



CDP Research Update -- December 13, 2012

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21757/abstract>

Sleep Quality Among U.S. Military Veterans With PTSD: A Factor Analysis and Structural Model of Symptoms.

Babson, K. A., Blonigen, D. M., Boden, M. T., Drescher, K. D. and Bonn-Miller, M. O.

J. Traum. Stress, 25: 665–674.

Poor sleep quality among individuals with posttraumatic stress disorder (PTSD) is associated with poorer prognosis and outcomes. The factor structure of the most commonly employed measure of self-reported sleep quality, the Pittsburgh Sleep Quality Index (PSQI), has yet to be evaluated among

individuals with PTSD. The current study sought to fill this gap among a sample of 226 U.S. military veterans with PTSD (90% with co-occurring mood disorders, 73.5% with substance use disorders). We evaluated the factor structure of the PSQI by conducting an exploratory factor analysis (EFA) in approximately half of the sample (n = 111). We then conducted a second EFA in the other split half (n = 115). Lastly, we conducted a path analysis to investigate the relations between sleep factors and PTSD symptom severity, after accounting for the relation with depression. Results suggested sleep quality can best be conceptualized, among those with PTSD, as a multidimensional construct consisting of 2 factors, Perceived Sleep Quality and Efficiency/Duration. After accounting for the association between both factors and depression, only the Perceived Sleep Quality factor was associated with PTSD ($\beta = .51$). The results provide a recommended structure that improves precision in measuring sleep quality among veterans with PTSD.

<http://ajp.psychiatryonline.org/article.aspx?articleID=1478352>

Sleep Disturbances as the Hallmark of PTSD: Where Are We Now?

Anne Germain, Ph.D.

Am J Psychiatry 2012;: 10.1176/appi.ajp.2012.12040432

The hypothesis that rapid eye movement (REM) sleep disturbances are the hallmark of posttraumatic stress disorder (PTSD), proposed by Ross and colleagues in 1989, has stimulated a wealth of clinical, preclinical, and animal studies on the role of sleep in the pathophysiology of PTSD. The present review revisits this influential hypothesis in light of clinical and experimental findings that have since accumulated. Polysomnographic studies conducted in adults with PTSD have yielded mixed findings regarding REM sleep disturbances, and they generally suggest modest and nonspecific sleep disruptions. Prospective and treatment studies have provided more robust evidence for the relationship between sleep disturbances and psychiatric outcomes and symptoms. Experimental animal and human studies that have probed the relationship between REM sleep and fear responses, as well as studies focused more broadly on sleep-dependent affective and memory processes, also provide strong support for the hypothesis that sleep plays an important role in PTSD-relevant processes. Overall, the literature suggests that disturbed REM or non-REM sleep can contribute to maladaptive stress and trauma responses and may constitute a modifiable risk factor for poor psychiatric outcomes. Clinicians need to consider that the chronic sleep disruption associated with nightmares may affect the efficacy of first-line PTSD treatments, but targeted sleep treatments may accelerate recovery from PTSD. The field is ripe for prospective and longitudinal studies in high-risk groups to clarify how changes in sleep physiology and neurobiology contribute to increased risk of poor psychiatric outcomes.

<http://www.ncbi.nlm.nih.gov/pubmed/23212059?dopt=Abstract>

Am J Psychiatry. 2012 Dec 1;169(12):1284-91. doi: 10.1176/appi.ajp.2012.12050600.

White matter abnormalities in veterans with mild traumatic brain injury.

Jorge RE, Acion L, White T, Tordesillas-Gutierrez D, Pierson R, Crespo-Facorro B, Magnotta VA.

Abstract

OBJECTIVE

It has been estimated that 10%-20% of U.S. veterans of the wars in Iraq and Afghanistan experienced mild traumatic brain injury (TBI), mostly secondary to blast exposure. Diffusion tensor imaging (DTI) may detect subtle white matter changes in both the acute and chronic stages of mild TBI and thus has the potential to detect white matter damage in patients with TBI. The authors used DTI to examine white matter integrity in a relatively large group of veterans with a history of mild TBI.

METHOD

DTI images from 72 veterans of the wars in Iraq and Afghanistan who had mild TBI were compared with DTI images from 21 veterans with no exposure to TBI during deployment. Conventional voxel-based analysis as well as a method of identifying spatially heterogeneous areas of decreased fractional anisotropy ("potholes") were used. Veterans also underwent psychiatric and neuropsychological assessments.

RESULTS

Voxel-based analysis did not reveal differences in DTI parameters between the veterans with mild TBI and those with no TBI. However, the veterans with mild TBI had a significantly higher number of potholes than those without TBI. The difference in the number of potholes was not influenced by age, time since trauma, a history of mild TBI unrelated to deployment, or coexisting psychopathology. The number of potholes was correlated with the severity of TBI and with performance in executive functioning tasks.

CONCLUSIONS

Veterans who had blast-related mild TBI showed evidence of multifocal white matter abnormalities that were associated with severity of the injury and with relevant functional measures. Overall, white matter potholes may constitute a sensitive biomarker of axonal injury that can be identified in mild TBI at acute and chronic stages of its clinical course.

<http://www.ncbi.nlm.nih.gov/pubmed/23211265?dopt=Abstract>

Br J Gen Pract. 2012 Dec;62(605):840-50. doi: 10.3399/bjgp12X659321.

Integrating online communities and social networks with computerised treatment for insomnia: a qualitative study.

Middlemass J, Davy Z, Cavanagh K, Linehan C, Morgan K, Lawson S, Siriwardena AN.

Source: School of Sport, Exercise & Pre-Hospital Health Care, University of Lincoln, Lincoln, UK.

Abstract

BACKGROUND:

Insomnia is a common psychological complaint. Cognitive behavioural therapy for insomnia (CBT-I), although effective, is little used because of lack of trained providers. Computerised CBT-I (CCBT-I) may be a solution to this shortfall in access.

AIM:

To explore patient and health professional perspectives and the role of social networking, to develop a novel CCBT-I programme to increase access to this form of intervention.

DESIGN AND SETTING:

Qualitative methods underpinned by the theory of planned behaviour in primary care in Lincolnshire and Nottinghamshire.

METHOD:

Semi-structured interviews and focus groups with a purposive sample of health professionals and adults with insomnia.

RESULTS:

A total of 23 health professionals and 28 patients were interviewed. Features designed to engender trust and improve functionality were perceived to improve uptake and adherence to CCBT-I. Trust lay in programme accreditation; for professionals, trust derived from evidence of effectiveness; for patients, trust depended on the doctor-patient relationship, professional support, the quality of online peer support, and perceptions of risk. Patients wanted mobile applications; access in short periods; self-assessment; interactive, personalised information on sleep; and moderated contact with other users. Patients and practitioners differed over whether useful information could be distinguished from less useful or potentially incorrect information.

CONCLUSION:

Improving uptake and adherence to online programmes for insomnia requires design features focusing on trust and functionality. Enabling greater patient control and interaction with other users and professionals may stimulate positive experiences of online therapy. CCBT-I would enable greater access to treatment but is limited by lack of online access or poor computer literacy.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21759/abstract>

Impact of Evidence-Based Standardized Assessment on the Disability Clinical Interview for Diagnosis of Service-Connected PTSD: A Cluster-Randomized Trial.

Speroff, T., Sinnott, P. L., Marx, B., Owen, R. R., Jackson, J. C., Greevy, R., Sayer, N., Murdoch, M., Shane, A. C., Smith, J., Alvarez, J., Nwosu, S. K., Keane, T., Weathers, F., Schnurr, P. P. and Friedman, M. J.

Journal of Traumatic Stress

Volume 25, Issue 6, pages 607–615, December 2012

Posttraumatic stress disorder (PTSD) is one of the fastest growing compensated medical conditions. The present study compared usual disability examiner practices for PTSD with a standardized assessment that incorporates evidence-based assessments. The design was a multicenter, cluster randomized, parallel-group study involving 33 clinical examiners and 384 veterans at 6 Veterans Affairs medical centers. The standardized group incorporated the Clinician Administered PTSD Scale and the World Health Organization Disability Assessment Schedule-II into their assessment interview. The main outcome measures were completeness and accuracy of PTSD diagnosis and completeness of functional assessment. The standardized assessments were 85% complete for diagnosis compared to 30% for nonstandardized assessments ($p < .001$), and, for functional impairment, 76% versus 3% ($p < .001$). The findings demonstrate that the quality of PTSD disability examination would be improved by using evidence-based assessment.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2012.00809.x/abstract>

Caring for military spouses in primary care.

Padden, D. and Posey, S. M.

Journal of the American Academy of Nurse Practitioners

Article first published online: 2 DEC 2012

Purpose:

To provide primary care providers with knowledge of unique challenges faced by military families. By understanding how military families cope with military lifestyle and deployment, providers can be more effective in their care of these patients and offer assistance in optimizing their health.

Data sources:

Research articles, World Wide Web search of resources for military families and Department of Defense documents.

Conclusions:

Military families are faced with many challenges and hardships such as frequent geographic relocations, social isolation, periodic deployments and separations, and risk of injury and death. Unique stressors associated with deployment include assumption of single parent role, altered finances, change in social support from family and friends, and concerns for the safety of the service member. Ineffective coping with stressors can manifest both physically and/or psychologically.

Implications for practice:

Healthcare providers should routinely inquire about a patient's possible military affiliation. Military spouses need to be assessed for current stress levels and coping behaviors used in order to provide the most appropriate recommendations and referrals. As healthcare providers, understanding the unique demands of the military lifestyle is necessary to provide effective quality care with optimal health outcomes in this population.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2012.00810.x/abstract>

My military: A navy nurse practitioner's perspective on military culture and joining forces for veteran health.

Cynthia A. Kuehner CDR, NC, USN, MSN, FNP-BC, FAANP (Director, Primary Care)

Journal of the American Academy of Nurse Practitioners

Article first published online: 2 DEC 2012

Purpose:

This article responds to the need for improved integration of veteran health considerations across the broader community. A focus of the Joining Forces initiative is to foster partnerships between veterans and their communities through enhanced education, knowledge, and commitment of resources and support.

Data resources:

Data and resources on known threats to veteran health are widely available in the literature. Personal perspectives on military culture and experience expand the body of knowledge and lead to improved outcomes in both established and evolving care delivery models and best practices for veteran health.

Conclusions:

The need for veteran health care outside of military and Veterans Affairs facilities is vast and expanding. Enhancing resources for health care of veterans is of critical importance. An understanding of military culture offers a basic reference for nonmilitary care providers to consider when providing and facilitating care across the continuum of veterans' health.

Implications for practice:

Nurse practitioners (NPs) are ideal providers of care for veteran and military family healthcare needs. NP practice incorporates cultural sensitivity, prevention strategies, and wellness-focused care while delivering and facilitating optimal patient, family, and community outcomes. The NP will be of critical community value in joining forces for veteran health.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2012.00811.x/abstract>

Mothers going to war: The role of nurse practitioners in the care of military mothers and families during deployment.

Agazio, J., Hillier, S. L., Throop, M., Goodman, P., Padden, D., Greiner, S. and Turner, A.

Journal of the American Academy of Nurse Practitioners

Article first published online: 3 DEC 2012

Purpose:

Many military women are being called to separate from their children to go to war. Most previous research has focused upon paternal, rather than, maternal, separation. The purpose of this article is to describe the experience of military mothers and their children during wartime deployments with clinical implications for nurse practitioners (NPs) in military or community settings.

Data sources:

Using grounded theory methods, 37 active duty and reserve component military women participated in a one-time interview. Included were women who deployed for at least 4 months to Iraq or Afghanistan and had at least one child under the age of 12 during the separation.

Conclusions:

Military families present unique challenges for NPs. Mother deployments offer opportunities for intervention and anticipatory guidance across the trajectory of the separation. Military women's emotional and physical health must be supported before, during, and following deployment.

Implications for practice:

NPs are ideally positioned to support military families. During deployment, the NP's focus may shift to care of the children and their caregiver. Before and at reintegration, NPs are in a key position to intervene early for posttraumatic stress and support family readjustment.

<http://www.ncbi.nlm.nih.gov/pubmed/23203360>

Psychiatr Serv. 2012 Dec 1;63(12):1243-6. doi: 10.1176/appi.ps.201100348.

Outcome of a Randomized Study of a Mental Health Peer Education and Support Group in the VA.

Eisen SV, Schultz MR, Mueller LN, Degenhart C, Clark JA, Resnick SG, Christiansen CL, Armstrong M, Bottonari KA, Rosenheck RA, Sadow D.

Abstract

OBJECTIVES:

Study objectives were to compare mental health outcomes of a peer-led recovery group, a clinician-led recovery group, and usual treatment and to examine the effect of group attendance on outcomes.

METHODS:

The study used a randomized design with three groups: a recovery-oriented peer-led group (Vet-to-Vet), a clinician-led recovery group, and usual treatment. The sample included 240 veterans. Recovery and mental health assessments were obtained at enrollment and three months later. Intention-to-treat analysis using mixed-model regression was performed to examine the effect of the intervention. "As treated" analysis was performed to examine the effect of group attendance.

RESULTS:

There were no statistically significant differences in improvement among the groups. Across groups, depression and functioning, psychotic symptoms, and overall mental health improved significantly. Better group attendance was associated with more improvement.

CONCLUSIONS:

This study adds to the evidence suggesting no short-term incremental benefit (or harm) from peer services beyond usual care.

http://trace.tennessee.edu/utk_graddiss/1400/

It Transforms All of You: Lived Experiences of Partners of Iraq Combat Veterans with Traumatic Brain Injuries.

Laurel Sue Cassidy

PhD diss., University of Tennessee, 2012

Just over two million service men and women have been deployed to the wars in Iraq and Afghanistan over the past ten years. Conservative estimates suggest that nearly one fifth of those deployed sustain a blast induced mild traumatic brain injury (TBI). Nearly half of those in the service are married, meaning a large number of spouses unexpectedly find themselves navigating a "new normal" after their partner returns from combat with ongoing sequelae from a TBI.

Ultimately, a sizeable number of spouses of Iraq combat veterans with TBIs have found themselves in the role of caregiver. The large majority of them were unprepared to take on that role. They had a limited number of resources to assist them in understanding the "new normal" and to guide them through the process of obtaining quality health care for their veteran spouses and for themselves. The purpose of this study was to describe the lived experience of the wives of Iraqi veterans with TBIs such that appropriate interventions may be crafted to support them in their role of caregiver.

A phenomenological approach was used to interview seven spouses of veterans who had a TBI from their military service in Operation Iraqi Freedom. A purposeful, snowball, networking technique was used to identify the study participants who met with a single researcher for one face-to-face interview lasting between 30 and 90 minutes. The interview narratives were analyzed for meaning units and subsequently five figural themes were identified: Change and Difference, Making Sense, Redefinition, Alone, and Commitment-Perseverance. The contextual ground for the five figural themes was one of Shifting Sands. The predominant experiences of the participants took place against in the existential element of Others. The findings suggest multiple possibilities for the provision of structured support for spouses as they provide care for their recovering veteran husbands.

<http://0-www.sciencedirect.com.precise.petronas.com.my/science/article/pii/S0165032712008117>

Guilt is more strongly associated with suicidal ideation among military personnel with direct combat exposure.

Craig J. Bryan, Bobbie Ray-Sannerud, Chad E. Morrow, Neysa Etienne

Journal of Affective Disorders, Available online 8 December 2012

Abstract

Background

Suicide rates in the U.S. military have been rising rapidly in the past decade. Research suggests guilt is a significant predictor of suicidal ideation among military personnel, and may be especially pronounced among those who have been exposure to combat-related traumas. The current study explored the interactive effect of direct combat exposure and guilt on suicidal ideation in a clinical sample of military personnel.

Methods

Ninety-seven active duty U.S. Air Force personnel receiving outpatient mental health treatment at two military clinics completed self-report symptom measures of guilt, depression, hopelessness, perceived burdensomeness, posttraumatic stress disorder, and suicidal ideation.

Results

Generalized multiple regression analyses indicated a significant interaction of guilt and direct combat exposure ($B=.124$, $SE=.053$, $p=.020$), suggesting a stronger relationship of guilt with suicidal ideation among participants who had direct combat exposure as compared to those who had not. The interactions of direct combat exposure with depression ($B=.004$, $SE=.040$, $p=.926$), PTSD symptoms ($B=.016$, $SE=.018$, $p=.382$), perceived burdensomeness ($B=.159$, $SE=.152$, $p=.300$) and hopelessness ($B=.069$, $SE=.036$, $p=.057$) were nonsignificant.

Conclusions

Although guilt is associated with more severe suicidal ideation in general among military personnel, it is especially pronounced among those who have had direct combat exposure.

<http://0-www.sciencedirect.com.precise.petronas.com.my/science/article/pii/S0165032712007811>

Brief alcohol counseling improves mental health functioning in Veterans with alcohol misuse: Results from a randomized trial.

Michael A. Cucciare, Matthew Tyler Boden, Kenneth R. Weingardt

Journal of Affective Disorders, Available online 6 December 2012

Abstract

Background

Alcohol misuse occurs at high rates among U.S. Military Veterans presenting to primary care and is linked to numerous negative social and health consequences. The Veterans Health Administration has recently implemented brief alcohol interventions (BAI) in VA primary care settings. An emerging literature suggests that BAIs that target alcohol consumption may also have secondary health benefits such as reducing symptoms of depression and anxiety in civilian samples. The present study sought to examine whether secondary health benefits of BAIs observed in civilians generalize to a sample of alcohol misusing Veterans presenting to primary care.

Methods

Veterans (N=167) screening positive for alcohol misuse during a routine primary care visit were randomized to receive treatment-as-usual (TAU) or TAU plus a web-delivered BAI. Assessment of overall mental health functioning, posttraumatic stress disorder, and depression occurred at baseline, three- and six-month post-treatment.

Results

Veterans receiving both BAI protocols demonstrated significant improvements in mental health functioning, depressive symptoms, and use of approach coping from baseline to six-month follow-up. No differential treatment effects on these outcomes were observed.

Limitations

Findings are limited by the lack of a no-treatment control group, and the potential impact of regression to the mean and assessment effects on outcomes.

Conclusions

Our findings replicate prior studies suggesting that a single-dose BAI may have some secondary mental health benefits for Veterans presenting to primary care with alcohol misuse.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21760/abstract>

Attachment, Personality Characteristics, and Posttraumatic Stress Disorder in U.S. Veterans of Iraq and Afghanistan.

Clark, A. A. and Owens, G. P.

J. Traum. Stress, 25: 657–664.

U.S. veterans of Iraq and/or Afghanistan (N = 116) completed an Internet survey with questions related to attachment style in intimate relationships, personality factors, and posttraumatic stress disorder (PTSD). Participants completed the PTSD Checklist-Military, Experiences in Close Relationships Scale-Short Form, and the International Personality Item Pool Big Five Short Form Questionnaire. Most participants were male and Caucasian. Hierarchical linear regression analysis results indicated that emotional stability ($\beta = -.46$, $p < .001$) and attachment avoidance ($\beta = .20$, $p < .05$) were associated with PTSD symptom severity (adjusted $R^2 = .63$). An interaction between conscientiousness and attachment anxiety was found ($\beta = -.26$, $p < .001$; $\Delta R^2 = .06$), with secure attachment moderating the relationship between conscientiousness and PTSD symptom severity. Results of this study indicate that emotional stability, conscientiousness, and secure relationship attachment styles (low attachment anxiety and avoidance) are important for postcombat mental health.

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961552-9/abstract>

Cognitive behavioural therapy as an adjunct to pharmacotherapy for primary care based patients with treatment resistant depression: results of the CoBaIT randomised controlled trial.

Dr Nicola Wiles PhD, Laura Thomas MPhil, Anna Abel MPhil, Nicola Ridgway PhD, Nicholas Turner MSc, Prof John Campbell MD, Anne Garland MSc, Sandra Hollinghurst PhD, Bill Jerrom PhD, David Kessler MD, Prof Willem Kuyken PhD, Prof Jill Morrison PhD, Katrina Turner PhD, Prof Chris Williams MD, Prof Tim Peters PhD, Prof Glyn Lewis PhD

The Lancet - 7 December 2012

Background

Only a third of patients with depression respond fully to antidepressant medication but little evidence exists regarding the best next-step treatment for those whose symptoms are treatment resistant. The CoBaIT trial aimed to examine the effectiveness of cognitive behavioural therapy (CBT) as an adjunct to usual care (including pharmacotherapy) for primary care patients with treatment resistant depression compared with usual care alone.

Methods

This two parallel-group multicentre randomised controlled trial recruited 469 patients aged 18–75 years with treatment resistant depression (on antidepressants for ≥ 6 weeks, Beck depression inventory

[BDI] score ≥ 14 and international classification of diseases [ICD]-10 criteria for depression) from 73 UK general practices. Participants were randomised, with a computer generated code (stratified by centre and minimised according to baseline BDI score, whether the general practice had a counsellor, previous treatment with antidepressants, and duration of present episode of depression) to one of two groups: usual care or CBT in addition to usual care, and were followed up for 12 months. Because of the nature of the intervention it was not possible to mask participants, general practitioners, CBT therapists, or researchers to the treatment allocation. Analyses were by intention to treat. The primary outcome was response, defined as at least 50% reduction in depressive symptoms (BDI score) at 6 months compared with baseline. This trial is registered, ISRCTN38231611.

Findings

Between Nov 4, 2008, and Sept 30, 2010, we assigned 235 patients to usual care, and 234 to CBT plus usual care. 422 participants (90%) were followed up at 6 months and 396 (84%) at 12 months, finishing on Oct 31, 2011. 95 participants (46%) in the intervention group met criteria for response at 6 months compared with 46 (22%) in the usual care group (odds ratio 3.26, 95% CI 2.10—5.06, $p < 0.001$).

Interpretation

Before this study, no evidence from large-scale randomised controlled trials was available for the effectiveness of augmentation of antidepressant medication with CBT as a next-step for patients whose depression has not responded to pharmacotherapy. Our study has provided robust evidence that CBT as an adjunct to usual care that includes antidepressants is an effective treatment, reducing depressive symptoms in this population.

Funding

National Institute for Health Research Health Technology Assessment.

<http://www.ncbi.nlm.nih.gov/pubmed/22713975>

Crisis. 2012;33(4):215-21. doi: 10.1027/0227-5910/a000142.

Internet-based screening for suicidal ideation in common mental disorders.

Hemelrijk E, van Ballegooijen W, Donker T, van Straten A, Kerkhof A.

Source: 113Online, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

Common mental disorders have been found to be related to suicidal ideation and behavior. Research in the field of web-based interventions for common mental disorders, however, usually excludes participants with a suicidal risk, although a large proportion of participants might suffer from suicidal ideation.

AIMS:

To investigate the prevalence of suicidal ideation in common mental disorders in an online sample.

METHOD:

In total, 502 participants completed nine web-based questionnaires on common mental disorders, of which 120 were also interviewed by telephone to obtain a diagnosis. Logistic regression analyses were applied to investigate associations between disorders and suicidal ideation.

RESULTS:

Based on web-based self-report, 53% of participants had some form of suicidal ideation. Fewer participants reported suicidal ideation during the interview by telephone. Depression (multivariate odds ratio 7.1), generalized anxiety disorder (2.1), social phobia (2.1), and posttraumatic stress disorder (1.7) were significantly associated with suicidal ideation, while a higher number of comorbid common mental disorders increased the risk.

CONCLUSION:

Researchers and clinicians should be aware that one out of every two helpseekers on the internet with common mental disorders may have suicidal ideation. Comorbidity of two or more disorders greatly increase the risk of suicidal ideation.

<http://www.ncbi.nlm.nih.gov/pubmed/22610981>

Clin Psychol Psychother. 2012 Jul-Aug;19(4):316-25. doi: 10.1002/cpp.1798. Epub 2012 May 21.

An affective-cognitive processing model of post-traumatic growth.

Joseph S, Murphy D, Regel S.

Source: Centre for Trauma, Resilience, and Growth, University of Nottingham and Nottinghamshire NHS Healthcare Trust, UK. Stephen.Joseph@nottingham.ac.uk

Abstract

A topic that has begun to attract interest from clinical psychologists and psychotherapists is post-traumatic growth. First, we provide a general overview of the field, setting out the historical development, main concepts, measurement issues and research findings. Second, we review evidence showing that the relationship between post-traumatic stress and post-traumatic growth is likely curvilinear. Third, a new affective-cognitive processing model of post-traumatic growth will be introduced in which post-traumatic stress is understood to be the engine of post-traumatic growth. Fourth, points of clinical intervention are described showing the ways in which therapists can facilitate post-traumatic growth.

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<http://www.ingentaconnect.com/content/springer/vav/2012/00000027/00000006/art00006>

Effects of The Men's Program on U.S. Army Soldiers' Intentions to Commit and Willingness to Intervene to Prevent Rape: A Pretest Posttest Study.

Authors: Foubert, John D.; Masin, Ryan C.

Source: Violence and Victims, Volume 27, Number 6, 2012 , pp. 911-921(11)

Noncommissioned male officers in the U.S. Army stationed in Germany were trained to present a 1-hour rape prevention workshop-The Men's Program-to 237 enlisted male soldiers. A comparison group of 244 male soldiers received a briefing focused on reducing the individual's risk for experiencing sexual assault, discussion of myths and facts about sexual assault, and how to avoid being accused of sexual assault. Participants in The Men's Program experienced significant change in the predicted direction for bystander willingness to help, bystander efficacy, rape myth acceptance, likelihood of raping, and likelihood of committing sexual assault with low to medium effect sizes. Comparison group participants experienced no effect on these variables except for a significant decline in rape myth acceptance with a very low effect size.

Between-group differences pointed to the efficacy of The Men's Program. Implications of these results for rape prevention programming in the military are discussed.

<http://www.biomedcentral.com/1471-244X/12/225/abstract>

Is there a negative impact of winter on mental distress and sleeping problems in the sub-arctic? Findings from the cross-sectional population Tromsø Study.

May Trude Johnsen, Rolf Wynn and Trond Bratlid

BMC Psychiatry 2012, 12:225 doi:10.1186/1471-244X-12-225

Published: 12 December 2012

Background

Prior studies have suggested that the darkness of winter impacts the level of mental distress and sleeping problems. Our study investigated whether people living in the sub-arctic had more sleeping problems or mental distress during winter.

Methods

The cross sectional population Tromsø [latin small letter o with stroke] Study was conducted in Tromsø [latin small letter o with stroke], North Norway, at 69.4 degrees North and above the Arctic Circle. The study included entire birth cohorts and random samples of the population aged 30 to 87 years. Data

was collected continuously from 1 October 2007 to the end of December 2008 except July. 8951 persons completed questionnaires including the HSCL-10 and the MCTQ.

Results

There were no significant differences in the reporting of current mental distress depending on season. Significantly more reported current sleeping problems in winter than in the other seasons, and less sleeping problems was found in spring.

Conclusions

In this sub-arctic population, insomnia was most prevalent in winter, but there were no significant seasonal differences in mental distress. Although some people in the sub-arctic clearly are mentally negatively affected by the darkness of winter, the negative impact of winter on mental distress for the adult population is not conclusive.

<http://www.ncbi.nlm.nih.gov/pubmed/23225031>

J Trauma Stress. 2012 Dec;25(6):649-56. doi: 10.1002/jts.21761.

Longitudinal Correlates of Aggressive Behavior in Help-Seeking U.S. Veterans With PTSD.

Shin HJ, Rosen CS, Greenbaum MA, Jain S.

Source: VA Palo Alto Health Care System, Palo Alto, California, USA.

Abstract

The current study examined the longitudinal effects of clinical and treatment utilization factors on aggressive behavior among 376 help-seeking U.S. veterans recently diagnosed with posttraumatic stress disorder (PTSD) who were followed for 5-12 months. Participants were sampled from 4 strata: male Iraq/Afghanistan veterans, female Iraq/Afghanistan veterans, male prior-era veterans, and female prior-era veterans. Hierarchical regression analyses indicated that changes in PTSD severity were significantly associated with changes in aggressive behavior among veterans who reported any aggression at baseline ($\beta = .15$). Changes in days of alcohol intoxication also were positively associated with changes in aggressive behavior ($\beta = .16$). Participants with both a benzodiazepine prescription and any baseline aggression were significantly more likely to increase in aggressive behavior over time ($\beta = .14$). Contrary to our hypotheses, reductions in aggressive behavior were not related to the number of outpatient mental health visits or to first-line recommended psychotropic medications. Results inform assessment and clinical research on changes in aggressive behavior among veterans with PTSD.

Published 2012. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/23220456>

J Health Econ. 2012 Sep 24;32(1):51-65. doi: 10.1016/j.jhealeco.2012.09.001. [Epub ahead of print]

The psychological costs of war: Military combat and mental health.

Cesur R, Sabia JJ, Tekin E.

Source: University of Connecticut, Finance Department, 2100 Hillside Road Unit 1041, Storrs, CT 06269-1041, United States. Electronic address: cesur@business.uconn.edu.

Abstract

We exploit plausibly exogenous variation in overseas deployment assignment to estimate the effect of combat exposure on psychological well-being. Controlling for pre-deployment mental health, we find that active-duty soldiers deployed to combat zones are more likely to suffer from post-traumatic stress disorder (PTSD) than their counterparts deployed outside the United States in non-combat zones. Among those deployed to combat zones, those deployed to locales where they engage in enemy firefight or witness allied or civilian deaths are at an increased risk for suicidal ideation and PTSD relative to their active-duty counterparts deployed to combat zones without enemy firefight.

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<http://www.ncbi.nlm.nih.gov/pubmed/22949649>

Proc Natl Acad Sci U S A. 2012 Sep 18;109(38):15508-13. Epub 2012 Sep 4.

Persistent and reversible consequences of combat stress on the mesofrontal circuit and cognition.

van Wingen GA, Geuze E, Caan MW, Kozicz T, Olabarriga SD, Denys D, Vermetten E, Fernández G.

Source: Donders Institute for Brain, Cognition, and Behaviour, Radboud University, Nijmegen, The Netherlands. guidovanwingen@gmail.com

Abstract

Prolonged stress can have long-lasting effects on cognition. Animal models suggest that deficits in executive functioning could result from alterations within the mesofrontal circuit. We investigated this hypothesis in soldiers before and after deployment to Afghanistan and a control group using functional and diffusion tensor imaging. Combat stress reduced midbrain activity and integrity, which was associated to compromised sustained attention. Long-term follow-up showed that the functional and structural changes had normalized within 1.5 y. In contrast, combat stress induced a persistent reduction in functional connectivity between the midbrain and prefrontal cortex. These results demonstrate that combat stress has adverse effects on the human mesofrontal circuit and suggests that these alterations are partially reversible.

<http://www.ncbi.nlm.nih.gov/pubmed/22796932>

J Occup Environ Med. 2012 Jul;54(7):859-67. doi: 10.1097/JOM.0b013e31824e676b.

The experiences of security industry contractors working in Iraq: an interpretative phenomenological analysis.

Messenger K, Farquharson L, Stallworthy P, Cawkill P, Greenberg N.

Source: Department of Psychology, Royal Holloway, University of London, Surrey, United Kingdom.

Abstract

OBJECTIVE:

To explore the occupational experiences of private security contractors working in a war zone and how it impacts on their mental health.

METHODS:

Semistructured interviews were conducted with seven contractors employed by a large UK-based private security company. Interpretative phenomenological analysis was used to analyze the interview transcripts. Participants also completed the 12-item General Health Questionnaire and the Posttraumatic Stress Disorder Checklist.

RESULTS:

Four overarching themes emerged: the appeal of the job; vulnerability; keep going; and seeking help for stress in the workplace. No clinically significant levels of distress were reported.

CONCLUSIONS:

Contractors are frequently exposed to stressors known to increase risk of psychiatric difficulty in military personnel. A number of potential protective factors were identified. Only a minority of participants were open to seeking help for mental health difficulties.

<http://www.ncbi.nlm.nih.gov/pubmed/22646489>

Brain Inj. 2012;26(10):1177-84. doi: 10.3109/02699052.2012.661914. Epub 2012 May 30.

Analysis of US Veterans Health Administration comprehensive evaluations for traumatic brain injury in Operation Enduring Freedom and Operation Iraqi Freedom Veterans.

Scholten JD, Sayer NA, Vanderploeg RD, Bidelspach DE, Cifu DX.

Source: Physical Medicine and Rehabilitation Program Office, Department of Veterans Affairs , Washington, DC 20422, USA. joel.scholten@va.gov

Abstract

OBJECTIVE:

To describe neurobehavioural symptoms in Iraq and Afghanistan war veterans evaluated for traumatic brain injury (TBI) through the Veterans Health Administration (VHA) TBI screening and evaluation programme.

DESIGN:

An observational study based on VHA administrative data for all veterans who underwent TBI Comprehensive Evaluation between October 2007 and June 2010.

RESULTS:

55,070 predominantly white, non-Hispanic, male Veterans with a positive TBI screen had comprehensive TBI evaluations completed during the study period. Moderate-to-severe symptoms were common in the entire sample, both in those with and without a clinician-diagnosed TBI. However, the odds of reporting symptoms of this severity were significantly higher in those diagnosed with TBI compared to those without a TBI diagnosis, with odds ratios ranging from 1.35-2.21. TBI-specialty clinicians believed that in the majority of diagnosed TBI cases both behavioural health conditions and TBI contributed to patients' symptom presentation.

CONCLUSIONS:

The VHA's TBI screening and evaluation process is identifying individuals with ongoing neurobehavioural symptoms. Moderate-to-severe symptoms were more prevalent in veterans with TBI-specialty clinician determined TBI. However, the high rate of symptom reporting also present in individuals without a confirmed TBI suggest that symptom aetiology may be multi-factorial in nature.

<http://www.ncbi.nlm.nih.gov/pubmed/23225338?dopt=Abstract>

Depress Anxiety. 2012 Dec 5. doi: 10.1002/da.22027. [Epub ahead of print]

CBT Competence In Novice Therapists Improves Anxiety Outcomes.

Brown LA, Craske MG, Glenn DE, Stein MB, Sullivan G, Sherbourne C, Bystritsky A, Welch SS, Campbell-Sills L, Lang A, Roy-Byrne P, Rose RD.

Source: Department of Psychology, University of California, Los Angeles, California.

Abstract

OBJECTIVE

This study explores the relationships between therapist variables (cognitive behavioral therapy [CBT] competence, and CBT adherence) and clinical outcomes of computer-assisted CBT for anxiety disorders delivered by novice therapists in a primary care setting.

METHODS

Participants were recruited for a randomized controlled trial of evidence-based treatment, including computer-assisted CBT, versus treatment as usual. Therapists (anxiety clinical specialists; ACSs) were nonexpert clinicians, many of whom had no prior experience in delivering psychotherapy (and in particular, very little experience with CBT). Trained raters reviewed randomly selected treatment sessions from 176 participants and rated therapists on measures of CBT competence and CBT adherence. Patients were assessed at baseline and at 6-, 12-, and 18-month follow-ups on measures of anxiety, depression, and functioning, and an average Reliable Change Index was calculated as a composite measure of outcome. CBT competence and CBT adherence were entered as predictors of outcome, after controlling for baseline covariates.

RESULTS

Higher CBT competence was associated with better clinical outcomes whereas CBT adherence was not. Also, CBT competence was inversely correlated with years of clinical experience and trended (not significantly, though) down as the study progressed. CBT adherence was inversely correlated with therapist tenure in the study.

CONCLUSIONS

Therapist competence was related to improved clinical outcomes when CBT for anxiety disorders was delivered by novice clinicians with technology assistance. The results highlight the value of the initial training for novice therapists as well as booster training to limit declines in therapist adherence.

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<http://www.ncbi.nlm.nih.gov/pubmed/23216995?dopt=Abstract>

J Sleep Res. 2012 Dec 6. doi: 10.1111/jsr.12001. [Epub ahead of print]

Circadian period and the timing of melatonin onset in men and women: predictors of sleep during the weekend and in the laboratory.

Lazar AS, Santhi N, Hasan S, Lo JC, Johnston JD, Von Schantz M, Archer SN, Dijk DJ.

Source: Surrey Sleep Research Centre, Faculty of Health and Medical Sciences, University of Surrey, Guildford, UK.

Abstract

Sleep complaints and irregular sleep patterns, such as curtailed sleep during workdays and longer and later sleep during weekends, are common. It is often implied that differences in circadian period and in entrained phase contribute to these patterns, but few data are available. We assessed parameters of the circadian rhythm of melatonin at baseline and in a forced desynchrony protocol in 35 participants (18 women) with no sleep disorders. Circadian period varied between 23 h 50 min and 24 h 31 min, and

correlated positively ($n = 31$, $r(s) = 0.43$, $P = 0.017$) with the timing of the melatonin rhythm relative to habitual bedtime. The phase of the melatonin rhythm correlated with the Insomnia Severity Index ($n = 35$, $r(s) = 0.47$, $P = 0.004$). Self-reported time in bed during free days also correlated with the timing of the melatonin rhythm ($n = 35$, $r(s) = 0.43$, $P = 0.01$) as well as with the circadian period ($n = 31$, $r(s) = 0.47$, $P = 0.007$), such that individuals with a more delayed melatonin rhythm or a longer circadian period reported longer sleep during the weekend. The increase in time in bed during the free days correlated positively with circadian period ($n = 31$, $r(s) = 0.54$, $P = 0.002$). Polysomnographically assessed latency to persistent sleep ($n = 34$, $r(s) = 0.48$, $P = 0.004$) correlated with the timing of the melatonin rhythm when participants were sleeping at their habitual bedtimes in the laboratory. This correlation was significantly stronger in women than in men ($Z = 2.38$, $P = 0.017$). The findings show that individual differences in circadian period and phase of the melatonin rhythm associate with differences in sleep, and suggest that individuals with a long circadian period may be at risk of developing sleep problems.

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Links of Interest

A job market for vets helping vets

<http://www.marketplace.org/topics/economy/job-market-vets-helping-vets>

(Listen to the audio/podcast. It's really interesting.)

Rules Eased for Veterans' Brain Injury Benefits

<http://www.nytimes.com/2012/12/07/us/benefit-rules-eased-for-veterans-with-brain-injuries.html>

Cognitive behavioral therapy can reduce depression in those haven't responded to antidepressants

http://www.eurekalert.org/pub_releases/2012-12/uob-cbt120412.php

New antidepressant acts very rapidly and is long lasting

http://www.eurekalert.org/pub_releases/2012-12/nu-naa120612.php

Recommendations for Media Coverage of Suicide Annenberg Public Policy Center (University of Pennsylvania)

<http://www.annenbergpublicpolicycenter.org/ProjectDetails.aspx?myId=28>

VA Research Currents – November 2012

<http://www.research.va.gov/currents/nov12/>

Research news from the Department of Veterans Affairs

Too much religion at military academies? West Point cadet revives charge.

<http://www.csmonitor.com/USA/Military/2012/1207/Too-much-religion-at-military-academies-West-Point-cadet-revives-charge>

A Question of Honor, Fairness and PTSD

<http://www.nytimes.com/2012/12/10/opinion/a-question-of-honor-fairness-and-ptsd.html>

PTSD symptoms reduced by early intervention

<http://www.healio.com/psychiatry/ptsd/news/online/%7B5b45ef7f-85bf-4c09-ae47-bfe7c5f297b3%7D/ptsd-symptoms-reduced-by-early-intervention>

Guard wounded warrior, Afghanistan veteran advocates suicide prevention

http://www.army.mil/article/92762/Guard_wounded_warrior_Afghanistan_veteran_advocates_suicide_prevention/

Through Airmen's Eyes: The Journey back to normal

<http://www.af.mil/news/story.asp?storyID=123327818>

Brain Injury Studies Prompt VA Rule Changes

<http://www.courthousenews.com/2012/12/12/53080.htm>

Stress-resilience/susceptibility traced to neurons in reward circuit

http://www.eurekalert.org/pub_releases/2012-12/niom-stt121212.php

Commander's 'dashboard' will highlight high-risk behavior in Soldiers

http://www.army.mil/article/92829/Commander_s_dashboard_will_highlight_high_risk_behavior_in_Soldiers/

Research Tip of the Week: Vetting Charities

This time of the year tends to bring out the vultures looking to prey on people's holiday spirit-induced generosity. How do you know if a charity is legit? How do you know if it spends its money wisely rather than squandering a high percentage of it on salaries and other administrative costs? There are

[Better Business Bureau: For Charities and Donors](#)

It's called the Better *Business* Bureau, but it also keeps information about charitable organizations.

[Charity Navigator](#)

Founded in 2001, Charity Navigator has become the nation's largest and most-utilized evaluator of charities. In our quest to help donors, our team of professional analysts has examined tens of thousands of non-profit financial documents. We've used this knowledge to develop an unbiased, objective, numbers-based rating system to assess over 6,000 of America's best-known and some lesser known, but worthy, charities.

Specifically, Charity Navigator's rating system examines two broad areas of a charity's performance; their Financial Health and their Accountability & Transparency. Our ratings show givers how efficiently we believe a charity will use their support today, how well it has sustained

its programs and services over time and their level of commitment to good governance, best practices and openness with information. In the not-too-distant future, we plan to also rate charities' reporting of their results. We provide these ratings so that charitable givers/ social investors can make intelligent giving decisions, and so that the nonprofit sector can improve its performance.

You'll also find a great deal of information about philanthropy in general here. And there's an interesting collection of [Top Ten Lists](#) that focus on "those charities in our database that meet certain desirable or undesirable patterns of performance."

[Guidestar](#)

GuideStar's database includes information on all tax-exempt nonprofits registered with the IRS. Currently, there are more than 1.8 million organizations in the database. This includes more than 1 million public charities, approximately 141,000 private foundations, and more than half a million other exempt organizations.

Basic information about a charity, including a rating, is available for free. More extensive information can be purchased.

[IRS Exempt Organizations Select Check](#)

Exempt Organizations Select Check is an on-line search tool that allows users to select an exempt organization and check certain information about its federal tax status and filings. It consolidates three former search sites into one, providing expanded search capability and a more efficient way to search for organizations that:

- Are eligible to receive tax-deductible charitable contributions (Publication 78 data). Users may rely on this list in determining deductibility of contributions (just as they did when Publication 78 was a separate electronic publication rather than part of Select Check). Updated data posting date: 12-10-2012
- Have had their tax-exempt status automatically revoked under the law because they have not filed Form 990 series returns or notices annually as required for three consecutive years (Auto-Revocation List) Updated data posting date: 12-10-2012
- Have filed a Form 990-N (e-Postcard) annual electronic notice. (Most small organizations whose annual gross receipts are normally \$50,000 or less are required to electronically submit Form 990-N, unless they choose instead to file a completed Form 990 or Form 990-EZ. Updated data posting date: 12-10-2012

[DC Catalogue of Philanthropy](#)

The Catalogue introduces you to high impact, carefully evaluated, community-based nonprofits with budgets below \$3 million. Though they comprise the great majority of all charities, the public rarely hears about them because most cannot afford to make themselves heard. Yet they are right here, working hard to make life better in every arena of our lives: protecting our rivers, keeping the arts alive, teaching our children to succeed in school, healing the uninsured, protecting our vulnerable citizens at home and abroad.

This is an excellent resource for those in the DC area who would like to keep their donation dollars in the local community.

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