



## CDP Research Update -- September 15, 2016

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- Links of Interest
- Resource of the Week -- The Military Spouse Education and Career Opportunities Program: Recommendations for an Internal Monitoring System

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00211>

**Barriers to Initiating and Continuing Mental Health Treatment Among Soldiers in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).**

James A. Naifeh; Lisa J. Colpe; Pablo A. Aliaga; Nancy A. Sampson; Steven G. Heeringa; Murray B. Stein; Robert J. Ursano; Carol S. Fullerton; Matthew K. Nock; Michael Schoenbaum; Alan M. Zaslavsky; Ronald C. Kessler; On behalf of the Army STARRS Collaborators

Military Medicine

Volume 181 Issue 9, September 2016, pp. 1021-1032

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00211>

U.S. Army soldiers with mental disorders report a variety of barriers to initiating and continuing treatment. Improved understanding of these barriers can help direct mental health services to soldiers in need. A representative sample of 5,428 nondeployed Regular Army soldiers participating in the Army Study to Assess Risk and Resilience in Servicemembers completed a self-administered questionnaire and consented to linking self-administered questionnaire data with administrative records. We examined reported treatment barriers (perceived need, structural reasons, attitudinal reasons) among respondents with current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, mental disorders who either did not seek treatment in the past year (n = 744) or discontinued treatment (n = 145). About 82.4% of soldiers who did not initiate treatment and 69.5% of those who discontinued treatment endorsed at least two barriers; 69.8% of never-treated soldiers reported no perceived need. Attitudinal reasons were cited more frequently than structural reasons among never-treated soldiers with perceived need (80.7% vs. 62.7%) and those who discontinued treatment (71.0% vs. 37.8%). Multivariate associations with sociodemographic, Army career, and mental health predictors varied across barrier categories. These findings suggest most soldiers with mental disorders do not believe they need treatment and those who do typically face multiple attitudinal and, to a lesser extent, structural barriers.

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<http://www.ncbi.nlm.nih.gov/pubmed/26345183>

Contraception. 2015 Dec;92(6):589-95. doi: 10.1016/j.contraception.2015.07.015. Epub 2015 Sep 4.

**Unintended pregnancy among active-duty women in the United States military, 2011.**

Grindlay K, Grossman D

## OBJECTIVES:

To estimate unintended pregnancy rates among a representative sample of active-duty women in the U.S. military aged 18-44 years in 2011.

## STUDY DESIGN:

Cross-sectional data came from the 2011 Department of Defense Health Related Behaviors Survey of Active Duty Military Personnel; 9038 women provided data on unintended pregnancy. Unintended pregnancy rates were calculated for all women and by available background characteristics, including military branch, marital status (married versus unmarried), pay grade (enlisted versus officer) and deployment in the previous 12 months. Multivariable logistic regression testing for associations between unintended pregnancy and subgroups was also performed.

## RESULTS:

The unintended pregnancy rate was 72/1000 women. Married women (odds ratio (OR) 1.30, 95% confidence interval (CI) 1.11-1.54) and enlisted women (OR 2.71, 95% CI 1.99-3.69) had higher odds of reporting unintended pregnancy compared to their counterparts, as did women in the Navy (OR 1.51, 95% CI 1.19-1.91) and Marine Corps (OR 2.38, 95% CI 1.92-2.95) compared to women in the Air Force. Unintended pregnancy rates did not differ between women who were deployed in the previous 12 months and nondeployed women. Additionally, 10% of women who were deployed for 11-12 months in 2011 reported an unintended pregnancy in the previous year, suggesting that their pregnancies occurred during deployment.

## CONCLUSION:

Unintended pregnancy is higher in the military, including during deployment, compared to the general U.S. population (52/1000 women). All branches need to address the issue in a comprehensive manner including evidence-based provision of contraception and education among servicemembers.

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<http://psycnet.apa.org/journals/mil/28/5/344>

## **Workplace perceptions of veterans and nonveterans in the Department of Veterans Affairs.**

Teclaw, Robert; Osatuke, Katerine; Ramsel, Dee

Military Psychology

Vol 28(5), Sep 2016, 344-352

<http://dx.doi.org/10.1037/mil0000126>

Much has been written about veterans and their reintegration into civilian society, but little or no information is available about veterans' workplace perceptions and how these might differ from

those of nonveterans. The authors compared veterans' and nonveterans' attitudes about work (including job satisfaction aspects, perceptions of coworker interactions, supervisory support, and others) in the U.S. Department of Veterans Affairs (VA) based on responses to the organizational census, VA All Employee Survey (AES; N = 179,271). Based on differences in crude (unadjusted, but controlling for location) item odds ratios (range 0.65–1.08), compared to nonveterans, veterans scored modestly lower on most AES items. The authors show how controlling for demographics changes the relative size and, in some cases, the direction of the differences. This current study is 1 of only 2, to our knowledge, large-scale assessments of veterans' workplace perceptions and the only 1 which controlled the results for demographic characteristics. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/journals/mil/28/5/331>

**Generalizability of evidence-based PTSD psychotherapies to suicidal individuals: A review of the Veterans Administration and Department of Defense clinical practice guidelines.**

Bakalar, Jennifer L.; Carlin, Elisabeth A.; Blevins, Cara L.; Ghahramanlou-Holloway, Marjan

Military Psychology  
Vol 28(5), Sep 2016, 331-343  
<http://dx.doi.org/10.1037/mil0000130>

Posttraumatic stress disorder (PTSD) is strongly associated with suicide. The 2010 Department of Veterans Affairs/Department of Defense Clinical Practice Guidelines for PTSD (VA/DoD CPG) endorse cognitive therapy and its variants as empirically supported PTSD treatments. However, we lack an understanding about whether these treatments are generalizable to patients with suicidal ideation and/or behaviors. Randomized controlled trials (RCTs) cited in the VA/DoD CPGs were systematically reviewed for methodology, suicide-related content, and adverse event reporting. Thirty-eight RCTs were reviewed. Twenty-three reported suicide-related exclusion criteria, 15 made no mention of suicide-related inclusion/exclusion criteria. Thirty-six RCTs included depression assessments containing suicide-related items, but no suicide-relevant data were reported. Two RCTs outlined suicide risk monitoring procedures. Suicidal PTSD participants are underrepresented in PTSD RCTs and suicide risk assessment procedures were inconsistently reported. Standardized reporting of RCT methods pertaining to suicide risk to determine generalizability and safety of empirically supported PTSD treatments to this clinical population is needed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/journals/mil/28/5/306>

**Rape myth acceptance: A comparison of military service academy and civilian fraternity and sorority students.**

Carroll, Marjorie H.; Rosenstein, Judith E.; Foubert, John D.; Clark, M. Diane; Korenman, Lisa M.

Military Psychology

Vol 28(5), Sep 2016, 306-317

<http://dx.doi.org/10.1037/mil0000113>

Although both the military and fraternities have been theorized to be characterized by norms and attitudes that serve to legitimize violence against women, no previous work has examined the potential similarity and differences in rape-supportive beliefs of these 2 environments or the people drawn to them. Further, the belief systems of women within these organizations have received little attention. As such, the current study sought to serve as an initial exploration of the rape-supportive belief systems of people drawn to these groups. Participants were recruited from students entering 2 military service academies (U.S. Military Academy, n = 1,169, 1,003 men, 166 women; U.S. Naval Academy, n = 1,916, 1,551 men, 365 women) and fraternities and sororities at a Midwestern university (n = 393, 188 men, 205 women). All participants completed the Illinois Rape Myth Acceptance Scale–Short Form. Consistent with previous findings related to gender, men were more accepting of rape myths than women. Further, there was more variability in the levels of rape myth acceptance among military service academy and fraternity men than among military service academy and sorority women. Although across all groups the women expressed significantly lower levels of rape myth acceptance than the men, women and men from the United States Military Academy were more closely aligned in their beliefs than women and men from the other samples. Implications for sexual assault prevention education are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://psycnet.apa.org/journals/mil/28/5/285>

**Stressors experienced during deployment among Canadian Armed Forces personnel: Factor structure of two combat exposure scales.**

Sudom, Kerry; Watkins, Kimberley; Born, Jennifer; Zamorski, Mark

Military Psychology

Vol 28(5), Sep 2016, 285-295

<http://dx.doi.org/10.1037/mil0000108>

Combat exposure is linked to increased mental health problems among military personnel. Reliable, precise, and efficient measurement of combat experiences can facilitate understanding of the effects of combat on mental health. This study examined the psychometric properties of 2 scales used to assess deployment experiences in Canadian Armed Forces (CAF) personnel in 2 different settings: during a Third Location Decompression (TLD) program after deployment, and during routine postdeployment screening. Principal components analyses yielded similar results for the 2 measures. The components containing items relevant to Exposure to the Dead and Injured, Dangerous Environment, and Active Combat were common across both surveys. The TLD results revealed a fourth component, Personal Suffering, while the postdeployment screening data revealed a fourth component, Perceived Responsibility. This study found categories of deployment stressors that can be used for further analysis, and underscores the importance of assessing a broad range of exposures in the combat environment. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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<http://link.springer.com/article/10.1007/s11920-016-0734-x>

### **Emergence of Transdiagnostic Treatments for PTSD and Posttraumatic Distress.**

Cassidy A. Gutner, Tara Galovski, Michelle J. Bovin, Paula P. Schnurr

Current Psychiatry Reports

October 2016, 18:95

Disaster Psychiatry: Trauma, PTSD, And Related Disorders (E Foa And A Asnaani, Section Editors)

Both theoretical and empirical findings have demonstrated similarities across diagnoses, leading to a growing interest in transdiagnostic interventions. Most of the evidence supporting transdiagnostic treatment has accumulated for depression, anxiety, and eating disorders, with minimal attention given to posttraumatic stress disorder and other reactions to traumatic stressors. Although single-diagnosis protocols are effective for posttraumatic stress disorder (PTSD) and other trauma-related disorders, in principle, transdiagnostic approaches may have beneficial applications within a traumatized population. This paper defines different types of transdiagnostic treatments, reviews transdiagnostic approaches used in related disorders, and discusses their applicability to PTSD. Examples are drawn from existing transdiagnostic treatments in order to provide a framework for the application of such interventions to the field of traumatic stress. Implications for implementation and dissemination are also discussed.

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<http://onlinelibrary.wiley.com/doi/10.1111/famp.12238/full>

## **Pathways of Risk and Resilience: Impact of a Family Resilience Program on Active-Duty Military Parents.**

Saltzman, W. R., Lester, P., Milburn, N., Woodward, K. and Stein, J.

Family Process

Version of Record online: 6 SEP 2016

DOI: 10.1111/famp.12238

Over the past decade, studies into the impact of wartime deployment and related adversities on service members and their families have offered empirical support for systemic models of family functioning and a more nuanced understanding of the mechanisms by which stress and trauma reverberate across family and partner relationships. They have also advanced our understanding of the ways in which families may contribute to the resilience of children and parents contending with the stressors of serial deployments and parental physical and psychological injuries. This study is the latest in a series designed to further clarify the systemic functioning of military families and to explicate the role of resilient family processes in reducing symptoms of distress and poor adaptation among family members. Drawing upon the implementation of the Families Overcoming Under Stress (FOCUS) Family Resilience Program at 14 active-duty military installations across the United States, structural equation modeling was conducted with data from 434 marine and navy active-duty families who participated in the FOCUS program. The goal was to better understand the ways in which parental distress reverberates across military family systems and, through longitudinal path analytic modeling, determine the pathways of program impact on parental distress. The findings indicated significant cross-influence of distress between the military and civilian parents within families, families with more distressed military parents were more likely to sustain participation in the program, and reductions in distress among both military and civilian parents were significantly mediated by improvements in resilient family processes. These results are consistent with family systemic and resilient models that support preventive interventions designed to enhance family resilient processes as an important part of comprehensive services for distressed military families.

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<http://onlinelibrary.wiley.com/wol1/doi/10.1111/fcsr.12181/abstract>

## **Managing Frequent Relocation in Families? Considering Prospect Theory, Emotional Framing, and Priming.**

Emily Spencer, Kimberly Page and Matthew G. Clark



We review the evidence and impact of relocation on outcomes in child development in civilian and military families, both those who relocate regularly and those who do not. Research with broad samples of families and conventional wisdom suggests that frequent relocation leads to negative outcomes in children. However, this observation is not consistently observed for military families or for some civilian families who regularly relocate. The reasons for these differences are not clear, but maternal attitude and parent–child interactions have been suggested as a possible moderator of relocation resilience. Nevertheless, the exact mechanisms or approach for promoting relocation resilience is not clear in the evidence base. Through an analysis of the limited available data, we propose that effectively promoting relocation resilience may involve three primary approaches and related psychological processes: (i) managing the perception of risk (based on prospect theory), (ii) emotional framing, and (iii) priming. These processes are reviewed and presented for further consideration in future research on promoting relocation resilience.

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<http://www.sciencedirect.com/science/article/pii/S0306460316303252>

**PTSD, alcohol dependence, and conduct problems: Distinct pathways via lability and disinhibition.**

Jeffrey S. Simons, Raluca M. Simons, Carol O'Brien, Scott F. Stoltenberg, Jessica A. Keith, Jaime A. Hudson

Addictive Behaviors

Volume 64, January 2017, Pages 185–193

<http://dx.doi.org/10.1016/j.addbeh.2016.08.044>

This study tested the role of affect lability and disinhibition in mediating associations between PTSD symptoms and two forms of alcohol-related problems, dependence syndrome symptoms (e.g., impaired control over consumption) and conduct problems (e.g., assault, risk behaviors). Genotype at the serotonin transporter linked polymorphic region (5-HTTLPR) was hypothesized to moderate associations between traumatic stress and PTSD symptoms. In addition, the study tested whether childhood traumatic stress moderated associations between combat trauma and PTSD symptoms. Participants were 270 OIF/OEF/OND veterans. The hypothesized model was largely supported. Participants with the low expression alleles of 5-HTTLPR (S or LG) exhibited stronger associations between childhood (but not combat) traumatic stress and PTSD symptoms. Affect lability mediated the associations between PTSD symptoms and alcohol dependence symptoms. Behavioral disinhibition mediated associations between PTSD symptoms and conduct related problems. Conditional indirect effects indicated stronger

associations between childhood traumatic stress and lability, behavioral disinhibition, alcohol consumption, AUD symptoms, and associated conduct problems via PTSD symptoms among those with the low expression 5-HTTLPR alleles. However, interactions between combat trauma and either childhood trauma or genotype were not significant. The results support the hypothesis that affect lability and behavioral disinhibition are potential intermediate traits with distinct associations with AUD and associated externalizing problems.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00192>

### **Toward Preventing Post-Traumatic Stress Disorder: Development and Testing of a Pilot Predeployment Stress Inoculation Training Program.**

Laurel Hourani; Stephen Tueller; Paul Kizakevich; Gregory Lewis; Laura Strange; Belinda Weimer; Stephanie Bryant; Ellen Bishop; Robert Hubal; James Spira

Military Medicine

Volume 181 Issue 9, September 2016, pp. 1151-1160

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00192>

The objective of this pilot study was to design, develop, and evaluate a predeployment stress inoculation training (PRESIT) preventive intervention to enable deploying personnel to cope better with combat-related stressors and mitigate the negative effects of trauma exposure. The PRESIT program consisted of three predeployment training modules: (1) educational materials on combat and operational stress control, (2) coping skills training involving focused and relaxation breathing exercises with biofeedback, and (3) exposure to a video multimedia stressor environment to practice knowledge and skills learned in the first two modules. Heart rate variability assessed the degree to which a subset of participants learned the coping skills. With a cluster randomized design, data from 351 Marines randomized into PRESIT and control groups were collected at predeployment and from 259 of these who responded to surveys on return from deployment. Findings showed that the PRESIT group reduced their physiological arousal through increased respiratory sinus arrhythmia during and after breathing training relative to controls. Logistic regression, corrected for clustering at the platoon level, examined group effects on post-traumatic stress disorder (PTSD) as measured by the Post-traumatic Stress Checklist after controlling for relevant covariates. Results showed that PRESIT protected against PTSD among Marines without baseline mental health problems. Although limited by a small number of participants who screened positive for PTSD, this study supports the benefits of PRESIT as a potential preventive strategy in the U.S. military personnel.

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## **Exercise and Post-Traumatic Stress Disorder in Military Veterans: A Systematic Review.**

James W. Whitworth; Joseph T. Ciccolo

Military Medicine

Volume 181 Issue 9, September 2016, pp. 953-960

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00488>

Post-traumatic stress disorder (PTSD) is a prominent mental health issue for many military veterans. Recent evidence from nonveteran populations with PTSD suggests that exercise may be a potential treatment option. As such, the purpose of this review was to (1) provide the rationale for the use of exercise in the treatment of veterans with PTSD and (2) systematically review studies examining the relationship between exercise and PTSD in military veterans. A search of electronic databases (PubMed, PsycINFO, and Web of Science) for relevant studies published in print or online from January 1980 to September 2015 produced 204 unique articles and 13 relevant studies (9 observational studies, 2 experimental, and 2 qualitative). Results of these initial studies are promising and suggest that regular exercise is inversely correlated with PTSD and its symptoms in military veterans. However, the longitudinal effect of exercise on PTSD in military veterans remains unclear because the current research lacks a common focus and suffers from several methodological limitations. Recommendations for the development of future trials are included.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-14-00677>

## **The Emerging Role of Mindfulness Meditation as Effective Self-Management Strategy, Part 1: Clinical Implications for Depression, Post-Traumatic Stress Disorder, and Anxiety.**

Marina A. Khusid; Meena Vythilingam

Military Medicine

Volume 181 Issue 9, September 2016, pp. 961-968

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00677>

Mindfulness-based interventions (MBIs) have been increasingly utilized in the management of mental health conditions. This first review of a two-part series evaluates the efficacy, mechanism, and safety of mindfulness meditation for mental health conditions frequently seen after return from deployment. Standard databases were searched until August 4, 2015. 52 systematic reviews and randomized clinical trials were included. The Strength of Recommendation (SOR) Taxonomy was used to assess the quality of individual studies and to rate the strength of evidence for each clinical condition. Adjunctive mindfulness-based cognitive therapy is effective for decreasing symptom severity during current depressive episode, and for reducing relapse rate in recovered patients during maintenance phase of depression

management (SOR moderate [SOR B]). Adjunctive mindfulness-based stress reduction is effective for improving symptoms, mental health-related quality of life, and mindfulness in veterans with combat post-traumatic stress disorder (PTSD) (SOR B). Currently, there is no sufficient data to recommend MBIs for generalized anxiety disorder (SOR B). MBIs are safe, portable, cost-effective, and can be recommended as an adjunct to standard care or self-management strategy for major depressive disorder and PTSD. Future large, well-designed randomized clinical trials in service members and veterans can help plan for the anticipated increase in demand for behavioral health services.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-14-00678>

### **The Emerging Role of Mindfulness Meditation as Effective Self-Management Strategy, Part 2: Clinical Implications for Chronic Pain, Substance Misuse, and Insomnia.**

Marina A. Khusid; Meena Vythilingam

Military Medicine

Volume 181 Issue 9, September 2016, pp. 969-975

DOI: <http://dx.doi.org/10.7205/MILMED-D-14-00678>

Mindfulness-based interventions have been increasingly utilized in the management of chronic pain since 1982. This second review of a two-part series evaluates the efficacy, mechanism, and safety of mindfulness meditation for chronic pain, substance use disorder, tobacco use disorder, and insomnia frequently co-occurring after return from deployment. Standard databases were searched until August 4, 2015. 72 relevant systematic reviews and clinical trials met the inclusion criteria. The Strength of Recommendation Taxonomy was used to assess the quality of individual studies and to rate the strength of recommendation (SOR) for each clinical condition. Mindfulness-based interventions effectively and durably reduce pain intensity, improve functional status, pain-related psychological consequences, quality of life (SOR B). They can also be utilized as an adjunctive intervention aimed at improving health-related quality of life in individuals with substance use disorders interested in self-management strategies (SOR B). Mindfulness training for smokers used adjunctively with pharmacotherapy shows efficacy in maintaining abstinence comparable to that of the current standard of care (SOR B). Future large, well-designed randomized clinical trials using active controls in service members and veterans with co-occurring pain and psychological health conditions are necessary to provide more precise clinical guidance.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00293>

### **Using a Mobile Application in the Management of Anger Problems Among Veterans: A Pilot Study.**

Leslie A. Morland; James Niehaus; Casey Taft; Brian P. Marx; Ursula Menez; Margaret-Anne Mackintosh

Military Medicine

Volume 181 Issue 9, September 2016, pp. 990-995

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00293>

#### Objective:

This feasibility pilot study evaluated the usability of a mobile application (app), Remote Exercises for Learning Anger and Excitation Management (RELAX), as an adjunct to an anger management treatment delivered to Veterans.

#### Methods:

Four Veterans completed pre- and post-treatment measures of anger, post-traumatic stress disorder, depression, interpersonal functioning, and app use.

#### Results:

Descriptive results of clinical outcomes are provided. Qualitative data included Veterans' and therapists' feedback regarding the acceptability of the technology, satisfaction with the RELAX app, homework facilitation, and suggestions for improvement. Large reductions in anger, post-traumatic stress disorder and depression symptoms, and improvements in social functioning were evidenced post-treatment. Veterans reported that the RELAX app was helpful and appreciated its functionality.

#### Conclusions:

Our findings support using an app as an adjunct to traditional anger management.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00444>

### **Rescaling the Post-Traumatic Stress Disorder Checklist for Use in Primary Care.**

Phoebe K. McCutchan; Michael C. Freed; Elizabeth C. Low; Bradley E. Belsher; Charles C. Engel

Military Medicine

Volume 181 Issue 9, September 2016, pp. 1002-1006

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00444>

The Posttraumatic Stress Disorder (PTSD) Checklist (PCL) is a 17-item self-report measure of PTSD symptom severity that has demonstrated excellent psychometric properties across a variety of settings, purposes, and populations. The PCL is widely used in busy Department of Defense primary care settings as part of routine PTSD screening, requiring that it is easy for patients to complete and providers to score. The clinical utility of the PCL may be improved through use of a zero-anchored Likert-type response scale by providing intuitive anchors for respondents and fewer calculations for clinic staff; however, changes to the response scale may invalidate the known psychometric properties of the measure. The purpose of this study is to evaluate the equivalence of a zero-anchored PCL to the traditional one-anchored PCL. Differences in total scores were examined using inferential confidence intervals. Substantial overlap of the inferential confidence intervals and small Rg (maximum probable difference) value of 0.68 indicated that the zero-anchored PCL is equivalent to the one-anchored PCL on the basis of our specified delta (amount of difference considered inconsequential). These findings support the use of a zero-anchored PCL in clinical practice, and more broadly, the use of zero-anchored measures in the larger field of psychological assessment.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00317>

### **Integrative Pain Management Centers in the Military: The Challenges.**

Ian D. Coulter; Lara Hilton; Joan Walter; Kathleen S. Brown

Military Medicine

Volume 181 Issue 9, September 2016, pp. 1033-1039

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00317>

#### Objectives:

Biomedicine and complementary and alternative medicine are forming new relationships, under the rubric of integrative medicine. Recently, the military has adopted integrative medicine as the model for pain management. An evaluation was conducted on an integrative model for pain management at a major Army medical center to determine the distinct challenges that were encountered during the early stages of this integrative program.

#### Methods:

The design is a case study evaluation. Qualitative data were analyzed to determine whether the outcomes in terms of processes were in harmony with the program's mission. Study participants were patients (34), referring providers (25), program staff (20), administrators (18), and related medical center leadership (6).

#### Results:

The study uncovered the following challenges: misaligned culture and mission, resources, the

valuing of services (relative value units), systemic transition, patient throughput, and stigma associated with the focus and location of the program in a psychology department.

Conclusions:

These challenges prevented the program from fully achieving its mission and potential. Although integrative medicine might be the appropriate model for pain management in the military, the structural and process elements to bring it about are not yet in place or fully understood.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00496>

**Suicidal Ideation is Associated With All-Cause Mortality.**

Brian Shiner; Natalie Riblet; Christine Leonard Westgate; Yinong Young-Xu; Bradley V. Watts

Military Medicine

Volume 181 Issue 9, September 2016, pp. 1040-1045

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00496>

Suicidal ideation may be associated with all-cause mortality. Available research shows that treatment of depression reduces the risk of all-cause mortality in patients with suicidal ideation. However, this finding has not been replicated in a clinical population, where patients have various mental health conditions. We examined the association between suicidal ideation and all-cause mortality in a clinical cohort. We stratified patients presenting to a mental health clinic from January 2005 through December 2007 based upon their degree of suicidal ideation and obtained vital status information through June 2015. We compared groups using survival analysis, adjusting for patient characteristics and treatment receipt. Among 1,869 patients who completed the initial assessment, there were 363 deaths. Patients with the highest levels of suicidal ideation died at increased rates. Cause-of-death data in the year following the initial assessment indicates that the difference in mortality is not likely attributable to suicide. Accounting for patient characteristics and treatment, which included medical care and mental health care, did not meaningfully diminish the relationship between suicidal ideation and all-cause mortality. Additional research is needed to determine specific treatment elements that may moderate the relationship between suicidal ideation and all-cause mortality.

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<http://www.sciencedirect.com/science/article/pii/S0005791616300969>

**Anger and guilt in treatment for chronic posttraumatic stress disorder.**

Erin G. Cliftona, Norah C. Feenya, Lori A. Zoellner

### Background and objectives

Feelings of anger and guilt are important to consider when treating PTSD as they are related to higher PTSD severity and may be related to avoidance during treatment. Avoidance may impede emotional engagement, the process of connecting with distressing, fear-related emotions during imaginal exposure, which is considered an important mechanism for successful PTSD treatment in prolonged exposure (PE). Yet, little research has examined possible complications in achieving emotional engagement, such as anger and guilt.

### Methods

The present study utilized data from 116 individuals with PTSD who received PE to investigate whether anger and guilt were associated with poorer emotional engagement, as captured by pre, peak, post, and mean subjective units of distress (SUDs), during the initial imaginal exposure, and whether anger and guilt predicted worse treatment outcome generally and as a result of lessened emotional engagement.

### Results

Neither initial anger nor guilt hindered engagement nor predicted worse outcome. Contrary to hypotheses, higher guilt was predictive of greater anticipatory distress and slightly better PTSD outcome. The relationship between pre-treatment guilt cognitions and post-treatment PTSD severity was not mediated by engagement.

### Limitations

This study used a trauma-specific measure of guilt and general measure for anger, however both are commonly used. In addition, this study examined emotional engagement during imaginal exposure to the exclusion of engagement with other therapy components, such as in vivo exposure.

### Conclusions

These findings help dispel concerns that those with higher anger and guilt will avoid emotionally engaging during the initial imaginal exposure due to feeling distressed by intense negative emotionality.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00474>

### **Insomnia Severity, Subjective Sleep Quality, and Risk for Obstructive Sleep Apnea in Veterans With Gulf War Illness.**

Linda L. Chao; Linda R. Abadjian; Iva L. Esparza; Rosemary Reeb



Military Medicine

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DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00474>

Despite the fact that sleep disturbances are common in veterans with Gulf War Illness (GWI), there has been a paucity of published sleep studies in this veteran population to date. Therefore, the present study examined subjective sleep quality (assessed with the Pittsburgh Sleep Quality Index), insomnia severity (assessed with the Insomnia Severity Index), and risk for obstructive sleep apnea (assessed with the STOP questionnaire) in 98 Gulf War veterans. Veterans with GWI, defined either by the Kansas or Centers for Disease Control and Prevention criteria, had greater risk for obstructive sleep apnea (i.e., higher STOP scores) than veterans without GWI. This difference persisted even after accounting for potentially confounding demographic (e.g., age, gender) and clinical variables. Veterans with GWI, defined by either the Kansas or Centers for Disease Control and Prevention criteria, also had significantly greater insomnia severity and poorer sleep quality than veterans without GWI ( $p < 0.05$ ), even after accounting for potentially confounding variables. Furthermore, there were significant, positive correlations between insomnia severity, subjective sleep quality, and GWI symptom severity ( $p \leq 0.01$ ). In stepwise linear regression models, insomnia severity significantly predicted GWI status over and above demographic and clinical variables. Together these findings provide good rationale for treating sleep disturbances in the management of GWI.

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<http://publications.amsus.org/doi/10.7205/MILMED-D-15-00518>

### **Effect of Stellate Ganglion Block on Specific Symptom Clusters for Treatment of Post-Traumatic Stress Disorder.**

James H. Lynch; Sean W. Mulvaney; Eugene H. Kim; Jason B. de Leeuw; Matthew J. Schroeder; Shawn F. Kane

Military Medicine

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DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00518>

This study assessed which symptoms are most impacted following stellate ganglion block (SGB) used to treat post-traumatic stress disorder (PTSD) symptoms. 30 active military service members with combat-related PTSD self-referred to their physician and psychologist. Patients were offered a SGB as part of their treatment program. Primary outcome was the magnitude of change for the 17 items on the PTSD Checklist-Military (PCL-M), which was administered the week before SGB, 1 week after SGB, and 2 to 4 months later. Mean PCL-M score decreased from 49 at baseline to 32, 1 week after the procedure ( $p < 0.001$ ). 2 to 4 months after SGB, patients maintained an average PCL-M of 32. Patients reported greatest improvement in the

first week after SGB for the following symptoms: irritability or angry outbursts, difficulty concentrating, and sleep disturbance. 2 to 4 months later, patients reported greatest improvement in the following: feeling distant or cut off, feeling emotionally numb, irritability or angry outbursts, and difficulty concentrating. SGB is a safe procedure that may provide extended relief for all clusters of PTSD symptoms. As a result of the significant reduction in hyperarousal and avoidance symptoms observed, this study supports incorporation of SGB into PTSD treatment plans.

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<http://dl.acm.org/citation.cfm?id=2965008>

### **Opportunities for technology in the self-management of mental health.**

Elizabeth L. Murnane, Mark Matthews, Geri Gay

MobileHCI '16 Adjunct, September 06-09, 2016, Florence, Italy  
ACM 978-1-4503-4413-5/16/09.  
<http://dx.doi.org/10.1145/2957265.2965008>

Mental health is becoming an increasingly pressing healthcare issue on a worldwide level. Chronic mental health conditions such as bipolar disorder are some of the most challenging illnesses to treat and are associated with considerable negative consequences, both in terms of societal costs as well as individual patients' quality of life. Mobile and wearable devices, with their rising ownership levels and sensing capabilities, have the potential to enable more personalized and broadly deployable forms of condition monitoring, symptom detection, and timely intervention. In this workshop paper, we overview our research into the lived experiences and self-management practices of individuals with bipolar disorder, the resultant implications for designing technology-based solutions, and the steps we have taken towards development of such assessment and intervention oriented tools. Importantly, we surface tensions between the opportunities of technology and the potential risks associated with their usage in the context of mental health.

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<http://www.sciencedirect.com/science/article/pii/S0272735816300046>

### **The role of masculinity in men's help-seeking for depression: A systematic review.**

Zac E. Seidler, Alexei J. Dawes, Simon Rice, John L. Oliffe, Haryana M. Dhillon

Clinical Psychology Review  
Available online 10 September 2016  
<http://dx.doi.org/10.1016/j.cpr.2016.09.002>

## Aim

Conformity to traditional masculine gender norms may deter men's help-seeking and/or impact the services men engage. Despite proliferating research, current evidence has not been evaluated systematically. This review summarises findings related to the role of masculinity on men's help-seeking for depression.

## Method

Six electronic databases were searched using terms related to masculinity, depression and help-seeking. Titles and abstracts were reviewed and data systematically extracted and examined for methodological quality.

## Results

Of 1927 citations identified, 37 met inclusion criteria. Seventeen (46%) studies reported qualitative research; eighteen (49%) employed quantitative methods, and two (5%) mixed methods. Findings suggest conformity to traditional masculine norms has a threefold effect on men experiencing depression, impacting: i) their symptoms and expression of symptoms; ii) their attitudes to, intention, and, actual help-seeking behaviour; and, iii) their symptom management.

## Conclusion

Results demonstrate the problematic impact of conformity to traditional masculine norms on the way men experience and seek help for depression. Tailoring and targeting clinical interventions may increase men's service uptake and the efficacy of treatments. Future research examining factors associated with men's access to, and engagement with depression care will be critical to increasing help-seeking, treatment uptake, and effectual self-management among men experiencing depression.

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<http://www.tandfonline.com/doi/abs/10.1080/19407882.2016.1213644>

### **Walking a Gender Tightrope: A Qualitative Study of Female Student Veterans' Experiences within Military and Campus Cultures.**

Susan V. Iverson, Christin L. Seher, David DiRamio, Kathryn Jarvis, and Rachel Anderson

NASPA Journal About Women In Higher Education

Published online: 06 Sep 2016

<http://dx.doi.org/10.1080/19407882.2016.1213644>

This article describes findings from a qualitative study of the experiences of female student veterans in the military and in college. Twelve women were interviewed from two public research universities. Findings revealed individuals “betwixt and between” the complex

intersection of identities: in the military, grappling with a sense of self as soldiers and as women, and trying to figure it out; and in college, as undeserving veterans struggling with the social and cognitive dissonance experienced as students. Under implications, we discuss how the complexity of identity complicates our understanding and support of this population in college.

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<http://online.liebertpub.com/doi/abs/10.1089/lgbt.2016.0050>

## **Depression in Lesbian, Gay, and Bisexual Members of the Canadian Armed Forces.**

Scott Roger L., Lasiuk Gerri C., and Norris Colleen M.

LGBT Health

Online Ahead of Print: September 7, 2016

doi:10.1089/lgbt.2016.0050

### **Purpose:**

Lesbians, gay men, and bisexuals have been shown to have different risks for mood and anxiety disorders than heterosexuals in population studies, but there is a paucity of research in this area in military populations. This study examined the relationship between sexual orientation and depression in the Canadian Armed Forces (CAF).

### **Methods:**

Data were drawn from the Canadian Forces Mental Health Survey 2013 (n = 8165), a representative sample of Regular and Reserve members of the Canadian military. Binomial logistic regression was used to predict 12-month and lifetime odds ratios for major depressive episode (MDE) stratified by sexual orientation and sex.

### **Results:**

Gay male members had higher risk (AOR = 3.80, 95% CI 1.60–9.05) for lifetime MDE, but not for past 12-month MDE compared to heterosexual males. There was no significant difference in risk for lesbians or bisexuals compared to heterosexuals.

### **Conclusions:**

The results suggest that gay male members of the CAF are at higher risk for a history of MDE, but not current MDE. This may be a result of ongoing discrimination and stigma faced by gay men in the military or may reflect MDE that occurred before military service. The lack of difference in MDE risk for lesbian and bisexual members compared to heterosexual members is an important positive finding.

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<http://www.ncbi.nlm.nih.gov/pubmed/27599225>

J Consult Clin Psychol. 2016 Sep 5. [Epub ahead of print]

### **Home-Based Telebehavioral Health for U.S. Military Personnel and Veterans With Depression: A Randomized Controlled Trial.**

Luxton DD, Pruitt LD, Wagner A, Smolenski DJ, Jenkins-Guarnieri MA, Gahm G.

Evidence of feasibility, safety, and effectiveness of home-based telebehavioral health (HBTBH) needs to be established before adoption of HBTBH in the military health system can occur. The purpose of this randomized controlled noninferiority trial was to compare the safety, feasibility, and effectiveness of HBTBH to care provided in the traditional in-office setting among military personnel and veterans. One hundred and twenty-one U.S. military service members and veterans were recruited at a military treatment facility and a Veterans Health Administration hospital. Participants were randomized to receive 8 sessions of behavioral activation treatment for depression (BATD) either in the home via videoconferencing (VC) or in a traditional in-office (same room) setting. Participants were assessed at baseline, midtreatment (4 weeks), posttreatment (8 weeks), and 3 months posttreatment. Mixed-effects modeling results with Beck Hopelessness Scale and Beck Depression Inventory II scores suggested relatively strong and similar reductions in hopelessness and depressive symptoms for both groups; however, noninferiority analyses failed to reject the null hypothesis that in-home care was no worse than in-office treatment based on these measures. There were not any differences found between treatment groups in regards to treatment satisfaction. Safety procedures were successfully implemented, supporting the feasibility of home-based care. BATD can be feasibly delivered to the homes of active duty service members and veterans via VC. Small-group differences suggest a slight benefit of in-person care over in-home telehealth on some clinical outcomes. Reasons for this are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

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<http://www.sciencedirect.com/science/article/pii/S0887618516302626>

### **Ethnic and Racial Differences in Clinically Relevant Symptoms in Active Duty Military Personnel with Posttraumatic Stress Disorder.**

Antonia N. Kaczurkin, Anu Asnaani, Brittany Hall-Clark, Alan L. Peterson, Jeffrey S. Yarvis, Edna B. Foa

Journal of Anxiety Disorders

Available online 9 September 2016

<http://dx.doi.org/10.1016/j.janxdis.2016.09.004>

Previous research has shown racial/ethnic differences in Vietnam veterans on symptoms related to posttraumatic stress disorder (PTSD). The current study explored racial/ethnic differences in PTSD symptoms and clinically relevant symptoms. Resilience and social support were tested as potential moderators of racial/ethnic differences in symptoms. The sample included 303 active duty male service members seeking treatment for PTSD. After controlling for age, education, military grade, and combat exposure, Hispanic/Latino and African American service members reported greater PTSD symptoms compared to non-Hispanic White service members. Higher alcohol consumption was endorsed by Hispanic/Latino service members compared to non-Hispanic White or African American service members, even after controlling for PTSD symptom severity. No racial/ethnic differences were found with regard to other variables. These results suggest that care should be made to thoroughly assess PTSD patients, especially those belonging to minority groups, for concurrent substance use problems that may impede treatment utilization or adherence.

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<http://search.proquest.com/openview/f3e6d72662c0d01dca4e956cfdcedec/1?pq-origsite=gscholar&cbl=34519>

### **Concerns Over Divergent Approaches in the Diagnostics of Posttraumatic Stress Disorder.**

Vermetten, Eric; Baker, Dewleen G; Jetly, Rakesh; McFarlane, Alexander C.

Psychiatric Annals

46.9 (Sep 2016): 498-509

doi: 10.3928/00485713-20160728-02

Since the inception of posttraumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders, third edition (DSM-III), there has been an ongoing polemic debate about the veracity, assessment, neurobiology, and longitudinal course of the disorder. As a consequence, its clinical utility has been the subject of a significant amount of conflicting opinion due to the competing interests involving clinicians, insurance companies, victim's groups, and governments. This article reviews some of the current divergent approaches in the diagnosis of PTSD, including the debate on the condition itself, claims that it is overdiagnosed, the usefulness of the "A" criterion, equivalence of cluster criteria, the role of combat and civilian PTSD, the role of biomarkers, incongruences in diagnostic practice, and the need for a consistent approach that ensures diagnostic congruence. Critical drivers of divergent diagnostic systems are that they should not produce significantly different rates or produce high levels of discordance. However, one of the concerns is that the anticipated International Statistical Classification of Diseases and Related Health Problems, eleventh edition (ICD-11) has moved away from this primary aim and taken a markedly divergent approach that is incompatible with the advancement of consensus within this critical field. This article explores some of the primary arguments and evidence cited for this approach in ICD-11 and recent changes in DSM-5.

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<http://onlinelibrary.wiley.com/doi/10.1111/jocn.13573/full>

## **Meeting the health care needs of transgender people within the armed forces: Putting UK military policy into practice.**

Dean Whybrow, Chris New, Rik Coetzee, Paul Bickerstaffe

Journal of Clinical Nursing

Accepted manuscript online: 7 September 2016

DOI: 10.1111/jocn.13573

### **Aim**

To explain how the healthcare needs of transgender personnel are met within the United Kingdom Armed Forces (UK AF).

### **Background**

It may be that when transgender people disclose their gender preference that they are at increased risk of social exclusion. The UK AF has an inclusive organisational policy for the recruitment and management of transgender personnel.

### **Design**

This is a position paper about how the healthcare needs of transgender military personnel are met by the UK AF.

### **Methods**

UK AF policy was placed into context by reviewing current research, discussing medical terminology, and describing the policy. This was followed by an account of how UK AF policy is applied in practice.

### **Discussion**

Where armed forces had an inclusive policy for the management of transgender personnel there seemed to be little cause for secrecy and zero tolerance of discrimination when compared to nations where this was not the case. Medical terminology has changed to reflect a more inclusive, less stigmatising use of language. The UK AF policy has been described as progressive and inclusive. The application of this policy in practice may be dependent upon strong leadership and training. The wider UK AF seems capable of adopting a pragmatic and flexible approach to meeting the healthcare needs of transgender personnel.

### **Conclusion**

The UK AF value diversity within their workforce and have a progressive, inclusive policy for the recruitment and management of transgender personnel.

### Relevance to Clinical Practice

When supporting a transgender military person, healthcare professionals, civilian organisations and military line managers should consider referring to UK AF policy as early as possible. Other military and uniformed services may wish to examine the UK AF exemplar in order to consider the applicability within their own organisational setting.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-15-00461>

### **Serotonin Syndrome Following an Uncomplicated Orthopedic Surgery in a Patient With Post-Traumatic Stress Disorder.**

Luiz Gustavo Schuch; Anita Yip; Kiana Farah Nouri; Maren Gregersen; Brian Cason; Jasleen Kukreja; Curtis Wozniak; Marek Brzezinski

Military Medicine

Volume 181 Issue 9, September 2016, pp. E1185-e1188

DOI: <http://dx.doi.org/10.7205/MILMED-D-15-00461>

Serotonin syndrome (SS) is a potentially life-threatening adverse drug reaction that may occur in patients treated with serotonin agonist medications. Medications responsible for serotonin syndrome include commonly prescribed antidepressants, anxiolytics, analgesics, and antiemetics. Veterans with post-traumatic stress disorder (PTSD) are at risk for polypharmacy with serotonergic medications, given their psychological comorbidities and service-related musculoskeletal injuries. The perioperative period is a particularly vulnerable time owing to the use of high-dose anxiolytics and antiemetics frequently administered in this period, and places PTSD patients at higher risk of SS. Herein, we present the first case of SS in a young veteran with combat-related PTSD following an uncomplicated L5-S1 revision discectomy that highlights the unique set of clinical challenges and dilemmas faced when treating SS in a patient with severe postsurgical pain. As we are likely to encounter increasing numbers of veterans treated for PTSD who require multiple surgical procedures to treat their service-related injuries, health care providers need to be familiar with prevention, recognition, and the clinical challenges in the management of SS in the postoperative period.

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<http://bjpo.rcpsych.org/content/2/5/286.full>

### **Initiation of pharmacotherapy for post-traumatic stress disorder among veterans from Iraq and Afghanistan: a dimensional, symptom cluster approach.**

Ilan Harpaz-Rotem, Robert Rosenheck, Somaia Mohamed, Robert Pietrzak, Rani Hoff



## Background

The pharmacological treatment of post-traumatic stress disorder (PTSD) is extremely challenging, as no specific agent has been developed exclusively to treat this disorder. Thus, there are growing concerns among the public, providers and consumers associated with its use as the efficacy of some agents is still in question.

## Aims

We applied a dimensional and symptom cluster-based approach to better understand how the heterogeneous phenotypic presentation of PTSD may relate to the initiation of pharmacotherapy for PTSD initial episode.

## Method

US veterans who served in the conflicts in Iraq and Afghanistan and received an initial PTSD diagnosis at the US Veterans Health Administration between 2008 and 2011 were included in this study. Veterans were followed for 365 days from initial PTSD diagnosis to identify initiation for antidepressants, anxiolytics/sedatives/hypnotics, antipsychotics and prazosin. Multivariable analyses were used to assess the relationship between the severity of unique PTSD symptom clusters and receiving prescriptions from each medication class, as well as the time from diagnosis to first prescription.

## Results

Increased severity of emotional numbing symptoms was independently associated with the prescription of antidepressants, and they were prescribed after a substantially shorter period of time than other medications. Anxiolytics/sedatives/hypnotics prescription was associated with heightened re-experiencing symptoms and sleep difficulties. Antipsychotics were associated with elevated re-experiencing and numbing symptoms and prazosin with reported nightmares.

## Conclusions

Prescribing practices for military-related PTSD appear to follow US VA/DoD clinical guidelines. Results of this study suggest that a novel dimensional and symptom cluster-based approach to classifying the phenotypic presentation of military-related PTSD symptoms may help inform prescribing patterns for PTSD.

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## Links of Interest

Physical activity may offset some of alcohol's lethal harms  
<https://www.sciencedaily.com/releases/2016/09/160907215152.htm>

New 2016 DACOWITS Members Announced

<http://www.defense.gov/News/News-Releases/News-Release-View/Article/941029/new-2016-dacowits-members-announced>

Know the Warning Signs of Suicidal Thoughts

[https://medlineplus.gov/news/fullstory\\_160913.html](https://medlineplus.gov/news/fullstory_160913.html)

E-cigarettes may have helped 18,000 people quit smoking in 2015

<https://www.sciencedaily.com/releases/2016/09/160913185053.htm>

Belief about nicotine content in cigarette may change brain activity and craving

<https://www.sciencedaily.com/releases/2016/09/160913095845.htm>

Strong alcohol policies can help prevent suicide

<https://www.sciencedaily.com/releases/2016/09/160912173955.htm>

Employees of medical centers report high stress, negative health behaviors

<https://www.sciencedaily.com/releases/2016/09/160908165052.htm>

Using light to image and potentially to treat PTSD

<https://www.sciencedaily.com/releases/2016/09/160906213622.htm>

Researchers outline barriers to treating fear, anxiety

<https://www.sciencedaily.com/releases/2016/09/160909094831.htm>

Marines Promise to 'Do Better' After All-Male Video Draws Criticism

<http://www.military.com/daily-news/2016/09/13/marines-promise-to-do-better-all-male-video-draws-criticism.html>

Arlington National Cemetery Visitors Face Tougher Security Screenings

<http://www.military.com/daily-news/2016/09/13/arlinton-national-cemetery-visitors-tougher-security-screenings.html>

USMC: Muslim-American Recruit Called 'Terrorist' Prior to His Death

<http://www.military.com/daily-news/2016/09/13/usmc-muslim-american-recruit-called-terrorist-prior-his-death.html>

VA uses cash payouts to get rid of problem employees, lawmaker says

<http://www.militarytimes.com/articles/va-settlements-lawmakers-questioning>

Legislation would halt bad military discharges due to PTSD or TBI

<http://www.militarytimes.com/story/military/2016/03/07/bad-paper-discharges-ptsd-tbi/81445920/>

Pilot program pairs some PTSD vets with service dogs

<http://www.stripes.com/news/veterans/pilot-program-pairs-some-ptsd-vets-with-service-dogs-1.428737>

USMC: Days before death, recruit told Parris Island officials of suicide plans

<http://www.islandpacket.com/news/local/community/beaufort-news/bg-military/article101621322.html>

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**Resource of the Week -- [The Military Spouse Education and Career Opportunities Program: Recommendations for an Internal Monitoring System](#)**

The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy sought assistance from the RAND Corporation to assess whether and how initiatives under the Department of Defense's Spouse Education and Career Opportunities (SECO) program address objectives in supporting the education and employment of military spouses. These initiatives include the My Career Advancement Account Scholarship, career counseling services available through the SECO Call Center, the Military Spouse Employment Partnership, and Department of Defense State Liaison Office efforts. This report recommends a system by which SECO staff can conduct internal monitoring of the portfolio of these efforts as a way to document and track progress of early outcomes, suggest midterm corrections, and lay important groundwork for more in-depth investigations of whether longer-term objectives are being met. It describes the logic of the program, key performance indicators, and the steps in building and utilizing the monitoring system. Internal monitoring is designed to provide constant and continual feedback on the progress of a program, and is typically conducted by program staff. Development of this system involved developing a logic model for the program, using specific criteria to specify structured indicators to measure the goals and objectives outlined in the logic model, detailing guidelines for developing indicator targets and benchmarks, and organizing indicators, targets, and benchmarks into a monitoring matrix. Finally, the report outlines challenges to implementing and maintaining the proposed system and suggests possible solutions.



# The Military Spouse Education and Career Opportunities Program

Recommendations for an Internal  
Monitoring System

Gabriella C. Gonzalez, Laura L. Miller, Thomas E. Trail



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