



CDP Research Update -- May 8, 2014

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- PTSD Symptom Clusters Are Differentially Associated with Components of the Acquired Capability for Suicide.
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<http://www.defense.gov/Releases/Release.aspx?ReleaseID=16680>

Department of Defense Issues New Initiatives to Eliminate Sexual Assault, Updates Prevention Strategy and Releases 2013 Annual Report on Sexual Assault in the Military

Release No: NR-223-14

May 01, 2014

Today the Department of Defense issued new initiatives designed to continue its efforts to eliminate sexual assault in the military, directed implementation of an updated sexual assault prevention strategy and released its annual report on sexual assault in the military for fiscal year 2013.

The department's response to sexual assault is fundamentally different than it was two years ago. Since May 2013, Secretary Hagel has directed more than 28 initiatives to enhance commander accountability, ensure the appropriate command climate, improve victim support, and enhance safety.

- The new initiatives are available at: <http://sapr.mil/index.php/news>
- The updated prevention strategy is available at: <http://sapr.mil/index.php/news>
- The full report is available at <http://sapr.mil/index.php/annual-reports>
- The fact sheet is available at: <http://sapr.mil/index.php/news>

http://www.rand.org/pubs/research_reports/RR209.html

The Deployment Life Study: Methodological Overview and Baseline Sample Description

by Terri Tanielian, Benjamin R. Karney, Anita Chandra, Sarah O. Meadows

RAND Corporation, 2014

In the past decade, U.S. military families have experienced extreme stress, as U.S. soldiers, sailors, airmen, and marines have experienced extended and repeated deployments. As a result, U.S. policymakers and Department of Defense leadership have placed an emphasis on family readiness for deployment and other military-related stressors. However, family readiness is not a well-understood construct. The Deployment Life Study was designed to provide a deeper understanding of family readiness and to address the sources of readiness among military families. It is a longitudinal study of military families over the course of a full deployment cycle — predeployment, during deployment, and postdeployment. Over the course of three years, the study will follow 2,724 families from each service and component, interviewing service members, their spouses, and one child between the ages of 11 and 17 in each family (if applicable) every four months. Baseline data are weighted to be representative of married

service members who were eligible to deploy sometime between June 1, 2012, and December 31, 2012. This report describes the Deployment Life Study theoretical model; the content of the baseline assessment; the design and procedures associated with data collection, sampling and recruiting procedures; and the baseline sample of military families.

<http://tpcjournal.nbcc.org/wp-content/uploads/2014/04/TPC-Volume-4-Issue-2-Complete-Issue.pdf>

The Professional Counselor **Special Issue: Counseling the Military and Their Families**

Volume 4, Issue 2

April 2014

This special issue of *The Professional Counselor* is focused on the counseling concerns of thousands of military individuals and their families in the United States. There is a huge need for counselors to develop an understanding of what are “normal” military behaviors as well as behaviors that extend beyond the military norms. Just as importantly, we must acknowledge that not all veterans are unstable because of their military experiences, what they saw or what they did. Our military service members have contributed greatly and are willing to move forward with their lives and continue to contribute to society by finding positive ways to manage and cope with what they have experienced.

In this special issue, TPC has published the following papers:

“Counselors and the Military: When Protocol and Ethics Conflict” by Elizabeth A. Prosek, Jessica M. Holm

The Department of Veteran Affairs and TRICARE have approved professional counselors to work within the military system. Counselors need to be aware of potential ethical conflicts between counselor ethical guidelines and military protocol. This article examines confidentiality, multiple relationships and cultural competence, and offers ethical models to navigate dilemmas.

“Revolving Doors: The Impact of Multiple School Transitions on Military Children” by S. Beth Ruff, Michael A. Keim

Approximately 90% of the 1.2 million school-age children of military parents in the United States attend public schools. In contrast to their civilian peers, the average military child moves three times more often than their civilian peers, relocating every 1 to 4 years. Tensions at home, enrollment issues, adapting to new schools, and a lack of familiarity with military culture by public school professionals may adversely impact the academic, social, and emotional growth of these military students. Public school faculty and staff need to understand the challenges that multiple school transitions impose on military children in order for them to effectively meet the

needs of this student population. This study reviews the literature concerning obstacles and challenges that mobile military children face, and discusses positive interventions that professional school counselors can employ to ease these transitions.

“Wounded Warriors with PTSD: A Compilation of Best Practices and Technology in Treatment”
by Mary Alice Fernandez, Melissa Short

This paper offers an overview of resources available to mental health counselors to assess, case-conceptualize, diagnose and treat a growing population of combat veterans with post-traumatic stress disorder (PTSD). The goal is to increase counselor awareness of best practices and possible new technologies to assist in treating combat PTSD.

“The Implications of Attachment Theory for Military Wives: Effects During a Post-Deployment Period”

by Kristin A. Vincenzes, Laura Haddock, Gregory Hickman

The purpose of this research was to examine Bowlby and Ainsworth’s attachment theory, specifically the occurrence of separation anxiety as experienced by the stay-behind wife during post-deployment. A linear regression analysis found a positive significant relationship between duration of deployment and the wife’s psychological distress during post-deployment.

“Assessing the Career-Development Needs of Student Veterans: A Proposal for Career Interventions”

by Seth Hayden, Kathy Ledwith, Shengli Dong, Mary Buzzetta

Student veterans often encounter unique challenges related to career development. The significant number of student veterans entering postsecondary environments requires counselors addressing the career development of this population to decide on appropriate areas of focus when developing interventions. This study utilized a career needs assessment survey to determine the appropriate needs of student veterans in a university setting. Student veterans indicated a desire to focus on transitioning military experience to civilian work, developing skills in résumé building and networking, and negotiating job offers as desired topics within career interventions. Results of the needs survey can be used in the development of a career-related assessment.

“Military Veterans’ Midlife Career Transition and Life Satisfaction” by Heather C. Robertson, Pamela Brott

One hundred and thirty-six military veterans who were currently transitioning to teaching positions, or had previously transitioned, were surveyed regarding life satisfaction and related internal/external career transition variables. Two variables, confidence and control, demonstrated a slight yet statistically significant positive correlation to life satisfaction. Recommendations for practice and future research are included.

“Using a Cognitive Information Processing Approach to Group Career Counseling with Visually Impaired Veterans”

by Lauren K. Osborne

Unemployment continues to be a growing concern among both civilian and veteran popu-

lations. As 14% of the veteran population currently identify as disabled due to service, this population is growing in its need for specialized vocational rehabilitation. Specifically in Veteran Affairs' Blind Rehabilitation Centers, where holistic treatment is utilized in treatment and rehabilitation, career services may be useful in improving quality of life of visually impaired veterans. A group approach to career counseling with visually impaired veterans is discussed using the principles and theory of the Cognitive Information Processing (CIP) approach set forth by Sampson, Reardon, Peterson, and Lenz. This approach emphasizes metacognitions, self-knowledge, occupations knowledge, and the use of a decision-making cycle to improve career decision states and decrease negative career thinking. A group outline is provided and discussion of special considerations and limitations are included.

<http://content.govdelivery.com/accounts/USVHA/bulletins/b212fc>

PTSD Monthly Update -- May 2014 -- Medications for PTSD

National Center for PTSD

"Getting better" means different things for different people, and not everyone who gets evidence-based PTSD treatment will be "cured." But they will likely do better than people with PTSD who were not treated, or who received other kinds of treatment.

Certain medications are considered evidence-based treatment for PTSD. Medications can be used alone or in combination with psychotherapy.

<http://www.sciencedirect.com/science/article/pii/S0887618514000516>

Military Unit Support, Postdeployment Social Support, and PTSD Symptoms among Active Duty and National Guard Soldiers Deployed to Iraq.

Sohyun C. Han, Frank Castro, Lewina O. Lee, Meredith E. Charney, Brian P. Marx, Kevin Brailey, Susan P. Proctor, Jennifer J. Vasterling

Journal of Anxiety Disorders

Available online 26 April 2014

Research suggests that military unit support and community postdeployment social support are associated with fewer PTSD symptoms following military deployment. This study extended prior research by examining the associations among predeployment unit support and PTSD symptoms before Iraq deployment as well as unit support, PTSD symptoms, and

postdeployment social support after deployment among 835 U.S. Army and 173 National Guard soldiers. Multiple regression analyses indicated that predeployment unit support was not significantly associated with postdeployment PTSD severity in either group of soldiers, whereas higher unit support during deployment was significantly associated with lower postdeployment PTSD severity among active duty soldiers only. Among both groups, higher levels of postdeployment social support were associated with lower levels of postdeployment PTSD symptom severity. These findings suggest that postdeployment social support is a particularly strong buffer against postdeployment PTSD symptoms among both groups of soldiers whereas the effects of unit support may be limited.

<http://www.futuremedicine.com/doi/abs/10.2217/cpr.13.96>

Review: The use of prolonged exposure therapy to help patients with post-traumatic stress disorder.

Carmen P McLean and Edna B Foa

Clinical Practice 2014 11:2, 233-241

Post-traumatic stress disorder (PTSD) is a chronic psychiatric disorder characterized by intrusive re-experiencing symptoms, avoidance behaviors, elevated arousal, and changes in cognition and mood. Nearly all individuals with PTSD suffer from at least one additional psychiatric diagnosis. Prolonged exposure is one of several evidence-based treatments for PTSD that has been efficacious for PTSD sufferers with a range of comorbid disorders. In this review, we first discuss the prevalence of PTSD comorbidity and the challenges that it presents to clinicians working with traumatized patients. We then discuss the treatment of PTSD, focusing on prolonged exposure therapy. After providing a brief overview of PE, we review evidence supporting the use of PE in reducing PTSD severity and associated symptoms in a variety of comorbid samples.

<http://psycnet.apa.org/psycinfo/2014-15219-001/>

Randomized controlled trial of two brief alcohol interventions for oef/oif veterans.

McDevitt-Murphy, Meghan E.; Murphy, James G.; Williams, Joah L.; Monahan, Christopher J.; Bracken-Minor, Katherine L.; Fields, Jordan A.

Journal of Consulting and Clinical Psychology, Apr 28 , 2014

Objective:

The purpose of this study was to test the efficacy of 2 brief interventions for alcohol misuse in a sample of combat veterans of the wars in Iraq and Afghanistan.

Method:

Participants were 68 combat veterans (91.2% male; 64.7% White, 27.9% Black) with a mean age of 32.31 years (SD = 8.84) who screened positive for hazardous drinking in a Veterans Affairs Medical Center primary care clinic using the Alcohol Use Disorders Identification Test (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). More than half of the sample (57.4%) met criteria for posttraumatic stress disorder (PTSD; based on the Clinician-Administered PTSD Scale; Blake et al., 1995). Eligible veterans who elected to participate completed a baseline assessment and were randomized to receive 1 of 2 interventions (personalized feedback delivered with or without a motivational interviewing counseling session). Both interventions included information on hazardous drinking, PTSD symptoms, depression, and coping. Follow-up assessments were conducted at 6 weeks and 6 months post-intervention.

Results:

Both conditions resulted in statistically significant reductions in quantity and frequency of alcohol use as well as frequency of binge drinking and alcohol-related consequences. Within-group effect sizes (d s) were in the small to medium range (.21–.55) for quantity and frequency of alcohol use. There were no statistically significant Condition \times Time interactions, suggesting that both interventions were similarly effective. PTSD and non-PTSD veterans responded equally well to both interventions, but veterans with PTSD assigned to feedback plus motivational interviewing reported greater reductions in weekly drinking at the 6-week follow-up.

Conclusions:

These findings suggest that brief interventions for alcohol misuse may be effective for reducing drinking, even in an Operation Enduring Freedom/Operation Iraqi Freedom veteran population with a high degree of PTSD. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.sciencedirect.com/science/article/pii/S1077722914000492>

An Evidence-Based Approach to Managing Suicidal Patients in the Patient-Centered Medical Home.

Craig J. Bryan, Kent A. Corso, Jennifer Macalanda

Cognitive and Behavioral Practice

Available online 29 April 2014

Primary care is a critical setting for suicide prevention because it is often the first and only

source of mental health care for the U.S. general population. It is also important because suicidal patients report a greater number of somatic complaints and make more frequent medical visits compared to nonsuicidal patients. Models for managing suicide within primary care have recently arisen, yet no models have been proposed for use within the patient-centered medical home (PCMH), a primary care model that integrates behavioral health into its practice. The authors suggest a chronic disease model for the management of suicide risk in the PCMH along with collaborative strategies that may include suicide screening and targeted assessment, warm hand-offs, cognitive-behavioral interventions, routine collaborative medication management, and means restriction counseling. The current paper advises how those within the PCMH can adapt and implement evidence-based practices to manage suicide. Finally, the authors discuss a case example illustrating these evidence-based and collaborative methods.

<http://www.sciencedirect.com/science/article/pii/S1047279714001471>

Mental illness and reduction of gun violence and suicide: Bringing epidemiological research to policy.

Jeffrey W. Swanson, E. Elizabeth McGinty, Seena Fazel, Vickie M. Mays

Annals of Epidemiology

Available online 29 April 2014

Purpose

This article describes epidemiological evidence concerning risk of gun violence and suicide linked to psychiatric disorders, in contrast to media-fueled public perceptions of the dangerousness of mentally ill individuals, and evaluates effectiveness of policies and laws designed to prevent firearms injury and mortality associated with serious mental illnesses and substance use disorders.

Methods

Research concerning public attitudes towards persons with mental illness is reviewed and juxtaposed with evidence from benchmark epidemiological and clinical studies of violence and mental illness and of the accuracy of psychiatrists' risk assessments. Selected policies and laws designed to reduce gun violence in relation to mental illness are critically evaluated; evidence-based policy recommendations are presented.

Results

Media accounts of mass shootings by disturbed individuals galvanize public attention and reinforce popular belief that mental illness often results in violence. Epidemiological studies show that the large majority of people with serious mental illnesses are never violent. However,

mental illness is strongly associated with increased risk of suicide, which accounts for over half of US firearms-related fatalities.

Conclusion

Policymaking at the interface of gun violence prevention and mental illness should be based on epidemiological data concerning risk, to improve the effectiveness, feasibility, and fairness of policy initiatives.

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9247493>

Spiritual distress of military veterans at the end of life.

Bei-Hung Chang, Nathan R Stein, Lara M Skarf

Palliative and Supportive Care / FirstView Article pp 1-5

Published online: 28 April 2014

Objective:

Although combat experiences can have a profound impact on individuals' spirituality, there is a dearth of research in this area. Our recent study indicates that one unique spiritual need of veterans who are at the end of life is to resolve distress caused by combat-related events that conflict with their personal beliefs. This study sought to gain an understanding of chaplains' perspectives on this type of spiritual need, as well as the spiritual care that chaplains provide to help veterans ease this distress.

Method:

We individually interviewed five chaplains who have provided spiritual care to veterans at the end of life in a Veterans Administration hospital. The interviews were recorded, transcribed, and analyzed based on "grounded theory."

Results:

Chaplains reported that they frequently encounter veterans at the end of life who are still suffering from thoughts or images of events that occurred during their military career. Although some veterans are hesitant to discuss their experiences, chaplains reported that they have had some success with helping the veterans to open up. Additionally, chaplains reported using both religious (e.g., confessing sins) and nonreligious approaches (e.g., recording military experience) to help veterans to heal.

Significance of results:

Our pilot study provides some insight into the spiritual distress that many military veterans may be experiencing, as well as methods that a chaplain can employ to help these veterans. Further

studies are needed to confirm our findings and to examine the value of integrating the chaplain service into mental health care for veterans.

<http://psycnet.apa.org/psycinfo/2014-15161-001/>

Basic sleep and circadian science as building blocks for behavioral interventions: A translational approach for mood disorders.

Asarnow, Lauren D.; Soehner, Adriane M.; Harvey, Allison G.

Behavioral Neuroscience, Apr 28 , 2014

Sleep and circadian functioning has been of particular interest to researchers focused on improving treatments for psychiatric illness. The goal of the present paper is to highlight the exciting research that utilizes basic sleep and circadian science as building blocks for intervention in the mood disorders. The reviewed evidence suggests that the sleep and circadian systems are a) disrupted in the mood disorders and linked to symptoms, b) open systems that can be modified, c) the focus of interventions which have been developed to effectively treat sleep disturbance within mood disorders, and d) intimately linked with mood, such that improvements in sleep are associated with improvements in mood. Although significant positive treatment effects are evident, more research is needed to fill the gap in our basic understanding of the relationship between sleep and mood. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

<http://www.dovepress.com/discharged-from-a-mental-health-admission-ward-is-it-safe-to-go-home-a-peer-reviewed-article-PRBM>

Discharged from a mental health admission ward: is it safe to go home? A review on the negative outcomes of psychiatric hospitalization.

Loch AA

Psychology Research and Behavior Management

Published Date April 2014 Volume 2014:7

Pages 137 - 145

Before psychiatry emerged as a medical discipline, hospitalizing individuals with mental disorders was more of a social stigmatizing act than a therapeutic act. After the birth of the mental health disciplines, psychiatric hospitalization was legitimized and has proven to be

indispensable, preventing suicides and helping individuals in need. However, despite more than a century passing since this legitimization occurred, psychiatric hospitalization remains a controversial issue. There is the question of possible negative outcomes after a psychiatric admission ceases to take its protective effect, and even of whether the psychiatric admission itself is related to a negative setback after discharge. This review aims to summarize some of the most important negative outcomes after discharge from a psychiatric institution. These experiences were organized into two groups: those after a brief psychiatric hospitalization, and those after a long-stay admission. The author further suggests possible ways to minimize these adversities, emphasizing the need of awareness related to this important issue.

<http://jghcs.info/index.php/l/article/viewFile/287/254>

Restless Legs Syndrome and the Law.

Jerrod Brown, Auburn Jimenez, Matthew Krasowski, Janae Olson, Janina Wresh, Erv Weinkauff, Pamela Oberoi, & Gennae Falconer

Journal of Law Enforcement

Vol. 3, No. 5

Restless legs syndrome or RLS is a common neurological disorder prevalent in both adults and children and is often detrimental to regulatory sleep processes. RLS is subdivided into primary/idiopathic RLS and secondary RLS that is due to a related medical condition. Risk factors associated with the development of RLS include: pregnancy, iron deficiency, genetic heritability, and Attention Deficit Hyperactivity Disorder (ADHD). Additionally, RLS has high comorbidity with periodic limb movements during sleep (PLMS), insomnia, and nocturnal eating. Iron replacement and behavior therapy can be successful treatment approaches initially; however drug therapy (e.g., dopaminergic agents, opiates, and antiepileptic medications, and benzodiazepine receptor agonists) can be used in severe cases of RLS. The long-term prognosis of idiopathic RLS is not fatal; however, chronic secondary RLS can exacerbate associated medical conditions and present significant health risks. The symptoms of RLS have not been presented as detrimental to individual judgment and/or psyche. Thus, the Court has maintained the position that individuals with RLS are liable for any and all committed offenses.

<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.835757>

A Model for Assessing the Impact of Combat-Related Deployments on U.S. Army Spouses.

R. Blaine Everson, Joseph R. Herzog, Charles R. Figley, James D. Whitworth

Journal of Human Behavior in the Social Environment

Vol. 24, Iss. 4, 2014

Cognitive appraisal and coping theory were used to examine parental stress, family stress, and personal stress among wives of deployed soldiers. A random sample of wives of U.S. Army personnel deployed to Iraq provided evidence that length of deployment, rank of deployed soldier, and number of previous deployments, impacted these wives during deployments. Results suggest that rank of deployed soldiers and number of deployments influenced the spouse's perception of family stress; whereas rank and length of the deployment influenced her experience of parental stress. All three factors served as indicators of the personal stress experienced during deployments by these wives.

<http://journals.psychiatryonline.org/article.aspx?articleid=1864726>

Engaging U.S. Veterans With PTSD in Online Therapy.

Michelle Burke Parish, M.A.; Michelle Apperson, M.D., Ph.D.; Peter M. Yellowlees, M.B.B.S., M.D.

Psychiatric Services, VOL. 65, No. 5

Approximately one-quarter of combat veterans meet diagnostic criteria for posttraumatic stress disorder (PTSD), and many more struggle at subclinical levels. Many service men and women experiencing PTSD symptoms are reluctant to engage in treatment, and nontraditional online health care pathways have been proposed as a possible solution.

<http://journals.psychiatryonline.org/article.aspx?articleid=1867570>

PTSD Treatment for Soldiers After Combat Deployment: Low Utilization of Mental Health Care and Reasons for Dropout.

Charles W. Hoge, M.D.; Sasha H. Grossman, B.A.; Jennifer L. Auchterlonie, M.S.; Lyndon A. Riviere, Ph.D.; Charles S. Milliken, M.D.; Joshua E. Wilk, Ph.D.

Psychiatric Services 2014

Objective

Limited data exist on the adequacy of treatment for posttraumatic stress disorder (PTSD) after combat deployment. This study assessed the percentage of soldiers in need of PTSD treatment, the percentage receiving minimally adequate care, and reasons for dropping out of care.

Methods

Data came from two sources: a population-based cohort of 45,462 soldiers who completed the Post-Deployment Health Assessment and a cross-sectional survey of 2,420 infantry soldiers after returning from Afghanistan (75% response rate).

Results

Of 4,674 cohort soldiers referred to mental health care at a military treatment facility, 75% followed up with this referral. However, of 2,230 soldiers who received a PTSD diagnosis within 90 days of return from Afghanistan, 22% had only one mental health care visit and 41% received minimally adequate care (eight or more encounters in 12 months). Of 229 surveyed soldiers who screened positive for PTSD (PTSD Checklist score ≥ 50), 48% reported receiving mental health treatment in the prior six months at any health care facility. Of those receiving treatment, the median number of visits in six months was four; 22% had only one visit, 52% received minimally adequate care (four or more visits in six months), and 24% dropped out of care. Reported reasons for dropout included soldiers feeling they could handle problems on their own, work interference, insufficient time with the mental health professional, stigma, treatment ineffectiveness, confidentiality concerns, or discomfort with how the professional interacted.

Conclusions

Treatment reach for PTSD after deployment remains low to moderate, with a high percentage of soldiers not accessing care or not receiving adequate treatment. This study represents a call to action to validate interventions to improve treatment engagement and retention.

http://works.bepress.com/cgi/viewcontent.cgi?article=1001&context=ariel_martinez

Discharged Under the Rainbow: Military Masculinities and Don't Ask, Don't Tell

Ariel M. Martinez, Bard College

Senior Project Submitted to The Division of Social Studies

2014

Military masculinity holds a particularly valorized place within United States' society as being the archetypal symbol and incarnation of the most extreme version of masculinity. This can be characterized both behaviorally and historically by the desire to attain the "warrior ideal", which

is upheld and perpetuated by glorifying those who embody idealized traits such as being “independent, disciplined, strong willed, physically imposing, and above all masculine” which create the perfect soldier or warrior (Howard III & Prividera, 2006). As a way of rectifying the warrior identity, all traits typically associated with masculinity are celebrated and traits that have represented femininity such as physical weakness, the displaying of emotion, nurturing tendencies or passivity are villainized. Through this dichotomy, anything “feminine” becomes seen as antithetical to the military’s inherent masculine essence, and in turn, self. Anything that could be construed as effeminate or emasculating ends up falling under the large umbrella of being detrimental to how others perceive one’s masculinity. This includes homosexuality, which is deemed a behavior reserved for ‘faggots’, and is framed as adverse to the heterosexuality inherent within the “warrior ideal” (Howard III & Prividera, 2006). Soldiers must maintain the image of the heterosexual to reaffirm that they are able to “...attain masculine status by showing that they are not-feminine, not- weak, not-queer, not-emotional” (Belkin, 2012, p. 26). The sexual deviation away from heterosexuality in theory ends up serving as a binary, which dictates masculinity: straight equals masculine, gay equals feminine. However, while this binary seems easy enough, the reality of how we conceptualize and articulate sexuality is the result of a much more convoluted tension between behavior and identity.

The following pages contain an analysis of the relationship that exists between homosexuality and the military. Using David Campbell’s “Imagining America”, I look at how the identity of America has been projected, and argue that the identity itself is built on a process of an othering dichotomy, of who is included in the “us”, when we construct a “them” or an other in opposition. I use this us/them binary to analyze the relationship between the military and homosexuality, as the military represents the majority of the American “us”, and homosexuals being the deviant, villainized “them”. I begin by assembling a thematic historical overview in section one that looks at the legal sanctions taken against sodomy and homosexuality. I examine the physiological traits that have been assigned to be indicative of effeminacy and homosexuality, like wide hips and sloping shoulders, to the point where these traits were looked for in potential recruits, in order to protect the heterosexuality of the military itself. This shows how the corporeal reality of the body is politicized, as “the body of the soldier has come to signify the notion and national security in particularly intensified ways” (Belkin, 2012, p. 36).

<http://www.ncbi.nlm.nih.gov/pubmed/24790269>

Sleep. 2014 May 1;37(5):911-7. doi: 10.5665/sleep.3658.

Eveningness and insomnia: independent risk factors of nonremission in major depressive disorder.

Chan JW, Lam SP, Li SX, Yu MW, Chan NY, Zhang J, Wing YK.

BACKGROUND:

It is unclear whether there is an association between chronotype and nonremission of depression, and whether the association is related to the confounding effect of insomnia.

METHOD:

A cohort of patients with major depressive disorder were assessed for chronotype (by Morningness-Eveningness Questionnaire [MEQ]), depressive symptoms, insomnia severity and clinical outcomes in a naturalistic follow-up study.

RESULTS:

Of the 253 recruited subjects (age 50.8 ± 10.2 y; female: 82.6%; response rate 90.0%), 19.4%, 56.1% and 24.5% patients were classified as eveningness, intermediate, and morningness, respectively. Evening-type subjects had higher insomnia severity, more severe depressive symptoms, and higher suicidality. Eveningness was associated with nonremission of depression with an odds ratio (OR) of 3.36 (95% confidence interval [CI] 1.35-8.34, $P < 0.01$), independent of insomnia severity. In addition, insomnia was an independent significant factor in contributing to nonremission of depression (OR = 1.12; 95% CI 1.05-1.19, $P < 0.001$).

CONCLUSION:

The independent association of eveningness with nonremission of depression suggested a significant underpinning of circadian involvement in major depressive disorder. Our findings support the need for a comprehensive assessment of sleep and circadian disturbances as well as integration of sleep and chronotherapeutic intervention in the management of depression.

<http://www.ncbi.nlm.nih.gov/pubmed/24790267>

Sleep. 2014 May 1;37(5):893-900. doi: 10.5665/sleep.3654.

Cortical gamma-aminobutyric Acid and glutamate in posttraumatic stress disorder and their relationships to self-reported sleep quality.

Meyerhoff DJ, Mon A, Metzler T, Neylan TC.

STUDY OBJECTIVES:

To test if posttraumatic stress disorder (PTSD) is associated with low brain gamma-aminobutyric acid (GABA) levels and if reduced GABA is mediated by poor sleep quality.

DESIGN:

Laboratory study using in vivo proton magnetic resonance spectroscopy (1H MRS) and behavioral testing.

SETTING:

VA Medical Center Research Service, Psychiatry and Radiology.

PATIENTS OR PARTICIPANTS:

Twenty-seven patients with PTSD (PTSD+) and 18 trauma-exposed controls without PTSD (PTSD-), recruited from United States Army reservists, Army National Guard, and mental health clinics.

INTERVENTIONS:

None.

MEASUREMENTS AND RESULTS:

1H MRS at 4 Tesla yielded spectra from three cortical brain regions. In parieto-occipital and temporal cortices, PTSD+ had lower GABA concentrations than PTSD-. As expected, PTSD+ had higher depressive and anxiety symptom scores and a higher Insomnia Severity Index (ISI) score. Higher ISI correlated with lower GABA and higher glutamate levels in parieto-occipital cortex and tended to correlate with lower GABA in the anterior cingulate. The relationship between parieto-occipital GABA and PTSD diagnosis was fully mediated through insomnia severity. Lower N-acetylaspartate and glutamate concentrations in the anterior cingulate cortex correlated with higher arousal scores, whereas depressive and anxiety symptoms did generally not influence metabolite concentrations.

CONCLUSIONS:

Low brain gamma-aminobutyric acid (GABA) concentration in posttraumatic stress disorder (PTSD) is consistent with most findings in panic and social anxiety disorders. Low GABA associated with poor sleep quality is consistent with the hyperarousal theory of both primary insomnia and PTSD. Our data demonstrate that poor sleep quality mediates low parieto-occipital GABA in PTSD. The findings have implications for PTSD treatment approaches.

<http://www.ncbi.nlm.nih.gov/pubmed/24788253>

Psychiatr Serv. 2014 May 1. doi: 10.1176/appi.ps.201300307. [Epub ahead of print]

PTSD Treatment for Soldiers After Combat Deployment: Low Utilization of Mental Health Care and Reasons for Dropout.

Hoge CW, Grossman SH, Auchterlonie JL, Riviere LA, Milliken CS, Wilk JE.

OBJECTIVE

Limited data exist on the adequacy of treatment for posttraumatic stress disorder (PTSD) after combat deployment. This study assessed the percentage of soldiers in need of PTSD treatment, the percentage receiving minimally adequate care, and reasons for dropping out of care.

METHODS

Data came from two sources: a population-based cohort of 45,462 soldiers who completed the Post-Deployment Health Assessment and a cross-sectional survey of 2,420 infantry soldiers after returning from Afghanistan (75% response rate).

RESULTS

Of 4,674 cohort soldiers referred to mental health care at a military treatment facility, 75% followed up with this referral. However, of 2,230 soldiers who received a PTSD diagnosis within 90 days of return from Afghanistan, 22% had only one mental health care visit and 41% received minimally adequate care (eight or more encounters in 12 months). Of 229 surveyed soldiers who screened positive for PTSD (PTSD Checklist score ≥ 50), 48% reported receiving mental health treatment in the prior six months at any health care facility. Of those receiving treatment, the median number of visits in six months was four; 22% had only one visit, 52% received minimally adequate care (four or more visits in six months), and 24% dropped out of care. Reported reasons for dropout included soldiers feeling they could handle problems on their own, work interference, insufficient time with the mental health professional, stigma, treatment ineffectiveness, confidentiality concerns, or discomfort with how the professional interacted.

CONCLUSIONS

Treatment reach for PTSD after deployment remains low to moderate, with a high percentage of soldiers not accessing care or not receiving adequate treatment. This study represents a call to action to validate interventions to improve treatment engagement and retention.

<http://www.ncbi.nlm.nih.gov/pubmed/24786361>

J Anxiety Disord. 2014 Apr 15;28(4):358-362. doi: 10.1016/j.janxdis.2014.04.002. [Epub ahead of print]

Changes in trauma-potentiated startle with treatment of posttraumatic stress disorder in combat Veterans.

Robison-Andrew EJ, Duval ER, Nelson CB, Echiverri-Cohen A, Giardino N, Defever A, Norrholm SD, Jovanovic T, Rothbaum BO, Liberzon I, Rauch SA.

Emotional Processing Theory proposes that habituation to trauma-related stimuli is an essential component of PTSD treatment. However, the mechanisms underlying treatment-related habituation are not well understood. We examined one psychophysiological measure that holds potential for elucidating the biological processes involved in treatment response: trauma-potentiated startle response. Seventeen OEF/OIF combat Veterans participated in the study and completed three assessments using a trauma-potentiated startle paradigm over PTSD

treatment. Results revealed different patterns of trauma-potentiated startle across treatment for responders and nonresponders, but no differences in within task habituation. Responders showed an increase followed by a decrease in trauma-potentiated startle, whereas nonresponders showed a relatively flat response profile. Results suggested that PTSD patients who engage with emotional content as demonstrated by greater startle reactivity may be more likely to respond to PTSD treatment. Furthermore, trauma-potentiated startle shows promise as an objective measure of psychophysiological responses involved in PTSD recovery. Copyright © 2014. Published by Elsevier Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24780136>

Sleep Med. 2014 Feb 15. pii: S1389-9457(13)02025-X. doi: 10.1016/j.sleep.2013.10.011. [Epub ahead of print]

The structured Diagnostic Interview for Sleep Patterns and Disorders: rationale and initial evaluation.

Merikangas KR, Zhang J, Emsellem H, Swanson SA, Vgontzas A, Belouad F, Blank MM, Chen W, Einen M, He JP, Heaton L, Nakamura E, Rooholamini S, Mignot E.

OBJECTIVES:

We aimed to describe and report the initial validity of a newly developed structured interview for sleep disorders (Diagnostic Interview for Sleep Patterns and Disorders [DISP]) administered by trained lay interviewers.

METHODS:

A total of 225 patients with various sleep disorders were recruited from two nationally recognized sleep centers in the United States. The International Classification of Sleep Disorders, second edition (ICSD-2) criteria, were used to classify sleep disorders (e.g., delayed sleep phase disorder, hypersomnia, narcolepsy with cataplexy [NC], restless legs syndrome [RLS], periodic limb movement disorder [PLMD], insomnia, rapid eye movement sleep behavior disorder [RBD], and obstructive sleep apnea [OSA]). Interview diagnoses were compared with final diagnoses by sleep specialists (reference diagnosis based on clinical history, examination, and polysomnography [PSG] when indicated).

RESULTS:

DISP diagnoses had fair to substantial concordance with clinician diagnoses for various sleep disorders, with area under the receiver operator characteristic curves (AUC) ranging from 0.65 to 0.84. Participants classified by the clinician as having a sleep disorder were moderately well-detected (sensitivity ranging from 0.50 for RBD disorder to 0.87 for insomnia). Substantial specificity (>0.8) also was seen for five of the eight sleep disorders (i.e., delayed sleep phase,

hypersomnia, NC, PLMD, and RBD). Interviews were more likely than clinicians to detect disorders secondary to the primary sleep problem.

CONCLUSIONS:

The DISP provides an important tool for the detection of a wide range of sleep disorders in clinical settings and is particularly valuable in the detection of secondary disorders that were not the primary referral diagnosis.

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<http://www.ncbi.nlm.nih.gov/pubmed/24781649>

Demography. 2014 Apr 30. [Epub ahead of print]

Home Front: Post-Deployment Mental Health and Divorces.

Negrusa B, Negrusa S.

Since 2003, about 14 % of U.S. Army soldiers have reported symptoms of posttraumatic stress disorder (PTSD) following deployments. In this article, we examine how post-deployment symptoms of PTSD and of other mental health conditions are related to the probability of divorce among married active-duty U.S. Army soldiers. For this purpose, we combine Army administrative individual-level longitudinal data on soldiers' deployments, marital history, and sociodemographic characteristics with their self-reported post-deployment health information. Our estimates indicate that time spent in deployment increases the divorce risk among Army enlisted personnel and that PTSD symptoms are associated with further increases in the odds of divorce. Although officers are generally less likely to screen positive for PTSD than enlisted personnel, we find a stronger relationship between PTSD symptoms and divorces among Army officers who are PTSD-symptomatic than among enlisted personnel. We estimate a larger impact of deployments on the divorce risk among female soldiers, but we do not find a differential impact of PTSD symptoms by gender. Also, we find that most of the effect of PTSD symptoms occurs early in the career of soldiers who deploy multiple times.

<http://www.ncbi.nlm.nih.gov/pubmed/24795583>

Front Behav Neurosci. 2014 Apr 24;8:131. eCollection 2014.

Episodic Memories in Anxiety Disorders: Clinical Implications.

Zlomuzica A, Dere D, Machulska A, Adolph D, Dere E, Margraf J.

The aim of this review is to summarize research on the emerging role of episodic memories in the context of anxiety disorders (AD). The available literature on explicit, autobiographical, and episodic memory function in AD including neuroimaging studies is critically discussed. We describe the methodological diversity of episodic memory research in AD and discuss the need for novel tests to measure episodic memory in a clinical setting. We argue that alterations in episodic memory functions might contribute to the etiology of AD. We further explain why future research on the interplay between episodic memory function and emotional disorders as well as its neuroanatomical foundations offers the promise to increase the effectiveness of modern psychological treatments. We conclude that one major task is to develop methods and training programs that might help patients suffering from AD to better understand, interpret, and possibly actively use their episodic memories in a way that would support therapeutic interventions and counteract the occurrence of symptoms.

<http://www.ncbi.nlm.nih.gov/pubmed/24792719>

Drug Discov Today. 2014 Apr 29. pii: S1359-6446(14)00151-2. doi: 10.1016/j.drudis.2014.04.014. [Epub ahead of print]

Melatonin: functions and ligands.

Singh M, Jadhav HR

Melatonin is a chronobiotic substance that acts as synchronizer by stabilizing bodily rhythms. Its synthesis occurs in various locations throughout the body, including the pineal gland, skin, lymphocytes and gastrointestinal tract (GIT). Its synthesis and secretion is controlled by light and dark conditions, whereby light decreases and darkness increases its production. Thus, melatonin is also known as the 'hormone of darkness'. Melatonin and analogs that bind to the melatonin receptors are important because of their role in the management of depression, insomnia, epilepsy, Alzheimer's disease (AD), diabetes, obesity, alopecia, migraine, cancer, and immune and cardiac disorders. In this review, we discuss the mechanism of action of melatonin in these disorders, which could aid in the design of novel melatonin receptor ligands.

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<http://www.ncbi.nlm.nih.gov/pubmed/24791643>

Sleep Med. 2014 Mar 12. pii: S1389-9457(14)00093-8. doi: 10.1016/j.sleep.2014.03.001.

Attribution, cognition and psychopathology in persistent insomnia disorder: outcome and mediation analysis from a randomized placebo-controlled trial of online cognitive behavioural therapy.

Espie CA, Kyle SD, Miller CB, Ong J, Hames P, Fleming L.

OBJECTIVES:

Insomnia patients complain that mental events keep them awake. This study investigates how cognitive behavioural therapy (CBT) affects such events and considers how attributional, cognitive and psychopathological symptoms may mediate sleep improvement.

METHOD:

A pragmatic, parallel-group randomized controlled trial of 164 adults (120 F: (mean 49years (18-78years)) meeting Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria for insomnia disorder, assigned to CBT (n=55; 40 F), imagery relief therapy (IRT placebo; n=55; 42 F), or treatment as usual (TAU; n=54; 38 F), was conducted. CBT/IRT comprised six online sessions delivered by an animated therapist, with automated web/e-mail support. CBT users had access to a moderated community. TAU comprised 'usual care'. Participants completed the Sleep Disturbance Questionnaire (SDQ), Glasgow Content of Thoughts Inventory (GCTI), Depression Anxiety and Stress Scales (DASS) and Sleep Condition Indicator (SCI) at baseline, post treatment and 8-week follow-up.

RESULTS:

The sample was characterised by mental arousal, notably 'trying too hard' to sleep (SDQ), and by 'sleep and sleeplessness' and 'rehearsal and planning' thoughts (GCTI). Treatment effects were observed for all SDQ domains (e.g., CBT vs. IRT: $d=0.76$ for 'trying too hard'). CBT was also superior to IRT on the GCTI (e.g., 'rehearsal and planning', $d=0.62$; 'sleep and sleeplessness', $d=0.74$). CBT vs. TAU comparisons yielded larger effects, whereas placebo effects (IRT vs. TAU) were small to moderate. Hierarchical regression demonstrated partial mediation of SCI improvement by attributional and cognitive factors ($R^2=21-27\%$) following CBT. Improvement in sleep efficiency appears to be independent of such factors.

CONCLUSION:

Online CBT modifies sleep-related attributions, night-time thought content and psychopathology. This process partly mediates improvement in DSM-5-defined insomnia.

<http://www.tandfonline.com/doi/abs/10.1080/10550887.2014.909702>

Comparing life experiences in active addiction and recovery between veterans and non-veterans: A national study.

Alexandre Laudet, Christine Timko, Thomas Hill

Journal of Addictive Diseases

Published online: 30 Apr 2014

The costs of addiction are well documented but the potential benefits of recovery are less well known. Similarly, substance use issues among both active duty military personnel and veterans are well known but their recovery experiences remain under-investigated. Further, little is known about whether and how addiction and recovery experiences differ between veterans and non veterans. This knowledge can help refine treatment and recovery support services. Capitalizing on a national study of persons in recovery (N = 3,208) we compare addiction and recovery experiences among veterans (N = 481) and non veterans. Vets' addiction phase was 4 years longer than non vets and they experienced significantly more financial and legal problems. Dramatic improvements in functioning were observed across the board in recovery with subgroup differences leveling off. We discuss possible strategies to address the specific areas where vets are most impaired in addiction and note study limitations including the cross-sectional design.

<http://www.tandfonline.com/doi/abs/10.1080/15555240.2014.899187>

U.S. Naval and Marine Corps Occupations, Posttraumatic Stress Disorder, Depression Risk, and Absenteeism.

Timothy S. Wells, Melissa E. Bagnell, Shannon C. Miller, Tyler C. Smith, Gary D. Gackstetter, Edward J. Boyko

Journal of Workplace Behavioral Health

Vol. 29, Iss. 2, 2014

Little is known of the association between military occupation and posttraumatic stress disorder (PTSD) or depression and the relations between these conditions and lost workdays. The objective of this study was to determine if military occupation is associated with PTSD or depression. A secondary objective was to determine if PTSD or depression was associated with lost workdays. Occupations for U.S. Navy and Marine Corps personnel were classified according to Department of Defense definitions. The 17-item PTSD Checklist-Civilian version was used to assess PTSD, whereas depression status was assessed using the nine-item Patient Health Questionnaire. Navy personnel in service and supply occupations were at greater odds of reporting PTSD, whereas those serving in health care were at greater odds of reporting depression. Individuals reporting new-onset or persistent PTSD or depression had about twice the odds of reporting lost workdays. PTSD and depression were positively associated with lost workdays, suggesting that early identification and management of these conditions may improve readiness.

<http://www.tandfonline.com/doi/abs/10.1080/15555240.2014.898568>

Behavioral Health Interventions in the Fire Service: Stories from the Firehouse.

Sara A. Jahnke, Richard Gist, Walker S. Carlos Poston, Christopher K. Haddock

Journal of Workplace Behavioral Health

Vol. 29, Iss. 2, 2014

Firefighters face a number of occupational risks including the impact of being exposed to traumatic experiences. Critical incident stress debriefing (CISD) was previously introduced as a viable option for intervention postincident; however, concern has been raised about the efficacy of such debriefings. This study uses focus groups and key informant interviews with a national sample of firefighters to examine firefighters' perceptions about behavioral health interventions. Although some firefighters reported positive experiences with CISD, other personnel reported finding the intervention intrusive and reported feeling more distressed after the intervention than before. Personnel reported experiencing benefits from peer support and using the crew for bonding after negative incidents as particularly useful. Findings suggest that while components (e.g., peer debriefing) of CISD may be useful, caution is warranted in employing the CISD model as designed.

<http://www.ncbi.nlm.nih.gov/pubmed/24803147>

J Trauma Dissociation. 2014;15(3):254-70. doi: 10.1080/15299732.2013.834862.

Main and Interactive Effects of Anxiety Sensitivity and Physical Distress Intolerance with Regard to PTSD Symptoms Among Trauma-Exposed Smokers.

Farris SG, Vujanovic AA, Hogan J, Schmidt NB, Zvolensky MJ

The present study examined the roles of anxiety sensitivity (AS; the tendency to misinterpret physical internal sensations of harmful) and distress tolerance (the capacity to tolerate aversive stimuli) in terms of the expression of posttraumatic stress disorder (PTSD) symptoms among a sample of trauma-exposed, treatment-seeking tobacco smokers (n = 137; Mage = 37.7 years, 48.2% female). It was hypothesized that higher AS and lower physical distress tolerance would interact to predict greater PTSD avoidance and hyperarousal symptoms. Results were partially consistent with this prediction. Specifically, there was a significant interactive effect of AS by physical distress tolerance in terms of PTSD hyperarousal symptom cluster severity. The form of the interaction was in the expected direction, with the highest levels of PTSD hyperarousal symptoms reported among smokers with higher levels of AS and a lower capacity to tolerate

physical distress. Findings underscore the importance of considering AS and physical distress tolerance in terms of better understanding mechanisms underlying the expression of PTSD symptoms among trauma-exposed smokers.

<http://www.ncbi.nlm.nih.gov/pubmed/24798772>

Int J Geriatr Psychiatry. 2014 May 5. doi: 10.1002/gps.4139. [Epub ahead of print]

Binge drinking and insomnia in middle-aged and older adults: the Health and Retirement Study.

Canham SL, Kaufmann CN, Mauro PM, Mojtabai R, Spira AP

OBJECTIVE:

Alcohol use in later life has been linked to poor sleep. However, the association between binge drinking, which is common among middle-aged and older adults, and insomnia has not been previously assessed.

METHODS:

We studied participants aged 50 years and older (n = 6027) from the 2004 Health and Retirement Study who reported the number of days they had ≥ 4 drinks on one occasion in the prior 3 months. Participants also reported the frequency of four insomnia symptoms. Logistic regression analyses assessed the association between binge drinking frequency and insomnia.

RESULTS:

Overall, 32.5% of participants had >0 to ≤ 2 binge drinking days/week; and 3.6% had >2 binge drinking days/week. After adjusting for demographic variables, medical conditions, body mass index, and elevated depressive symptoms, participants who binged >2 days/week had a 64% greater odds of insomnia than non-binge drinkers (adjusted odds ratio [aOR] = 1.64, 95% confidence interval [CI] = 1.09-2.47, $p = 0.017$). Participants reporting >0 to ≤ 2 binge days/week also had a 35% greater odds of insomnia than non-binge drinkers (aOR = 1.35, 95% CI = 1.15-1.59, $p = 0.001$). When smoking was added to the regression model, these associations fell just below the level of significance.

CONCLUSIONS:

Results suggest that binge drinking is associated with a greater risk of insomnia among adults aged 50 years and older, although this relationship may be driven in part by current smoking behavior. The relatively high prevalence of both binge drinking and sleep complaints among middle-aged and older populations warrants further investigation into binge drinking as a potential cause of late-life insomnia. Copyright © 2014 John Wiley & Sons, Ltd.

<http://www.ncbi.nlm.nih.gov/pubmed/24796870>

Suicide Life Threat Behav. 2014 May 5. doi: 10.1111/sltb.12098. [Epub ahead of print]

PTSD Symptom Clusters Are Differentially Associated with Components of the Acquired Capability for Suicide.

Zuromski KL, Davis MT, Witte TK, Weathers F, Blevins C

Previous research has established the link between posttraumatic stress disorder (PTSD) and suicidal behavior. In the current study, constructs proposed to explain this relationship were examined, applying the framework of the interpersonal-psychological theory of suicide (IPTS). Relationships between acquired capability for suicide (ACS; i.e., fearlessness about death [FAD] and pain tolerance) and specific PTSD symptom clusters were explored. In a sample of 334 trauma-exposed undergraduates, anxious arousal and FAD were negatively associated, and numbing and pain tolerance were positively associated. Results establish a foundation for investigating the role of ACS in understanding observed relationships between suicidal behavior and PTSD symptoms. © 2014 The American Association of Suicidology.

<http://www.ncbi.nlm.nih.gov/pubmed/24693599>

Health Soc Work. 2014 Feb;39(1):7-15.

Increasing military social work knowledge: an evaluation of learning outcomes.

Forgey MA, Young SL

Service members and veterans face a myriad of health, mental health, and social challenges stemming from the combat and operational stressors experienced during deployment and the challenges of reintegration to civilian life. To intervene effectively with this population, social workers must be knowledgeable about these issues and the cultural context within which they occur. Although schools of social work across the country are developing course work in military social work, little is known about the learning outcomes of these courses. This article describes a military social work course that was developed to increase student preparedness to work with a military or veteran population and the learning outcomes achieved. Using a quasi-experimental pre-post design, this study compared the learning outcomes of students enrolled in the course with a group of students who had not taken the course. To measure this knowledge, the authors developed a 50-item Military Social Work Knowledge Scale for the study. Significant differences between pre- and posttest scores were found for the social work students enrolled in the course. Specific areas of knowledge that increased for the class

participants included knowledge about cultural sensitivity to military populations and knowledge about service and advocacy frameworks.

Links of Interest

Adults at higher risk of suicide attempt if parent abused alcohol, research finds

http://www.eurekalert.org/pub_releases/2014-05/apa-aah050614.php

Acupuncture helping reduce use of pain killers in Army

http://www.army.mil/article/125279/Acupuncture_helping_reduce_use_of_pain_killers_in_Army/

Virtual patients, medical records and sleep queries may help reduce suicide

http://www.eurekalert.org/pub_releases/2014-05/mcoq-vpm050514.php

Your stress is my stress: Observing stress can trigger physical stress response

<http://www.sciencedaily.com/releases/2014/04/140430133143.htm>

Distorted, Negative Thoughts Linked to Suicide Risk

http://www.nlm.nih.gov/medlineplus/news/fullstory_146007.html

The Move From Tricare to Medicare

What Veterans Need to Know About Civilian Benefits

<http://online.wsj.com/news/articles/SB10001424052702304893404579529692385896298>

Adults at Higher Risk of Suicide Attempt if Parent Abused Alcohol, Research Finds

<http://www.apa.org/news/press/releases/2014/05/suicide-alcohol.aspx>

Resource of the Week: [Personal Finance for Military Families](#) (Kiplinger)

Kiplinger, the venerable personal finance publisher, has put together a special section on its website devoted to the money issues of military families. You'll find an assortment of articles, including 10 Best Financial Benefits for Military Families, Preparing Your Finances for Deployment, 10 Financial Tips for Military Families, Best College-Savings Options for Military Families, When to Retire From the Army, and 7 Money Moves for a Smooth Return to Life as a Civilian.

Also available here: a downloadable [Financial Field Manual](#) (PDF) for military families.

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Personal Finance for Military Families



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