



CDP Research Update -- June 9, 2016

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<https://content.govdelivery.com/accounts/USVHA/bulletins/14c8de3>

PTSD Monthly Update -- June is PTSD Awareness Month

National Center for PTSD
June 2016

The National Center for PTSD invites you to Help Raise PTSD Awareness during the month of June to help those with PTSD. We encourage everyone to learn, connect, and share with others.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00187>

Mental Health and Comorbidities in U.S. Military Members.

Nancy F. Crum-Cianflone; Teresa M. Powell; Cynthia A. LeardMann; Dale W. Russell; Edward J. Boyko

Military Medicine
Volume 181 Issue 6, June 2016, pp. 537-545
DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00187>

Objectives:

Using data from a prospective cohort study of U.S. service members who joined after September 11, 2001 to determine incidence rates and comorbidities of mental and behavioral disorders.

Methods:

Calculated age and sex adjusted incidence rates of mental and behavioral conditions determined by validated instruments and electronic medical records.

Results:

Of 10,671 service members, 3,379 (32%) deployed between baseline and follow-up, of whom 49% reported combat experience. Combat deployers had highest incidence rates of post-traumatic stress disorder (PTSD) (25 cases/1,000 person-years [PY]), panic/anxiety (21/1,000 PY), and any mental disorder (34/1,000 PY). Nondeployers had substantial rates of mental conditions (11, 13, and 18 cases/1,000 PY). Among combat deployers, 12% screened positive for mental disorder, 59% binge drinking, 16% alcohol problem, 19% cigarette smoking, and 20% smokeless tobacco at follow-up. Of those with recent PTSD, 73% concurrently developed >1 incident mental or behavioral conditions. Of those screening positive for PTSD, 11% had electronic medical record diagnosis.

Conclusions:

U.S. service members joining during recent conflicts experienced high rates of mental and behavioral disorders. Highest rates were among combat deployers. Most cases were not represented in medical codes, suggesting targeted interventions are needed to address the burden of mental disorders among service members and Veterans.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=2524846>

Unintended Consequences of Changing the Definition of Posttraumatic Stress Disorder in DSM-5: Critique and Call for Action

Charles W. Hoge, MD; Rachel Yehuda, PhD; Carl A. Castro, PhD; Alexander C. McFarlane, MD; Eric Vermetten, MD, PhD; Rakesh Jetly, MD; Karestan C. Koenen, PhD; Neil Greenberg, MD; Arieh Y. Shalev, MD; Sheila A. M. Rauch, PhD; Charles R. Marmar, MD; Barbara O. Rothbaum, PhD

JAMA Psychiatry

Published online May 25, 2016

doi:10.1001/jamapsychiatry.2016.0647

This Special Communication argues against changing the definition of posttraumatic stress disorder in DSM-5.

Are changes to the definition of posttraumatic stress disorder in DSM-5 a step forward?—No.

<http://archpsyc.jamanetwork.com/article.aspx?articleid=2524847>

Correcting Misconceptions About the Diagnostic Criteria for Posttraumatic Stress Disorder in DSM-5

Matthew J. Friedman, MD, PhD; Dean G. Kilpatrick, PhD; Paula P. Schnurr, PhD; Frank W. Weathers, PhD

JAMA Psychiatry. Published online May 25, 2016

doi:10.1001/jamapsychiatry.2016.0745

This Special Communication argues for changing the definition of posttraumatic stress disorder in DSM-5.

Are changes to the definition of posttraumatic stress disorder in DSM-5 a step forward?—Yes.

<http://www.sciencedirect.com/science/article/pii/S0165178115307058>

Individual and environmental contingencies associated with multiple suicide attempts among U.S. military personnel.

Craig J. Bryan, M. David Rudd, Evelyn Wertenberger

Psychiatry Research
Volume 242, 30 August 2016, Pages 88–93
doi:10.1016/j.psychres.2016.05.028

Suicidal behavior among U.S. military personnel persists as a significant public health issue. Previous research indicates the primary motive for suicide attempts among military personnel is the desire to reduce or alleviate emotional distress, a finding that converges with studies in nonmilitary samples. Much less is understood about the consequences of a first suicide attempt that could influence the occurrence of additional suicide attempts. In order to identify these contingencies, 134 active duty Soldiers who had attempted suicide (n=69 first-time attempters, n=65 multiple attempters) participated in structured interviews focused on their experiences immediately following their first attempt. Soldiers were more likely to have made multiple suicide attempts if they were younger at the time of their first attempt, were not admitted to a hospital or treatment program after their first attempt, or experienced emotional and psychological relief immediately afterwards. Results suggest that Soldiers who experience emotional and/or psychological relief immediately after their first suicide attempt or do not receive treatment are more likely to make additional suicide attempts.

<http://www.sciencedirect.com/science/article/pii/S0165032715313653>

The ebb and flow of the wish to live and the wish to die among suicidal military personnel.

Craig J. Bryan, M. David Rudd, Alan L. Peterson, Stacey Young-McCaughan, Evelyn G. Wertenberger

Background

The relative balance between the wish to live and the wish to die (i.e., suicidal ambivalence) is a robust predictor of suicidal behavior and may be a mechanism underlying the effectiveness of treatments that reduce suicidal behaviors. To date, however, few studies have explored possible mechanisms of action in these treatments.

Method

Active duty Soldiers (N=152) with a recent suicide attempt and/or active suicide ideation were randomized to receive brief cognitive behavioral therapy (BCBT) or treatment as usual (TAU). The Suicide Attempt Self-Injury Inventory (Linehan et al., 2006a) was used to assess the incidence of suicide attempts during the 2-year follow-up. The wish to live and the wish to die were assessed with items 1 and 2, respectively, of the Beck Scale for Suicide Ideation (Beck and Steer, 1991).

Results

Across both treatments, the wish to live was significantly weaker among patients who attempted suicide but the wish to die was stronger only among patients who attempted suicide in TAU. Among nonattempters, the wish to die stabilized the wish to live, but among attempters the wish to live and the wish to die were not associated with each other. In BCBT the wish to live destabilized the wish to die among nonattempters.

Limitations

Self-report methodology, predominantly male sample.

Conclusions

The emergence of suicidal behavior is driven primarily by the absence of the wish to live. BCBT is associated with a unique coupling of an ambivalent wish to live and wish to die, which may suggest an underlying mechanism of action.

<http://www.sciencedirect.com/science/article/pii/S0165178115307988>

Enhancing self-efficacy improves episodic future thinking and social-decision making in combat veterans with posttraumatic stress disorder.

Adam D. Brown, Nicole A. Kouri, Nadia Rahman, Amy Joscelyne, Richard A. Bryant, Charles R. Marmar

Posttraumatic Stress Disorder (PTSD) is associated with maladaptive changes in self-identity, including impoverished perceived self-efficacy. This study examined if enhancing perceptions of self-efficacy in combat veterans with and without symptoms of PTSD promotes cognitive strategies associated with positive mental health outcomes. Prior to completing a future thinking and social problem-solving task, sixty-two OEF/OIF veterans with and without symptoms of PTSD were randomized to either a high self-efficacy (HSE) induction in which they were asked to recall three autobiographical memories demonstrating self-efficacy or a control condition in which they recalled any three autobiographical events. An interaction between HSE and PTSD revealed that individuals with symptoms of PTSD in the HSE condition generated future events with more self-efficacious statements than those with PTSD in the control condition, whereas those without PTSD did not differ in self-efficacy content across the conditions. In addition, individuals in the HSE condition exhibited better social problem solving than those in the control condition. Increasing perceptions of self-efficacy may promote future thinking and problem solving in ways that are relevant to overcoming trauma and adversity.

<http://gradworks.umi.com/10/10/10103209.html>

Examining the Relationship of Posttraumatic Stress and Fibromyalgia among Women Veterans: Long Term Impact Posttraumatic Stress Disorder, Military Sexual Trauma, and Fibromyalgia Have on Quality of Life.

Tamika Torres, Psy.D.

The Chicago School of Professional Psychology (dissertation, 2016)

The purpose of this study is to examine the possible relationship of PTSD and Fibromyalgia, specifically among women veterans. Two research questions were proposed to investigate the relationship of PTSD, MST and Fibromyalgia and its long-term impact on participant's quality of life. H1) participants with PTSD symptoms would also have elevated fibromyalgia symptoms and H2) participants who endorsed PTSD, MST and Fibromyalgia will have lower quality of life than participants who endorse no history of MST. Fifty women veterans participated in the study and administered the QOLS, MSTQ, TSI-II and FIQR. With regard to H1) results indicated there is a relationship between PTSD and fibromyalgia. However, contrary to the H2, there was no statistical significance in QOLS for women that self-endorsed MST. Surprisingly, there was an inverse relationship for those women veteran with no MST. The way a person's handles trauma and pain relies on how the person is equipped to emotional stress. By addressing a person's emotional stress and helping them explore coping skills with regard to their trauma, it can

reduce the individuals' emotional reaction to avoid discussing military related trauma and fear of being stigmatized as a result of their perceptives about military culture.

<http://www.sciencedirect.com/science/article/pii/S0029655416300665>

Factors Influencing Health Behaviors Among Active Duty Air Force Personnel.

Jennifer J. Hatzfeld, Mary S. Nelson, Catherine M. Waters, Bonnie Mowinski Jennings

Nursing Outlook

Available online 18 May 2016

doi:10.1016/j.outlook.2016.05.004

Background

Individual health behaviors effect whether US Air Force (USAF) service members are fit and ready to deploy.

Purpose

The purpose of this study was to understand health behaviors of USAF members to guide future interventions to reduce cardiovascular risks.

Methods

A qualitative descriptive study was conducted with a purposive sample of 24 active duty USAF participants. Conventional content analysis was used to derive data-driven themes that were compared to the Health Promotion Model (HPM).

Discussion

Participants defined health in a multi-factorial way that covered physical, emotional, and spiritual dimensions. The three themes that contributed to participants' health behaviors addressed: "who I am", "what works for me", and the USAF culture. There was a poor fit between findings as expressed by these participants and the HPM.

Conclusion

Although these findings were derived from a sample of USAF participants, the findings have implications for members of other military services. The findings also have relevance for nurses and other providers within the civilian work environments who can promote health and wellness by integrating a client's personal history into a plan for developing and sustaining a healthy lifestyle.

<http://link.springer.com/article/10.1007/s12207-016-9258-2>

Exploring Options Including Class Action to Transform Military Mental Healthcare and End the Generational Cycle of Preventable Wartime Behavioral Health Crises.

Mark C. Russell, Bonnie Zinn, Charles R. Figley

Psychological Injury and Law

First online: 21 May 2016

DOI 10.1007/s12207-016-9258-2

This article examines three major options for transforming military mental healthcare in order to end the pattern of self-inflicted and largely preventable wartime behavioral health crises plaguing American veterans, their families, and broader society since the turn of the twentieth century. Evidence is provided that the first option of maintaining the status quo consisting of internal incremental changes has proven largely ineffectual in addressing the broader issues responsible for perpetuating wartime crises. The second option describes necessary transformative changes required to end the cycle of mental health neglect and preventable crises. However, there are no signs that responsible government agencies are inclined to compel the military to overhaul its system. Lastly, we offer a legal analysis for an unprecedented class action against the Department of Defense to effect change. After reviewing the history of tort law and the US military's immunity from the Feres Doctrine, we examine legal precedents both domestic and abroad. Legal strategies are described in detail from a landmark class action by British soldiers against the Ministry of Defense (MoD) or *Multiple Claimants v. MoD* (2003) who sued for failure to properly identify and treat predictable war stress injury like post-traumatic stress disorder. The successful claims from individual military plaintiffs have been instrumental in compelling the MoD to implement necessary reforms of its mental health services and possibly end their cycle of neglect and preventable wartime crises. If successful, the proposed American class action will establish a critical precedent to elevate the importance of mental healthcare on equal footing with physical medicine both within and outside of the military.

<http://www.sciencedirect.com/science/article/pii/S0165178115307988>

Enhancing self-efficacy improves episodic future thinking and social-decision making in combat veterans with posttraumatic stress disorder.

Adam D. Brown, Nicole A. Kouri, Nadia Rahman, Amy Joscelyne, Richard A. Bryant, Charles R. Marmar

Psychiatry Research

Volume 242, 30 August 2016, Pages 19–25

doi:10.1016/j.psychres.2016.05.026

Posttraumatic Stress Disorder (PTSD) is associated with maladaptive changes in self-identity, including impoverished perceived self-efficacy. This study examined if enhancing perceptions of self-efficacy in combat veterans with and without symptoms of PTSD promotes cognitive strategies associated with positive mental health outcomes. Prior to completing a future thinking and social problem-solving task, sixty-two OEF/OIF veterans with and without symptoms of PTSD were randomized to either a high self-efficacy (HSE) induction in which they were asked to recall three autobiographical memories demonstrating self-efficacy or a control condition in which they recalled any three autobiographical events. An interaction between HSE and PTSD revealed that individuals with symptoms of PTSD in the HSE condition generated future events with more self-efficacious statements than those with PTSD in the control condition, whereas those without PTSD did not differ in self-efficacy content across the conditions. In addition, individuals in the HSE condition exhibited better social problem solving than those in the control condition. Increasing perceptions of self-efficacy may promote future thinking and problem solving in ways that are relevant to overcoming trauma and adversity.

<http://www.tandfonline.com/doi/abs/10.1080/19371918.2016.1160340#.V1WoUVfCzdk>

Intervention Efficacy in Engaging Black and White Veterans with Post-traumatic Stress Disorder into Treatment.

Tracy Stecker , Leslie Adams , Elizabeth Carpenter-Song , Joanne Nicholson , Nicholas Streltzov , Haiyi Xie

Social Work in Public Health

Published online: 21 May 2016

DOI:10.1080/19371918.2016.1160340

This study examined racial differences among Black and White Veterans who screened positive for post-traumatic stress disorder (PTSD) but were not in PTSD treatment and were participating in an intervention trial. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans with PTSD but not yet engaged in treatment were recruited and randomly assigned to control or intervention conditions. Intervention participants received a cognitive-behavioral engagement intervention by phone. All participants received follow-up calls to assess symptoms and utilization of treatment. Black and White participants were compared to assess differences in treatment utilization. Intervention session notes were analyzed qualitatively for explanatory themes. Participants of both races who received the intervention had higher PTSD treatment initiation than their respective control groups (Blacks: 85% vs. 58% and Whites: 53% vs. 45%, respectively). However, Blacks completed fewer PTSD treatment sessions compared to Whites overall ($M = 2.06$ [$SD = 2.3$] vs. $M = 3.77$ [$SD = 9.9$]; $p < .05$). Within the intervention condition, Blacks were significantly more likely to initiate treatment (odds ratio = 2.3, $p < .04$), and had a greater reduction in PTSD symptom compared to Whites (PTSD

Checklist - Military Version [PCL] scores: 12.75 vs. 9.68). Based on qualitative analysis of intervention session notes, themes emerged that may suggest cultural differences involving social connection, attitudes towards treatment, and the desire to appear “okay.” Blacks had a higher initiation rate and greater reduction in PTSD severity but completed fewer treatment sessions than Whites. These are promising results with respect to other studies which demonstrate that Black Veterans are less likely to seek treatment for PTSD.

<http://www.tandfonline.com/doi/abs/10.1080/16506073.2016.1183037>

An examination of the roles of trauma exposure and posttraumatic stress disorder on emotion regulation strategies of Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn veterans.

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Cognitive Behaviour Therapy

Published online: 19 May 2016

DOI:10.1080/16506073.2016.1183037

Theories of posttraumatic stress disorder (PTSD) implicate emotional processes, including difficulties utilizing adaptive emotion regulation strategies, as critical to the etiology and maintenance of PTSD. Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn (OIF/OEF/OND) veterans report high levels of combat exposure and PTSD. We aimed to extend findings suggesting that emotion regulation difficulties are a function of PTSD, rather than combat trauma exposure or common comorbidities, to OIF/OEF/OND veterans, in order to inform models of PTSD risk and recovery that can be applied to returning veterans. We tested differences in emotion regulation, measured with the Difficulties in Emotion Regulation Scale and Emotion Regulation Questionnaire, among trauma-exposed veterans with (n = 24) or without PTSD (n = 22) and healthy civilian comparison participants (n = 27) using multivariate analyses of covariance, adjusting for major depressive disorder, anxiety disorders, and demographic variables (age, sex, and ethnicity). Veterans with PTSD reported more use of expressive suppression and more difficulties with emotion regulation than veterans without PTSD and healthy comparison participants. Groups did not differ on cognitive reappraisal. Findings suggest the key role of PTSD above and beyond trauma exposure, depression, and anxiety in specific aspects of emotion dysregulation among OIF/OEF/OND veterans. Interventions that help veterans expand and diversify their emotion regulation skills may serve as helpful adjunctive treatments for PTSD among OIF/OEF/OND veterans.

<http://www.tandfonline.com/doi/abs/10.1080/10508422.2016.1193811>

Ethical Challenges for Military Psychologists: When Worlds Collide.

Rae Anne M. Frey

Ethics & Behavior

Published online: 01 Jun 2016

DOI:10.1080/10508422.2016.1193811

Despite the mental health needs in the military and improved access to military psychologists, many in need do not seek psychological services. The military policies, culture, and environment pose considerable barriers to help-seeking. In turn, military practices often conflict with the psychologist's professional ethics leading to a range of ethical dilemmas including multiple relationships, multiple agencies, and limited confidentiality. To address ethical concerns and encourage service members to seek mental health services, this paper proposes maintaining an understanding of military rules, law, and professional ethics, identifying multiple relationships and establishing boundaries up front, and collaborating with the patient in disclosures of information.

<http://onlinelibrary.wiley.com/doi/10.1002/nha3.20136/abstract>

Recognizing and Accommodating Employees with PTSD: The Intersection of Human Resource Development, Rehabilitation, and Psychology.

Hughes, C., Lusk, S. L. and Strause, S.

New Horizons in Adult Education and Human Resource Development

Volume 28, Issue 2, pages 27–39, Spring 2016

doi: 10.1002/nha3.20136

All employees within the workplace must be treated fairly and equitably including those with disabilities who may require accommodations that serve to increase access to and maintenance of competitive employment. Human Resource Development (HRD) researchers and practitioners have experience in accommodating employees with disabilities but are now increasingly faced with disorders with which they are not as familiar. One of these disorders is Post-Traumatic Stress Disorder (PTSD). This article provides detailed information on how to detect PTSD in the workplace and implement solutions, including appropriate accommodations, for employees with this disorder. Integration of the Jobs Accommodations Network (JAN) Areas and Considerations with HRD principles is a suggested starting point in an effort to meet the employment needs of these employees.

<http://www.sciencedirect.com/science/article/pii/S0260691716300685>

Practice comparisons between accelerated resolution therapy, eye movement desensitization and reprocessing and cognitive processing therapy with case examples.

Diego F. Hernandez, Wendi Waits, Lisseth Calvio, Mary Byrne

Nurse Education Today

Available online 21 May 2016

doi:10.1016/j.nedt.2016.05.010

Recent outcomes for Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy indicate that as many as 60–72% of patients retain their PTSD diagnosis after treatment with CPT or PE. One emerging therapy with the potential to augment existing trauma focused therapies is Accelerated Resolution Therapy (ART). ART is currently being used along with evidence based approaches at Fort Belvoir Community Hospital and by report has been both positive for clients as well as less taxing on professionals trained in ART. The following is an in-practice theoretical comparison of CPT, EMDR and ART with case examples from Fort Belvoir Community Hospital. While all three approaches share common elements and interventions, ART distinguishes itself through emphasis on the rescripting of traumatic events and the brevity of the intervention. While these case reports are not part of a formal study, they suggest that ART has the potential to augment and enhance the current delivery methods of mental health care in military environments.

<http://www.sciencedirect.com/science/article/pii/S1087079216300168>

The role of race and ethnicity in sleep, circadian rhythms and cardiovascular health.

Kieren J. Egan, Kristen L. Knutson, Alexandre C. Pereira, Malcolm von Schantz

Sleep Medicine Reviews

Available online 3 June 2016

doi:10.1016/j.smr.2016.05.004

In recent years, strong evidence has emerged suggesting that insufficient duration, quality, and/or timing of sleep are associated with cardiovascular disease (CVD), and various mechanisms for this association have been proposed. Such associations may be related to endophenotypic features of the sleep homeostat and the circadian oscillator, or may be state-like effects of the environment. Here, we review recent literature on sleep, circadian rhythms and CVD with a specific emphasis on differences between racial/ethnic groups. We discuss the

reported differences, mainly between individuals of European and African descent, in parameters related to sleep (architecture, duration, quality) and circadian rhythms (period length and phase shifting). We further review racial/ethnic differences in cardiovascular disease and its risk factors, and develop the hypothesis that racial/ethnic health disparities may, to a greater or smaller degree, relate to differences in parameters related to sleep and circadian rhythms. When humans left Africa some 100,000 years ago, some genetic differences between different races/ethnicities were acquired. These genetic differences have been proposed as a possible predictor of CVD disparities, but concomitant differences in culture and lifestyle between different groups may equally explain CVD disparities. We discuss the evidence for genetic and environmental causes of these differences in sleep and circadian rhythms, and their usefulness as health intervention targets.

<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00313>

Installation Tobacco Control Programs in the U.S. Military.

Elizabeth A. Smith; Walker S. C. Poston; Christopher K. Haddock; Ruth E. Malone

Military Medicine

Volume 181 Issue 6, June 2016, pp. 596-601

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00313>

Tobacco use prevalence is unacceptably high in the U.S. military, and the Department of Defense and service branches have implemented tobacco control policies and cessation programs. To explore aspects of programs regarded as exemplary by their services, we visited four installations, nominated by their service's health promotion leaders, and conducted interviews, observations, and focus groups. Installations included Naval Hospital Guam, Tripler Army Medical Center, MacDill Air Force Base, and the Naval Hospital at Marine Corps Air Ground Combat Center Twentynine Palms. The tobacco control managers (TCMs) at the programs studied were all civilian employees, highly motivated and enthusiastic, and had remained in their positions for approximately a decade. Other commonalities included support from command, a "culture" of health, and location in warm climates. Programs varied in their involvement in establishing designated tobacco use areas, and length and requirement of attending cessation classes; however, no evaluation of cessation programs is currently underway. TCMs should be more engaged in policy discussions for the larger installations they serve. A strong policy framework and command support for TCMs will be necessary to achieve the goal of a tobacco-free military.

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2016.15111442>

Performance of DSM-5 Persistent Complex Bereavement Disorder Criteria in a Community Sample of Bereaved Military Family Members.

Stephen J. Cozza, M.D., Joscelyn E. Fisher, Ph.D., Christine Mauro, Ph.D., Jing Zhou, M.S., Claudio D. Ortiz, Ph.D., Natalia Skritskaya, Ph.D., Melanie M. Wall, Ph.D., Carol S. Fullerton, Ph.D., Robert J. Ursano, M.D., M. Katherine Shear, M.D.

Published online: May 24, 2016

<http://dx.doi.org/10.1176/appi.ajp.2016.15111442>

Objective:

The purpose of this article was to examine the accuracy of DSM-5 proposed criteria for persistent complex bereavement disorder in identifying putative cases of clinically impairing grief and in excluding nonclinical cases. Performance of criteria sets for prolonged grief disorder and complicated grief were similarly assessed.

Method:

Participants were family members of U.S. military service members who died of any cause since September 11, 2001 (N=1,732). Putative clinical and nonclinical samples were derived from this community sample using cutoff scores from the Inventory of Complicated Grief and the Work and Social Adjustment Scale. Items from a self-report grief measure (Complicated Grief Questionnaire) were matched to DSM-5 persistent complex bereavement disorder, prolonged grief disorder, and complicated grief criteria. Endorsed items were used to identify cases.

Results:

Criteria sets varied in their ability to identify clinical cases. DSM-5 persistent complex bereavement disorder criteria identified 53%, prolonged grief disorder criteria identified 59%, and complicated grief criteria identified more than 90% of putative clinical cases. All criteria sets accurately excluded virtually all nonclinical grief cases and accurately excluded depression in the absence of clinical grief.

Conclusions:

The DSM-5 persistent complex bereavement disorder criteria accurately exclude nonclinical, normative grief, but also exclude nearly half of clinical cases, whereas complicated grief criteria exclude nonclinical cases while identifying more than 90% of clinical cases. The authors conclude that significant modification is needed to improve case identification by DSM-5 persistent complex bereavement disorder diagnostic criteria. Complicated grief criteria are superior in accurately identifying clinically impairing grief.

The Course of Suicide Risk Following Traumatic Injury.

Richard A. Bryant, PhD; Meaghan L. O'Donnell, PhD; David Forbes, PhD; Alexander C. McFarlane, MD; Derrick Silove, MD; and Mark Creamer, PhD

Journal of Clinical Psychiatry
2016;77(5):648–653
DOI 10.4088/JCP.14m09661

Objective:

Although traumatic injuries affect millions of patients each year and increase risk for psychiatric disorder, no evidence currently exists regarding associated suicidal risk. This study reports a longitudinal investigation of suicidal risk in the 2 years after traumatic injury.

Methods:

A prospective design cohort study was conducted in 4 major trauma hospitals across Australia. A total of 1,129 traumatically injured patients were assessed during hospital admission between April 2004 and February 2006 and were followed up at 3 months (88%), 12 months (77%), and 24 months (72%). Lifetime psychiatric disorder was assessed in hospital using the Mini-International Neuropsychiatric Interview, version 5.5, which was also used to assess the prevalence of suicidality, psychiatric disorder, and exposure to adverse life events at 3, 12, and 24 months after traumatic injury.

Results:

Approximately 6% of patients reported moderate/high suicidal risk at each assessment. At each assessment, half of suicidal patients reported no suicidal risk at the previous assessment. Suicidality at 24 months was predicted by current pain levels (odds ratio [OR] = 1.16; 95% CI, 1.09–1.23), recent life events (OR = 1.30; 95% CI, 1.17–1.44), and current psychiatric disorder (OR = 17.07; 95% CI, 7.03–41.42), whereas only 36.6% of suicidal patients had consulted a mental health professional in the previous month, and 66.2% had consulted a primary care physician.

Conclusions:

Suicidal risk affects a significant proportion of patients who experience a traumatic injury, and the risk for suicide fluctuates markedly in the initial years following the injury. Primary care physicians need to be trained to assess for suicidal risk in the initial years after a traumatic injury.

<http://www.tandfonline.com/doi/abs/10.1080/13811118.2016.1166087>

Perspectives of Suicide Bereaved Individuals on Military Suicide Decedents' Life Stressors and Male Gender Role Stress.

A. Graham Sterling , Jennifer L. Bakalar , Kanchana U. Perera , Kathryn A. DeYoung , Jill Harrington-LaMorie , Diana Haigney , Marjan Ghahramanlou-Holloway

Archives of Suicide Research

Published online: 25 May 2016

DOI:10.1080/13811118.2016.1166087

Objective:

To pilot the newly developed Male Gender Role Stressor Inventory (MGRSI) in military suicide bereaved (i.e., decedents' family members and significant others) and to determine the association between Male Gender Role Stress (MGRS) and other life stressors observed by survivors.

Methods:

Sixty-five survivors attending a national survivor seminar completed original surveys, reporting demographic information about themselves and the decedent and observations of the decedent's life stressors during the 1-month and 1-year periods prior to death.

Results:

The MGRSI obtained acceptable internal reliability ($\alpha = .76$) and indicated that factors including honor, strength, and achievement were the most commonly reported sources of MGRS. Correlational and regression analyses revealed that legal and trauma-related stressors 1-month prior to suicide were significantly associated with MGRSI score.

Conclusion:

MGRS may contribute to a better understanding of military male suicide. The Department of Defense and the Veterans Administration may benefit from suicide prevention programs targeting rigid male gender role beliefs and male-specific stressors.

<http://www.jbsw.org/doi/abs/10.18084/1084-7219.21.1.1>

Teaching BSW Students Effective Practice With Returning Military Personnel: A Strengths-Based Resiliency Framework.

Brenda Williams-Gray

Military social work as a field of practice is growing to meet the educational mandate to adequately prepare social workers to provide an array of services to service personnel and their families. A theoretical orientation that honors the intersection of the warrior ethos, resiliency and protective factors, and social work ecological and strengths perspectives is presented. A case vignette is provided to illustrate the approach. The intent is to provide undergraduate social work students and educators with grounding in a resiliency-oriented framework useful in assessment and practice with military service personnel to facilitate healthy coping and adaptation to civilian life.

<http://www.ncbi.nlm.nih.gov/pubmed/27256517>

J Orthop Res. 2016 Jun 3. doi: 10.1002/jor.23323. [Epub ahead of print]

Arthritis, comorbidities and care utilization in veterans of Operations Enduring and Iraqi Freedom.

Rivera JC, Amuan ME, Morris RM, Johnson AE, Pugh MJ

Veteran populations are known to have frequencies of arthritis higher than civilian populations. The aim of this study is to define the prevalence of arthritis among a cohort of veterans from ongoing U.S. military operations. A retrospective cohort study using Veterans Administration data sources for service connected disability, comorbidities, clinic utilization, and pharmacy utilization was conducted including veterans who deployed in service to operations in Afghanistan or Iraq, comparing veterans with a diagnosis of arthritis, arthritis plus back pain, and veterans with no pain diagnoses. The frequency of arthritis was 11.8%. Veterans with arthritis and arthritis plus back pain had greater frequencies of diabetes, hyperlipidemia, hypertension, and obesity compare to veterans with no pain diagnosis. Veterans with arthritis plus back pain had the highest pain clinic utilization and prescription use of opioids and anti-inflammatories. Veterans with no pain diagnosis had higher frequencies of diagnosis and clinic utilization for mental health disorders. Arthritis is prevalent among the latest generation of combat veterans and is associated with diabetes, obesity, and cardiovascular comorbidities. The need for arthritis care and associated comorbidities is expected to increase as the Veterans Administration and the civilian health care sector assumes care of these veterans. This article is protected by copyright. All rights reserved.

<http://psycnet.apa.org/journals/adb/30/3/415/>

Prevalence and correlates of cannabis use in an outpatient VA posttraumatic stress disorder clinic.

Gentes, Emily L.; Schry, Amie R.; Hicks, Terrell A.; Clancy, Carolina P.; Collie, Claire F.; Kirby, Angela C.; Dennis, Michelle F.; Hertzberg, Michael A.; Beckham, Jean C.; Calhoun, Patrick S.

Psychology of Addictive Behaviors
Vol 30(3), May 2016, 415-421
<http://dx.doi.org/10.1037/adb0000154>

Recent research has documented high rates of comorbidity between cannabis use disorders and posttraumatic stress disorder (PTSD) in veterans. However, despite possible links between PTSD and cannabis use, relatively little is known about cannabis use in veterans who present for PTSD treatment, particularly among samples not diagnosed with a substance use disorder. This study examined the prevalence of cannabis use and the psychological and functional correlates of cannabis use among a large sample of veterans seeking treatment at a Veterans Affairs (VA) PTSD specialty clinic. Male veterans (N = 719) who presented at a VA specialty outpatient PTSD clinic completed measures of demographic variables, combat exposure, alcohol, cannabis and other drug use, and PTSD and depressive symptoms. The associations among demographic, psychological, and functional variables were estimated using logistic regressions. Overall, 14.6% of participants reported using cannabis in the past 6 months. After controlling for age, race, service era, and combat exposure, past 6-month cannabis use was associated with unmarried status, use of tobacco products, other drug use, hazardous alcohol use, PTSD severity, depressive symptom severity, and suicidality. The present findings show that cannabis use is quite prevalent among veterans seeking PTSD specialty treatment and is associated with poorer mental health and use of other substances. It may be possible to identify and treat individuals who use cannabis in specialty clinics (e.g., PTSD clinics) where they are likely to present for treatment of associated mental health issues. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<http://ajot.aota.org/article.aspx?articleid=2523530>

Theater-Based Community Engagement Project for Veterans Recovering From Substance Use Disorders.

Sally Wasmuth; Kevin Pritchard

American Journal of Occupational Therapy
May 2016, Vol. 70
doi:10.5014/ajot.2016.018333

In this study, we examine the feasibility and acceptability of a 6-wk, interdisciplinary, occupation-based theater project for facilitating community engagement and substance use disorder (SUD) recovery in veterans. All data were collected at baseline, postintervention, and 6-wk and 6-mo follow-up intervals. Of the invited veterans, 24% consented to participate (n = 14), and 50% were retained (n = 7). Average attendance was 91%. Considerable improvements in social and occupational participation were noted at postintervention and at 6-wk follow-up but were not retained at 6 mo. No important change in self-efficacy was noted. Of the participants, 86% remained abstinent for 6 wk following the intervention. Theater provides a feasible and acceptable resource for potentially facilitating SUD recovery. Larger controlled effectiveness studies of theater are needed to examine whether robust and notable recovery outcomes in people with SUDs can be linked to participation in theater.

<http://www.tandfonline.com/doi/abs/10.1080/10615806.2016.1188201>

The role of postdeployment social factors in linking deployment experiences and current posttraumatic stress disorder symptomatology among male and female veterans.

Brian N. Smith , Joyce M. Wang , Rachel A. Vaughn-Coaxum , Brooke A. L. Di Leone , Dawne Vogt

Anxiety, Stress & Coping

Published online: 27 May 2016

DOI:10.1080/10615806.2016.1188201

Background and Objectives:

The postdeployment social context is likely highly salient in explaining mental health symptoms following deployment. The aim of this study was to examine the role of postdeployment social factors (social support and social reintegration difficulty) in linking deployment-related experiences (warfare exposure, sexual harassment, concerns about relationship disruptions, and deployment social support) and posttraumatic stress disorder (PTSD) symptomatology in male and female veterans.

Design:

A survey was administered to 998 potential participants (after accounting for undeliverable mail) who had returned from deployment to Afghanistan or Iraq. Completed surveys were received from 469 veterans, yielding a response rate of 47%.

Methods:

Hypotheses were examined using structural equation modeling.

Results:

For male and female veterans, deployment factors predicted later PTSD symptoms through postdeployment social support and social reintegration, with lower support and higher social reintegration difficulty both associated with higher PTSD symptomatology. While the final models for women and men indicated similar risk mechanisms, some differences in pathways were observed. Sexual harassment presented more of a risk for women, whereas lower social support was a greater risk factor for men.

Conclusions:

Postdeployment social factors appear to represent potentially important targets for interventions aiming to reduce the potential impact of stressful deployment experiences.

<http://www.sciencedirect.com/science/article/pii/S0033318216300548>

Stakeholder Experiences in a Stepped Collaborative Care Study within U.S. Army Clinics.

Caroline Batka, Terri Tanielian, Mahlet A. Woldetsadik, Carrie Farmer, Lisa H. Jaycox

Psychosomatics

Available online 31 May 2016

doi:10.1016/j.psych.2016.05.008

Objective

This paper examines stakeholder experiences with integrating treatment for PTSD and depression within primary care clinics in the U.S. Army, the use of care facilitation to improve treatment, and the specific therapeutic tools used within the Stepped Treatment Enhanced PTSD Services Using Primary Care (STEPS UP) study.

Methods

We conducted a series of qualitative interviews with health care providers, care facilitators, and patients within the context of a large randomized controlled trial being conducted across 18 Army primary care clinics at 6 military installations.

Results

Most of stakeholders' concerns clustered around the need to improve collaborative care tools and care facilitators and providers' comfort and abilities to treat behavioral health issues in the primary care setting.

Conclusions

While stakeholders generally recognize the value of collaborative care in overcoming barriers to care, their perspectives about the utility of different tools varied. The extent to which collaborative care mechanisms are well-understood, navigated, and implemented by providers,

care facilitators, and patients is critical to the success of the model. Improving the design of the web-based therapy tools, increasing the frequency of team meetings and case presentations, and expanding training for primary care providers on screening and treatment for PTSD and depression and the collaborative care model's structure, processes, and offerings may improve stakeholder perceptions and utilization of collaborative care.

<http://gradworks.umi.com/10/10/10104400.html>

Examining the relationship between depression and malingering in traumatic brain injury evaluations in a military population

Tanner Mitchell Nielsen, Psy.D.

Dissertation

SPALDING UNIVERSITY, 2016, 64 pages

This study explored the relationship between depression and malingering in traumatic brain injury (TBI) evaluations in a sample of United States Armed Forces service members. In particular, it looked at differences between service members who participated in a Medical Evaluation Board (MEB) and those who did not. Service members in the sample completed the Word Memory Test (WMT) and Personality Assessment Inventory (PAI) as part of their neuropsychological battery. The data showed that those in the MEB group had lower scores on the WMT Delayed Recall subtest and higher scores on the PAI Depression subscale compared to participants in the Non-MEB group. A t-test for significant differences between the means of the two independent samples showed MEB participation was a significant variable. The results of independent t-tests showed MEB group members ($M=80.67$) scoring significantly lower than Non-MEB group members ($M=87.54$), $t(195.56) = 3.68$, $p < .001$, $d = .448$. The results suggest that service members undergoing the MEB process will be more likely to fail tests of effort than their non-MEB counterparts, and may require additional considerations in terms of treatment opportunity and interpretation of malingering.

<http://link.springer.com/article/10.1007/s10567-016-0206-1>

Impact of Social Networking Sites on Children in Military Families.

Austen B. McGuire, Ric G. Steele

Clinical Child and Family Psychology Review

First online: 02 June 2016

DOI 10.1007/s10567-016-0206-1

Youth in military families experience a relatively unique set of stressors that can put them at risk for numerous psychological and behavior problems. Thus, there is a need to identify potential mechanisms by which children can gain resiliency against these stressors. One potential mechanism that has yet to be empirically studied with military youth is social networking sites (SNSs). SNSs have gained significant popularity among society, especially youth. Given the significance of these communication tools in youths' lives, it is important to analyze how SNS use may affect military youth and their ability to cope with common military life stressors. The current review examines the potential positive and negative consequences associated with SNS use in coping with three common stressors of youth in military families: parent deployment, frequent relocation, and having a family member with a psychological or physical disability. By drawing from SNS and military literature, we predict that SNS use can be a positive tool for helping children in military families to cope with stressors. However, certain SNS behaviors can potentially result in more negative outcomes. Recommendations for future research are also discussed.

<http://scholarcommons.usf.edu/etd/6092/>

Examination of the Use of Accelerated Resolution Therapy (ART) in the Treatment of Symptoms of PTSD and Sleep Dysfunction in Veterans and Civilians

Marian Jevone Hardwick

Dissertation

University of South Florida (Nursing), 2016

Posttraumatic Stress Disorder (PTSD) is a prevalent anxiety disorder that is debilitating to both veterans and civilians following one or more traumatic events. Sleep disturbances are hallmark features of PTSD. Sleep disturbances and PTSD remain two significant PTSD-related issues that continue to plague veterans returning from active duty, thereby preventing full reintegration into society. The same problem exists for civilians. This research was conducted as a previously collected pilot study data and a secondary data analysis. The purpose of the study consisted of: 1) examining the impact of treatment with Accelerated Resolution Therapy (ART) on symptoms of PTSD and sleep disturbances; 2) examining the relationships and treatment response among both subjective and objective measures of sleep function; and 3) comparing the relationship between PTSD and sleep disturbances among military versus civilians, including the effects of treatment with ART.

Links of Interest

Why VA Health Care Is Different

<http://www.fedprac.com/specialty-focus/orthopedics/article/why-va-health-care-is-different/c8da5ba1261bdbe726bddcbceea81f27.html>

Therapists say very few people need to see them for more than a few months

<http://qz.com/697995/therapy-doesnt-have-to-be-a-long-term-relationship/>

Post-Traumatic Stress: Treatable, normal response to abnormal events

[https://www.army.mil/article/169004/Post Traumatic Stress Treatable normal response to abnormal events/](https://www.army.mil/article/169004/Post_Traumatic_Stress_Treatable_normal_response_to_abnormal_events/)

Among U.S. Military, Army Members Face Highest Suicide Risk

https://www.nlm.nih.gov/medlineplus/news/fullstory_159213.html

Two in five formerly depressed adults are happy, flourishing

<https://www.sciencedaily.com/releases/2016/06/160607120808.htm>

Shift work unwinds body clocks, leading to more severe strokes

<https://www.sciencedaily.com/releases/2016/06/160601152017.htm>

Stress affects males, females differently

<https://www.sciencedaily.com/releases/2016/05/160526190418.htm>

Reclaiming your life is purpose of PTSD program

<http://www.bamc.amedd.army.mil/articles/2016/purpose-of-ptsd-program.asp>

Resource of the Week -- [Ten Frequently Asked Questions About Veterans' Transitions: Results of a Decade of RAND Work on Veteran Life](#)

The transition from military service to the civilian world can be very challenging, particularly for young veterans with no prior civilian work experience and those with injuries or disabilities. As part of their duty to care for the men and women who have served the country in uniform — as well as to promote strong member recruitment in the future — the U.S. Department of Defense and the U.S. Department of Veterans Affairs seek to monitor and improve the education and employment opportunities and the health and well-being of military veterans and reservists. Over the past decade, the RAND Corporation has proactively pursued a program of research addressing veterans' transitions to the civilian labor market. This document compiles RAND's body of work on this topic and highlights the breadth of topics RAND has studied. It distills more than a

decade's worth of research on many facets of veteran life into a set of ten questions and answers gleaned from this work.

The screenshot shows the RAND Corporation website. The header includes the RAND logo with the tagline 'OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.' and navigation links for 'About', 'Support RAND', 'Press Room', and 'Events'. There are also language options for '中文 (简体)' and 'العربية', and a 'Sign In' button. A search bar is located on the right. Below the header, the breadcrumb trail reads 'RAND > Published Research > Research Reports >'. The main content area features a large purple and white header for the report: 'Ten Frequently Asked Questions About Veterans' Transitions' with the subtitle 'Results of a Decade of RAND Work on Veteran Life'. The authors are listed as Christopher Guo, Julia Pollak, and Melissa Bauman. Below the title, there are social media icons for Facebook, Twitter, and LinkedIn, with counts of 30 and 125 respectively. A 'Citation' icon is also present. To the right of the title is a thumbnail image of the report cover and a 'Read Online' button. Further right is a 'DOWNLOAD FREE ELECTRONIC DOCUMENT' section with a table showing 'Format' as 'PDF file', 'File Size' as '0.2 MB', and 'Notes' as 'Technical Details -'. Below the main content, there is a 'Research Questions' section with a numbered list starting with '1 Are veterans disadvantaged in the civilian labor market?' and a 'Document Details' section listing 'Copyright: RAND Corporation', 'Availability: Web-Only', and 'Pages: 16'.

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