana. Relative to other groups, increased odds of a positive drug test were found for members with a combat specialist occupation, or first deployers.

Conclusion:

Almost 4% of Army members tested positive for illicit drug use within 3 years of return from deployment. Early identification and intervention with enlisted members who are more likely to test positive for illicit drug use should be explored to see if it will enhance health and reduce illegal drug use after deployment to a war zone.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00257>

**Self-Directed Violence Aboard U.S. Navy Aircraft Carriers: An Examination of General and Shipboard-Specific Risk and Protective Factors.**

CDR Arlene Saitzyk , MSC USN; LT Eric Vorm, MSC USN

Military Medicine

Volume 181 Issue 4, April 2016, pp. 343-349

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00257>

Self-directed violence (SDV), which includes suicidal ideation with and without intent, suicidal preparatory behaviors and attempts with and without harm, non-suicidal self-directed violence, and completed suicide, has been a rising concern in the military. Military shipboard personnel may represent a unique subset of this population due to the distinct nature of deployment stressors and embedded supports. As such, one might expect differences in the prevalence of SDV between this group and other active duty personnel, signifying a distinct operational impact. This study analyzed the prevalence of SDV among personnel assigned or deployed to U.S. Navy aircraft carriers, and examined whether occurrences varied by descriptors commonly identified in the literature (e.g., age, gender, marital status, pay grade/rank). This study also examined characteristics specific to life aboard a U.S. Navy aircraft carrier in order to better understand the issues particular to this population. Descriptive analyses and relative risk findings suggested similarities in demographic risk factors to the general military population, but also striking differences related to occupational specialty and assigned department. This study is the first to shed light on risk and protective factors relevant to shipboard personnel.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00026>

### **Online Reporting of Military Sexual Trauma.**

Ann W. Burgess , DNSc; Lt Col Wendy J. Lee, USAF NC†; Carrie M. Carretta, PhD

Military Medicine

Volume 181 Issue 4, April 2016, pp. 350-355

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00026>

Case finding and treatment of military sexual trauma (MST) remains a serious problem in military and veteran populations as well as in the civilian population. This report provides descriptive examples, with statistics, of persons serving in the military or while living/working on a military base when they experienced unwanted sex. Males, more than females, never disclosed MST before online survey, had more physical injuries as a result and reported chronic disturbing thoughts of the experience. Undisclosed and unreported intrafamilial childhood sexual experiences were cited before an MST by some respondents. Interprofessional collaboration is recommended between military nurse practitioners and behavioral health clinicians as well as innovative strategies using telecommunication and online counseling.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-14-00310>

### **Effect of Multiple Deployments on Military Families: A Cross-Sectional Study of Health and Well-Being of Partners and Children.**

Annabel C. L. McGuire; Jeeva Kanesarajah; Catherine E. Runge; Renee Ireland; Michael Waller; Annette J. Dobson

Military Medicine

Volume 181 Issue 4, April 2016, pp. 319-327

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00310>

This study explored the impact of multiple deployments on the health and well-being of the partners (married or de facto) and children of Australian military personnel who have deployed frequently. Permission to contact military partners was sought from a sample of Australian Defence Force (ADF) members. Partners provided data on deployment history, physical health, mental health, and their children's emotions, and behaviors. Associations between multiple deployments and health and well-being of partners and children were assessed using logistic regression. Data were collected from 1,332 Australian Defence Force partners (response rate 36%) with 1,095 children aged between 4 and 17 years. Almost half (47%) of partners had experienced more than one deployment, mainly to Timor-Leste, Iraq, and Afghanistan. There was little evidence of associations between numbers of deployments and the health of the

partner. In contrast, more behavioral problems were reported for children who experienced two or more deployments with odds ratios generally greater than 2 and significant trends with increasing numbers of deployment. Although military families who experience multiple deployments may, by selection, be more resilient than those who have fewer deployments, these results suggest that adverse impacts on the children may accrue with increasing parental absences because of deployment.

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<https://painmedicine.oxfordjournals.org/content/early/2016/04/02/pm.pnw042>

### **Influence of Mild Traumatic Brain Injury (TBI) and Posttraumatic Stress Disorder (PTSD) on Pain Intensity Levels in OEF/OIF/OND Veterans.**

Milan P. Stojanovic MD, Jennifer Fonda PhD, Catherine Brawn Fortier PhD, Diana M. Higgins PhD, James L. Rudolph MD, William P. Milberg PhD, Regina E. McGlinchey PhD

Pain Medicine

First published online: 3 April 2016

DOI: <http://dx.doi.org/10.1093/pm/pnw042>

Objective.

Mild traumatic brain injury (mTBI) and posttraumatic stress disorder (PTSD) are common among US veterans of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND). We postulated that these injuries may modulate pain processing in these individuals and affect their subjective pain levels.

Design.

Cross-sectional.

Subjects.

310 deployed service members of OEF/OIF/OND without a lifetime history of moderate or severe TBI were included in this study.

Methods.

All participants completed a comprehensive evaluation for Blast Exposure, mTBI, PTSD, and Pain Levels. The Boston Assessment of TBI-Lifetime Version (BAT-L) was used to assess blast exposure and potential brain injury during military service. The Clinician-Administered PTSD Scale (CAPS) characterized presence and severity of PTSD. The Visual Analog Scale (VAS) was used to assess pain intensity over the previous month before the interview, with higher scores indicative of worse pain. Statistical analysis was performed by ANOVA and results were adjusted for co-morbidities, clinical characteristics and demographic data.

## Results.

In comparison to control participants (veterans without mTBI or current PTSD), veterans with both current PTSD and mTBI reported the highest pain intensity levels, followed by veterans with PTSD only ( $P < 0.0001$  and  $P = 0.0005$ , respectively). Pain levels in veterans with mTBI only were comparable to control participants.

## Conclusions.

Comorbid PTSD and mTBI is associated with increased self-reported pain intensity. mTBI alone was not associated with increased pain.

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<http://faculty.nps.edu/nlmiller/docs/HFES%202016%20HAT%20sleep%20Study%20FINAL.pdf>

## **Combat Effectiveness and Sleep Patterns in US Marines.**

Nita Lewis Shattuck, Lawrence G. Shattuck, and Panagiotis Matsangas

Operations Research Department  
Naval Postgraduate School  
Monterey, CA. 93943

The goal of this study was to examine the effects of sleep on both the cognitive and physiological performance of warfighters approximately two hours after wakeup. Participants were active duty United States Marines ( $N=61$ ). Dependent variables included wrist-worn actigraphy, Stanford Sleepiness Scale scores, marksmanship scores, obstacle course performance, and the switching task from the Automated Neuropsychological Assessment Metric (ANAM) battery. Results showed no statistically significant associations between sleep metrics and the mean radius of impact in the marksmanship test. In contrast, short sleep duration and elevated sleepiness were associated with worse (higher) completion times in the obstacle course. Elevated sleepiness was also associated with lower cognitive throughput, i.e., the number of correct responses per minute, as measured by the ANAM Switching Task. Increased sleep duration was associated with increased throughput, however the trend was not statistically significant. These results suggest that sleep-deprived Marines experienced poorer executive decision making as measured using the ANAM.

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<http://onlinelibrary.wiley.com/doi/10.1111/acps.12555/abstract>

## **Religiosity as a protective factor against suicidal behaviour.**

Burshtein S, Dohrenwend BP, Levav I, Werbeloff N, Davidson M, Weiser M

Acta Psychiatrica Scandinavica  
Article first published online: 5 APR 2016  
DOI: 10.1111/acps.12555

#### Objective

Data suggest that adherence to religious beliefs is associated with lower rates of suicide. A number of mediating factors have been hypothesized to explain this association, including enhanced social support, less substance abuse, and lower rates of psychopathology.

#### Method

We utilized data from a two-phase population-based, epidemiological study of mental disorders among young Jewish Israel born in a 10-year birth-cohort conducted in the 1980s. This study included data on religiosity and suicidal behaviour. Twenty-five years thereafter, mortality data were obtained from a national vital statistics registry.

#### Results

Rates of suicidal ideation were similar among secular, partially observant, and religious subjects (9.4%, 6.7%, and 6.2%, respectively; adjusted OR for linear trend: 0.80, 95% CI: 0.58–1.09). Rates of suicide attempts were significantly lower among religious subjects (2.4%, 2.5%, and 0.4% for secular, partially observant, and religious, respectively; adjusted OR for linear trend: 0.62, 95% CI: 0.43–0.88). Of the 4914 subjects, eight died by suicide: Seven of them were secular and one was partially observant ( $\chi^2 = 2.52$ ,  $P = 0.09$ ). There were no differences in social functioning or rates of psychopathology among the study groups.

#### Conclusion

Religiosity has a protective effect against suicide attempts, which is independent of social functioning, psychopathology, and substance use.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00101>

#### **“Let Me Get You a Nicotine Patch”: Nurses' Perceptions of Implementing Smoking Cessation Guidelines for Hospitalized Veterans.**

David A. Katz; Kenda Stewart; Monica Paez; John Holman; Susan L. Adams; Mark W. Vander Weg; Catherine T. Battaglia; Anne M. Joseph; Marita G. Titler; Sarah Ono

#### Military Medicine

Volume 181 Issue 4, April 2016, pp. 373-382  
DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00101>

Many hospitalized smokers do not receive guideline-recommended tobacco treatment, but little is known about the perceptions of inpatient nurses with regard to tobacco treatment. We used a

sequential explanatory mixed methods design to help explain the findings of an academic detailing intervention trial on the inpatient medicine units of four Veterans Affairs (VA) hospitals. We surveyed 164 nurses and conducted semistructured interviews in a purposeful sample of 33 nurses with different attitudes toward cessation counseling. Content analysis was used to inductively characterize the issues raised by participants. Emerging themes were categorized using the knowledge-attitudes-behavior framework of guideline adherence. Knowledge-related and attitudinal barriers included perceived lack of skills in cessation counseling and skepticism about the effectiveness of cessation guidelines in hospitalized veterans. Nurses also reported multiple behavioral and organizational barriers to guideline adherence: resistance from patients, insufficient time and resources, the presence of smoking areas on VA premises, and lack of coordination with primary care. VA hospitals should train inpatient staff how to negotiate behavior change, integrate cessation counseling into nurses' workflow, develop alternative referral mechanisms for post-discharge cessation counseling, and adopt hospital policies to promote inpatient abstinence.

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<http://www.ncbi.nlm.nih.gov/pubmed/27045502>

J Spec Oper Med. 2016 Spring;16(1):81-5

### **Sleep As A Strategy For Optimizing Performance.**

Yarnell AM, Deuster P.

Recovery is an essential component of maintaining, sustaining, and optimizing cognitive and physical performance during and after demanding training and strenuous missions. Getting sufficient amounts of rest and sleep is key to recovery. This article focuses on sleep and discusses (1) why getting sufficient sleep is important, (2) how to optimize sleep, and (3) tools available to help maximize sleep-related performance. Insufficient sleep negatively impacts safety and readiness through reduced cognitive function, more accidents, and increased military friendly-fire incidents. Sufficient sleep is linked to better cognitive performance outcomes, increased vigor, and better physical and athletic performance as well as improved emotional and social functioning. Because Special Operations missions do not always allow for optimal rest or sleep, the impact of reduced rest and sleep on readiness and mission success should be minimized through appropriate preparation and planning. Preparation includes periods of "banking" or extending sleep opportunities before periods of loss, monitoring sleep by using tools like actigraphy to measure sleep and activity, assessing mental effectiveness, exploiting strategic sleep opportunities, and consuming caffeine at recommended doses to reduce fatigue during periods of loss. Together, these efforts may decrease the impact of sleep loss on mission and performance.

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<http://onlinelibrary.wiley.com/doi/10.1002/ajcp.12025/abstract>

### **Accumulation of Risk and Promotive Factors Among Young Children in US Military Families.**

Wadsworth, S. M., Cardin, J.-F., Christ, S., Willerton, E., O'Grady, A. F., Topp, D., Coppola, E., Lester, P. and Mustillo, S.

American Journal of Community Psychology

Article first published online: 8 APR 2016

doi: 10.1002/ajcp.12025

In the families of the new cohort of war veterans now entering the civilian population in the United States are over two million young children (Cozza, Haskins & Lerner, 2013; Institute of Medicine, 2013). Several noteworthy studies have shown that children exposed to separation from a parent due to combat-related deployment are at elevated risk for a variety of negative consequences (Lester & Flake, 2013). Cozza et al. (2013) argue that existing studies of military children focus too much on the stresses or deficits they experience, failing to give sufficient attention to their strengths, the strengths of their families, or the supports around them. In the current study we focus on risk and promotive factors in the lives of children aged 0–10 in military families. We examine the likelihood of negative outcomes as functions of additive, cumulative, and interactive relationships between risk and promotive factors and children's outcomes. Risk factors, particularly parental depression, community poverty, and cumulative risk, were more strongly associated with children's outcomes than promotive factors. There was, however, a significant risk-protective relationship between accumulations of risk and promotive factors, consistent with promotive conditions operating in a protective fashion under conditions of elevated risk.

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<http://psycnet.apa.org/psycinfo/2016-17148-001/>

### **Patterns of Alcohol Use Among Canadian Military Personnel and Their Associations With Health and Well-Being.**

Richer, Isabelle; Lee, Jennifer E. C.; Born, Jennifer

Health Psychology

Apr 7 , 2016

<http://dx.doi.org/10.1037/hea0000328>

Objective:

Heavy drinking increases the risk of injury, adverse physical and mental health outcomes, and loss of productivity. Nonetheless, patterns of alcohol use and related symptomatology among

military personnel remain poorly understood. A latent class analysis (LCA) was used to explore the presence of subgroups of alcohol users among Canadian Armed Forces (CAF) Regular Forces members. Correlates of empirically derived subgroups were further explored.

#### Methods:

Analyses were performed on a subsample of alcohol users who participated in a 2008/09 cross-sectional survey of a stratified random sample of currently serving CAF Regular Force members (N = 1980). Multinomial logistic regression models were conducted to verify physical and mental health differences across subgroups of alcohol users. All analyses were adjusted for complex survey design.

#### Results:

A 4-class solution was considered the best fit for the data. Subgroups were labeled as follows: Class 1 – Infrequent drinkers (27.2%); Class 2 – Moderate drinkers (41.5%); Class 3 – Regular binge drinkers with minimal problems (14.8%); and Class 4 – Problem drinkers (16.6%). Significant differences by age, sex, marital status, element, rank, recent serious injuries, chronic conditions, psychological distress, posttraumatic stress disorder, and depression symptoms were found across the subgroups. Problem drinkers demonstrated the most degraded physical and mental health.

#### Conclusion:

Findings highlight the heterogeneity of alcohol users and heavy drinkers among CAF members and the need for tailored interventions addressing high-risk alcohol use. Results have the potential to inform prevention strategies and screening efforts. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://www.tandfonline.com/doi/abs/10.3109/09638237.2016.1167849>

### **US media representation of post-traumatic stress disorder: a comparative study of regional newspapers and national newspapers.**

Lu Wu

Journal of Mental Health

#### Background:

News media play an important role in introducing and defining PTSD-related issues to the general public as well as framing their social importance and analyzing solutions for policymakers.

#### Aims:

Compare how coverage of PTSD by larger papers serving general audiences differed from

smaller papers catering to communities likely to be affected by the issue.

Method:

A content analysis of frames and subtopics about PTSD in all newspaper articles published by selected national newspapers and regional newspapers between the year of 2003 and 2014 (N = 426).

Results:

National newspapers engaged in higher-level policy discussion with greater frequency than regional newspapers, while regional newspapers were more likely to publish stories highlighting the impact of PTSD on individuals and local communities. Furthermore, coverage by regional newspapers used significantly more episodic frames than thematic frames.

Conclusion:

Both national and regional newspapers increased the amount of coverage on PTSD significantly after the beginning of the Iraq War in 2003. National newspapers and regional newspapers shared similarities in recognizing dominant issues with PTSD but varied in the way of presenting the topics to the public.

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<http://www.tandfonline.com/doi/abs/10.1080/01419870.2016.1160139>

**The black citizen-subject: black single mothers in US military recruitment material.**

Wendy M. Christensen

Ethnic and Racial Studies

Published online: 04 Apr 2016

DOI:10.1080/01419870.2016.1160139

This article examines how the US military uses race inequalities to mobilize black single mothers for enlistment of their children in the Armed Forces. Through an analysis of military recruitment materials during the height of the US War on Terrorism, I demonstrate how the military disproportionately shows black single mothers going through a process of reacting to their child's enlistment (with fear and worry), welcoming the military institution as the co-parent, and accepting enlistment as a venue for education and career opportunities (productive citizenship). The military models a citizen-mother who supports their child's enlistment, while unquestionably supporting the war. This exploits the obligations of citizenship for black single mothers, whose citizenship is already under scrutiny. By targeting the children of these mothers for recruitment, the military encourages a higher burden of military participation on an already underprivileged segment of the population.

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<http://www.sciencedirect.com/science/article/pii/S0049089X16301661>

**Altering the Life Course: Military Service and Contact with the Criminal Justice System.**

Jay Teachman, Lucky Tedrow

Social Science Research

Available online 8 April 2016

doi:10.1016/j.ssresearch.2016.04.003

Using data taken from the 1997 National Longitudinal Survey of Youth, we examine the relationship between military service and contact with the criminal justice system. Drawing on the life course concept of a turning point, we show that military service does little to affect the risk of being arrested or being convicted of crimes involving violence or destructive behavior, while at the same time significantly reducing the risk of being arrested or being convicted of non-violent crimes. We find no evidence that service in a combat zone alters these relationships. Our results demonstrate how participation in a large-scale institution can serve as a turning point, altering the life course trajectories of young persons.

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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/26634285>

Am J Epidemiol. 2015 Dec 15;182(12):980-90. doi: 10.1093/aje/kwv217. Epub 2015 Dec 2

## **A Prospective Study of Mortality and Trauma-Related Risk Factors Among a Nationally Representative Sample of Vietnam Veterans.**

Schlenger WE, Corry NH, Williams CS, Kulka RA, Mulvaney-Day N, DeBakey S, Murphy CM, Marmar CR

Because Vietnam veterans comprise the majority of all living veterans and most are now older adults, the urgency and potential value of studying the long-term health effects of service in the Vietnam War, including effects on mortality, is increasing. The present study is the first prospective mortality assessment of a representative sample of Vietnam veterans. We used one of the longest follow-up periods to date (spanning older adulthood) and conducted one of the most comprehensive assessments of potential risk factors. Vital status and cause of death were ascertained for the 1,632 veterans who fought in the Vietnam theater (hereafter referred to as theater veterans) and for 716 Vietnam War-era veterans (hereafter referred to as era veterans) who participated in the National Vietnam Veterans Readjustment Study (1987-2011). As of April 2011, 16.0% (95% confidence interval: 13.1, 19.0) of all Vietnam veterans who were alive in the 1980s were deceased. Male theater veterans with a high probability of posttraumatic stress disorder (PTSD) were nearly 2 times more likely to have died than were those without PTSD, even after adjustment for sociodemographic and other characteristics. A high level of exposure to war zone stress was independently associated with mortality for both male and female theater veterans after adjustment for sociodemographic characteristics, PTSD, and physical comorbid conditions. Theater veterans with a high level of exposure to war zone stress and a high probability of PTSD had the greatest mortality risk (adjusted hazard ratio = 2.34, 95% confidence interval: 1.24, 4.43).

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<http://www.ncbi.nlm.nih.gov/pubmed/26208987>

Psychiatry Res. 2015 Sep 30;229(1-2):220-4. doi: 10.1016/j.psychres.2015.07.031. Epub 2015 Jul 15

### **Firearm ownership in veterans entering residential PTSD treatment: Associations with suicide ideation, attempts, and combat exposure.**

Smith PN, Currier J, Drescher K

This study aimed to describe the frequency of firearm ownership in veterans entering residential treatment for posttraumatic stress disorder (PTSD) and examine the association of firearm ownership with suicide ideation and suicide attempt history, combat exposure, and PTSD symptom severity. Two samples of veterans entering residential PTSD treatment were

assessed at intake using self-report measures. Approximately one third of participants endorsed firearm ownership across the two samples. Analyses with a sample predominantly comprised of Vietnam Veterans found that those who endorsed both suicide ideation and prior suicide attempts were less likely to own a firearm compared to suicide ideators and non-suicidal participants. In addition, more frequent combat exposure, but not PTSD symptom severity, was associated with firearm ownership in both samples and most participants endorsed using safe storage practices. These lower rates of firearm ownership generally, and in those with suicide ideation and prior attempts in particular, may reflect an increased focus on means restriction in treatment for combat-related PTSD. Means restriction counseling among PTSD treatment seeking veterans should target those with combat exposure. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

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<http://sw.oxfordjournals.org/content/61/1/83>

### **Military Culture and the Transition to Civilian Life: Suicide Risk and Other Considerations.**

James L. Pease, Melodi Billera and Georgia Gerard

Social Work

Volume 61, Issue 1; p. 83-86

doi: 10.1093/sw/swv050

Suicide among active duty military members and veterans has increased in the wake of the two international conflicts (RAND National Security Research Division, 2011), surpassing those of the general population for the first time since Vietnam. Recent research has identified the period of separation from the military as a period of elevated risk, regardless of deployment history (Reger et al., 2015). Although the association between deployment and suicide is not clear-cut, studies have shown that the transition to civilian life for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans who served in combat can be particularly difficult, with over 50 percent describing the readjustment to civilian life as a “real struggle” (Morin, 2011a).

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<http://www.ncbi.nlm.nih.gov/pubmed/26946871>

N C Med J. 2015 Nov-Dec;76(5):339-42

### **Evidence-Based Policy Making: Balancing Rigor With Real-World Health Care for Veterans and Military Personnel.**

Kilbourne A, Atkins D

The US health care system is undergoing unprecedented policy transformations that will impact veterans and returning service members. Rigorous program evaluations will be crucial as policy makers make tough decisions regarding the value of new policies. Also, more partnerships between scientists and policy makers will be required to implement these designs in light of trade-offs between scientific rigor and political realities.

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<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10275738&fileId=S1352465815000351>

### **An experimental Investigation of the Impact of Personality Disorder Diagnosis on Clinicians: Can We See Past the Borderline?**

Danny C.K. Lam, Elena V. Poplavskaya, Paul M. Salkovskis, Lorna I. Hogg and Holly Panting

Behavioural and Cognitive Psychotherapy

Volume 44 / Issue 03 / May 2016, pp 361 - 373

DOI: <http://dx.doi.org/10.1017/S1352465815000351>

#### Background:

There is concern that diagnostic labels for psychiatric disorders may invoke damaging stigma, stereotypes and misunderstanding. Aims: This study investigated clinicians' reactions to diagnostic labelling by examining their positive and negative reactions to the label borderline personality disorder (BPD).

#### Method:

Mental health professionals (n = 265) viewed a videotape of a patient suffering from panic disorder and agoraphobia undergoing assessment. Prior to viewing the videotape, participants were randomly allocated to one of three conditions and were given the following information about the patient: (a) general background information; (b) additional descriptive information about behaviour corresponding to BPD; and (c) additional descriptive information about behaviour corresponding to BPD, but explicitly adding BPD as a possible comorbid diagnostic label. All participants were then asked to note things they had seen in the videotape that made them feel optimistic or pessimistic about treatment outcome.

#### Results:

Participants in the group that were explicitly informed that the patient had a BPD diagnostic label reported significantly fewer reasons to be optimistic than the other two groups.

#### Conclusions:

Diagnostic labels may negatively impact on clinicians' judgments and perceptions of individuals

and therefore clinicians should think carefully about whether, and how, they use diagnoses and efforts should be made to destigmatize diagnostic terms.

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<http://www.tandfonline.com/doi/full/10.1080/15325024.2016.1159115>

### **The Mediating Role of Resiliency in the Relationship Between Temperament and Posttraumatic Growth.**

Nina Ogińska-Bulik , Magdalena Kobylarczyk

Journal of Loss and Trauma

Published online: 01 Mar 2016

DOI:10.1080/15325024.2016.1159115

The purpose of the research is to investigate the mediating role of resiliency in the relation between temperamental traits and posttraumatic growth. Data of 74 persons who have experienced the death of someone close were analyzed. The range of age of the participants was 21–74 years ( $M = 38.4$ ;  $SD = 15.5$ ). The Posttraumatic Growth Inventory (PTGI), the Formal Characteristics of Behavior–Temperament Inventory (FCB-TI), and the Resiliency Assessment Scale were used in the study. Resiliency plays a mediating role among four traits of temperament (Briskness, Emotional Reactivity, Endurance, and Activity) and posttraumatic growth. Resiliency seems to modify the direct impact of temperamental traits on positive posttraumatic changes.

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<http://www.tandfonline.com/doi/full/10.1080/15325024.2016.1159112>

### **Posttraumatic Growth: Spouses' Relationship Quality and Psychological Distress.**

Amy Canevello, Vicki Michels, Nicole Hilaire

Journal of Loss and Trauma

Published online: 01 Mar 2016

DOI:10.1080/15325024.2016.1159112

While research links interpersonal processes to posttraumatic growth (PTG; Calhoun & Tedeschi, 2006a), little is known about whether partners' PTG has consequences for people's (i.e., actors') relationship functioning and psychological distress. Sixty-one married couples who had experienced severe flooding completed measures of PTG, perceptions of spouses' PTG, relationship quality, and psychological distress 6 and 12 months following the event. Partners' increased PTG predicted actors' increased perceptions of partners' PTG, which predicted



actors' increased relationship quality, which, in turn, predicted actors' decreased psychological distress. Thus, partners' PTG can benefit spouses' evaluations of their relationship and, ultimately, actors' psychological well-being.

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### **Links of Interest**

Simultaneous cocaine, alcohol use linked to suicide risk

<https://www.sciencedaily.com/releases/2016/04/160408101936.htm>

Threat of climate change found to be key psychological and emotional stressor

<https://www.sciencedaily.com/releases/2016/04/160405094231.htm>

Early treatment for post-traumatic stress disorder accelerates recovery, but does not sustain it

<https://www.sciencedaily.com/releases/2016/04/160412135326.htm>

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### **Resource of the Week -- [The Deployment Life Study: Longitudinal Analysis of Military Families Across the Deployment Cycle](#)**

In 2009, RAND launched the Deployment Life Study, a longitudinal study of military families across a deployment cycle in order to assess family readiness. Family readiness refers to the state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service. The study surveyed families at frequent intervals throughout a complete deployment cycle — before a service member deploys (sometimes months before), during the actual deployment, and after the service member returns (possibly a year or more after she or he redeployed). It assessed a number of outcomes over time, including:

- the quality of marital and parental relationships
- the psychological, behavioral, and physical health of family members
- child and teen well-being (e.g., emotional, behavioral, social, and academic)
- military integration (e.g., attitudes toward military service, retention intentions).

This culminating report briefly reviews the study design and data collection procedures, presents results from analyses of the longitudinal data collected from some 2,700 military families, and offers recommendations for programs and future research related to military families. The research was jointly sponsored by the Office of the Surgeon General, U.S. Army, and by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.



# The Deployment Life Study

Longitudinal Analysis of Military Families  
Across the Deployment Cycle

Sarah O. Meadows, Terri Tanielian, Benjamin R. Karney, editors



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