



## CDP Research Update -- January 17, 2013

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- Efficacy of Virtual Reality Exposure Therapy in the Treatment of PTSD: A Systematic Review.
- Insomnia treatment acceptability and preferences of male Iraq and Afghanistan combat Veterans and their healthcare providers.

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- Telephone-Delivered Cognitive–Behavioral Therapy for Pain Management Among Older Military Veterans: A Randomized Trial.
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- Facilitators and Barriers in Effective Clinical Practice with Postdeployed Military Couples and Families.
- Post-traumatic stress disorder and depression comorbidity: severity across different populations.
- A theoretical approach to understanding alcohol misuse in military personnel returning home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
- Occupational Stress in Military Health Settings: A Questionnaire-based Survey.
- Meaning-Making Appraisals Relevant to Adjustment for Veterans With Spinal Cord Injury.
- Mental Health Issues of Women Deployed to Iraq and Afghanistan.
- Suicide in the Fire and Emergency Services; Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention (report)
- Suicidality Assessment with PRISM-S – Simple, Fast, and Visual: A Brief Nonverbal Method to Assess Suicidality in Adolescent and Adult Patients.
- Posttraumatic Growth Themes: An Analysis of Oral Histories of OIF Service Members and Veterans.
- Links of Interest
- Research Tip of the Week: CDP – Apps and Technological Resources

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<http://www.ncbi.nlm.nih.gov/pubmed/23261130>

J Affect Disord. 2012 Dec 19. pii: S0165-0327(12)00812-9. doi: 10.1016/j.jad.2012.11.045. [Epub ahead of print]

**Means and capacity for suicidal behavior: A comparison of the ratio of suicide attempts and deaths by suicide in the US military and general population.**

Anestis MD, Bryan CJ.

Source: University of Southern Mississippi, Hattiesburg, MS 39406, United States. Electronic address: michael.anestis@usm.edu.

Abstract

BACKGROUND:

There is a discrepancy in the frequency of non-lethal and lethal suicidal behavior. Given the extensive training in firearms within the military and prior research indicating that military personnel exhibit elevated mean levels of the acquired capability, we hypothesized that the ratio between non-lethal and lethal suicidal behavior would be lower in US military personnel than in the general population.

METHOD:

We examined publicly available data on non-lethal and lethal suicidal behavior within the US military and US general population.

RESULTS:

The ratio of non-lethal to lethal suicidal behavior was lower in military across sex and age. Furthermore, results indicated that a greater proportion of both non-lethal and lethal suicide attempts in military personnel involved firearms. When considering only suicidal behavior unrelated to firearms, the ratio remained significantly lower in the military. The ratio of non-lethal to lethal suicidal behavior involving drugs and alcohol was not significantly lower in the military.

LIMITATIONS:

The use of public data precluded analyses directly testing competing theories. Also, level of intent involved in non-lethal self-injury in the general population was unclear. Finally, only active duty personnel were considered in analyses related to the military.

CONCLUSIONS:

Suicide attempts in the military are more likely to result in death than in the general population. This appears to be primarily due to the use more lethal means. Clinically, this speaks to the importance of recognizing suicidal desire in military personnel, as it is more likely to be paired with the capacity for suicide than in civilians.

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[http://www.psikofarmakoloji.org/pdf/22\\_11\\_118.pdf](http://www.psikofarmakoloji.org/pdf/22_11_118.pdf)

### **What are the Contraindications for Prolonged Exposure Therapy for PTSD; A Case Report.**

Beyazıt Garip, Adem Balıkçı, Özcan Uzun, Barbaros Özdemir, Gazi Ünlü, Mehmet Ak

Bulletin of Clinical Psychopharmacology 2012;22(Suppl. 1):S120

Although prolonged exposure (PE) has received the most empirical support of any treatment for post-traumatic stress disorder (PTSD), clinicians are often hesitant to use PE due to beliefs that it is contraindicated for many patients with PTSD. PTSD can often co-occur with different problems including dissociation, borderline personality disorder, psychosis, suicidal behavior and non-suicidal self-injury, substance use disorders, and major depression. In this case report; PTSD case, who developed psychotic features and dissociation during the course of Prolonged Exposure Therapy is presented.

The case is 22 years-old and male patient had experienced combat related traumatic life event in August 2011. He was diagnosed with posttraumatic stress disorders according to DSM-IV criteria. After the traumatic life events, he had experienced recurring nightmares, hyper arousal and insomnia. Antidepressant, antipsychotic and benzodiazepine treatments have been used to attenuate the symptoms but insufficient response was taken. Prolonged Exposure Therapy was initiated but psychotic exacerbations like hallucinations and persecutory delusions occurred during the fourth session. After that we decided to discontinue Prolonged Therapy because of psychotic exacerbations. Electroconvulsive therapy was conducted to improve psychotic features and comorbid major depressions. We provided significant improvement not only in depressive state but also psychotic features.

PTSD with comorbid major depression and psychotic features should be well evaluated before starting the Prolonged Exposure Therapy. Prolonged Exposure might be initiated to PTSD patient without any precipitating factors. Otherwise, this type of therapy could induce subtle and comorbid psychopathology. In the treatment of this case; ECT should be the first choice for PTSD associated with major depression and psychotic features before performing any kind of therapy.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00022>

### **Prevalence and Characteristics of Military Malingering.**

Authors: Lande, R. Gregory; Williams, Lisa Banks

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. 50-54(5)

The authors' principle objective was determining the prevalence and characteristics of medical malingering in the military. The authors accessed an electronic database used by the Department of Defense to monitor and manage military health care activities worldwide. The authors searched the database from 2006 to 2011 in the Northern Regional Medical Command for all instances where a

health care provider, consequent to an outpatient medical visit, diagnosed malingering, factitious disorder with psychological symptoms, or factitious disorder with physical symptoms. During the time period studied, the Northern Regional Medical Command reported 28,065,568 health care visits. During the same time period, clinicians diagnosed 1,074 individuals with malingering, factitious disorder with predominantly psychological signs and symptoms, or factitious disorder with predominantly physical signs and symptoms. The typical subject diagnosed with one of these disorders was young, male, nonmarried, and enlisted. Although most diagnoses came from a mental health clinic, other medical specialties also contributed to the total tally. These diagnoses are extremely rare based on the findings from this study of outpatient medical care visits.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00040>

### **Group Therapy Among OEF/OIF Veterans: Treatment Barriers and Preferences.**

Authors: Kracen, Amanda C.; Mastnak, Julie M.; Loaiza, Karen A.; Matthieu, Monica M.

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. e146-e149(4)

Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) combat Veterans are at risk for developing post-traumatic stress disorder (PTSD). Many are seeking treatment from the Veterans Health Administration; yet, it is an ongoing challenge to engage some Veterans in sustained mental health services, especially group therapy for PTSD. This pilot study assessed OEF/OIF Veterans' prior use of mental health treatment and perceived barriers to and interest in group therapy for PTSD using a survey distributed in one outpatient OEF/OIF PTSD specialty clinic in the Midwest. The 110 OEF/OIF Veterans reported experience with a range of mental health treatment services and most frequently identified perceptions of the group process to be barriers to engaging in group therapy. Specifically, OEF/OIF Veterans endorsed concerns about taking part in a group, expressing emotions, being misunderstood, and disliking the group composition. A clear preference for individual over group therapy for PTSD treatment was reported with 57% reporting disinterest in group therapy. Data suggest that Veterans are apprehensive about taking part in group therapy for PTSD. Awareness of barriers and treatment preferences can inform clinical practice and aid in developing patient-centered Veterans Health Administration services.

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<http://www.ncbi.nlm.nih.gov/pubmed/23291043>

Psychiatry Res. 2013 Jan 2. pii: S0165-1781(12)00781-0. doi: 10.1016/j.psychres.2012.11.025. [Epub ahead of print]

### **Smoking is a predictor of depression onset among National Guard soldiers.**

Goodwin RD, Prescott M, Tamburrino M, Calabrese JR, Liberzon I, Galea S.

Source: Columbia University, Mailman School of Public Health, 722 West 168th Street, NY 10032, USA.  
Electronic address: rdg66@columbia.edu.

#### Abstract

This paper aimed to investigate the relationship between smoking and depression in a sample of American soldiers. Persistent, active smoking is associated with increased risk of incident depression at follow up. History of smoking in the absence of current smoking at baseline was not associated with depression at follow-up.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00029>

#### **Service Utilization Following Participation in Cognitive Processing Therapy or Prolonged Exposure Therapy for Post-Traumatic Stress Disorder.**

Authors: Meyers, Laura L.; Strom, Thad Q.; Leskela, Jennie; Thuras, Paul; Kehle-Forbes, Shannon M.; Curry, Kyle T.

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. 95-99(5)

This study evaluated the impact of a course of prolonged exposure or cognitive processing therapy on mental health and medical service utilization and health care service costs provided by the Department of Veterans Affairs (VA). Data on VA health service utilization and health care costs were obtained from national VA databases for 70 veterans who completed prolonged exposure or cognitive processing therapy at a Midwestern VA medical center. Utilization of services and cost data were examined for the year before and after treatment. Results demonstrated a significant decrease in the use of individual and group psychotherapy. Direct costs associated with mental health care decreased by 39.4%. Primary care and emergency department services remained unchanged.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00030>

#### **Dehydroepiandrosterone and Dehydroepiandrosterone Sulfate: Anabolic, Neuroprotective, and Neuroexcitatory Properties in Military Men.**

Author: Taylor, Marcus K.

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. 100-106(7)

Evidence links dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEAS) to crucial military health issues, including operational stress, resilience, and traumatic brain injury. This study evaluated the anabolic, neuroprotective, and neuroexcitatory properties of DHEA(S) in healthy military



men. A salivary sample was obtained from 42 men and assayed for DHEA(S), testosterone, nerve growth factor (NGF; which supports nerve cell proliferation), and salivary alpha amylase (sAA; a proxy of sympathetic nervous system function). Separate regression analyses were conducted with DHEA and DHEAS as independent variables, and testosterone, NGF, and sAA as dependent variables, respectively. The models explained 23.4% of variance in testosterone ( $p < 0.01$ ), 17.2% of variance in NGF ( $p < 0.01$ ), and 7.4% of variance in sAA ( $p = 0.09$ ). Standardized beta coefficients revealed that DHEA independently influenced testosterone ( $\beta = 0.40$ ,  $p < 0.01$ ), whereas DHEAS independently influenced NGF ( $\beta = 0.48$ ,  $p < 0.01$ ) and sAA ( $\beta = 0.36$ ,  $p < 0.05$ ). DHEA demonstrated anabolic properties, whereas DHEAS demonstrated neuroprotective and neuroexcitatory properties in military men. This area of study has broad implications for stress inoculation, traumatic brain injury rehabilitation, and regenerative medicine in military personnel.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00031>

### **Unmet Need for Treatment of Substance Use Disorders and Serious Psychological Distress Among Veterans: A Nationwide Analysis Using the NSDUH.**

Authors: Golub, Andrew; Vazan, Peter; Bennett, Alexander S.; Liberty, Hilary J.

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. 107-114(8)

Many veterans returning from Afghanistan and Iraq experience serious mental health (MH) concerns including substance use disorders (SUD), post-traumatic stress disorder, traumatic brain injury, depression, or serious psychological distress (SPD). This article uses data from the 2004 to 2010 National Survey on Drug Use and Health to examine the prevalence of unmet MH needs among veterans aged 21 to 34 in the general population. The prevalence of untreated SUD among veterans (16%) was twice as high as untreated SPD (8%), a nonspecific diagnosis of serious MH concerns. Surprisingly, similar rates of untreated SUD and SPD were found among a nonveteran comparison sample matched on gender and age. These findings suggest that reducing unmet need for MH treatment for veterans in the general population may require improving outreach to all Americans and creating greater acceptance for MH treatment. The need for further analyses of reasons for not obtaining treatment is discussed.

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<http://faculty.nps.edu/rdfricke/docs/Homeless%20Vets%20Paper%20--%2012-31-12.pdf>

### **Improving Treatment Programs for Homeless Veterans by Incorporating Client Predictors of Program Completion into a Management Tool.**

Ronald D. Fricker, Jr. & David J. Coté

Naval Postgraduate School

January 1, 2013

Using data from 680 clients who exited from a homeless veterans rehabilitation program from 2009 to 2011, this study evaluated which variables are associated with treatment retention and completion. Data included treatment outcome, substance use, health and medical condition(s), and demographic information. Mental health and chronic health conditions, and residence prior to program admission, were significantly associated with completion of 150 days of treatment. Length of stay and residence prior to program admission were significantly associated with program completion. To facilitate targeted intervention, a simple scoring heuristic is developed to help identify clients at greater risk of premature program exit.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00014>

### **Traumatic Event Management in Afghanistan: A Field Report on Combat Applications in Regional Command-South.**

Authors: Jones, David E.; Hammond, Patricia; Platoni, Kathy

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. 4-10(7)

This article provides information on the use of Traumatic Event Management (TEM) strategies to debrief combat arms personnel whose units sustained traumatic losses in Afghanistan. The specific focus is on the application of Event-Driven Battlemind Psychological Debriefings to combat units. This article offers the first published account of TEM services employed in southern Afghanistan during intensive surge operations in 2009-2010. This article unfolds in three parts: (1) background to the region in which the debriefings occurred; (2) three case examples with a data summary of types of incidents observed; and (3) discussion of observations, lessons learned, and recommendations for training future clinicians to provide effective debriefings to combat arms personnel.

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<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0051543>

### **Low Vitamin D Status and Suicide: A Case-Control Study of Active Duty Military Service Members.**

Umhau JC, George DT, Heaney RP, Lewis MD, Ursano RJ, et al.

PLoS ONE 8(1): e51543. doi:10.1371/journal.pone.0051543

#### **Objective**

Considering that epidemiological studies show that suicide rates in many countries are highest in the spring when vitamin D status is lowest, and that low vitamin D status can affect brain function, we sought to evaluate if a low level of 25-hydroxyvitamin D [25(OH)D] could be a predisposing factor for suicide.

## Method

We conducted a prospective, nested, case-control study using serum samples stored in the Department of Defense Serum Repository. Participants were previously deployed active duty US military personnel (2002–2008) who had a recent archived serum sample available for analysis. Vitamin D status was estimated by measuring 25(OH) D levels in serum samples drawn within 24 months of the suicide. Each verified suicide case (n = 495) was matched to a control (n = 495) by rank, age and sex. We calculated odds ratio of suicide associated with categorical levels (octiles) of 25(OH) D, adjusted by season of serum collection.

## Findings

More than 30% of all subjects had 25(OH)D values below 20 ng/mL. Although mean serum 25(OH)D concentrations did not differ between suicide cases and controls, risk estimates indicated that subjects in the lowest octile of season-adjusted 25(OH)D (<15.5 ng/mL) had the highest risk of suicide, with subjects in the subsequent higher octiles showing approximately the same level of decreased risk (combined odds ratio compared to lowest octile = 0.49; 95% C.I.: 0.315–0.768).

## Conclusions

Low vitamin D status is common in active duty service members. The lowest 25(OH)D levels are associated with an increased risk for suicide. Future studies could determine if additional sunlight exposure and vitamin D supplementation might reduce suicide by increasing 25(OH) D levels.

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<http://www.ncbi.nlm.nih.gov/pubmed/23288974>

Sleep. 2013 Jan 1;36(1):83-90. doi: 10.5665/sleep.2306.

## **Do Sleep Problems Mediate the Relationship between Traumatic Brain Injury and Development of Mental Health Symptoms after Deployment?**

Macera CA, Aralis HJ, Rauh MJ, Macgregor AJ.

Source: Department of Warfighter Performance, Naval Health Research Center, San Diego, CA.

## Abstract

### STUDY OBJECTIVES:

Military members screening positive for blast-related traumatic brain injury (TBI) may subsequently screen positive for posttraumatic stress disorder (PTSD) or depression. The role of sleep as a mediating factor in the development of mental health symptoms was explored.

### DESIGN:

Prospective study with symptoms evaluated at two time points.

### SETTING:

Postdeployment service in Iraq, Afghanistan, or Kuwait during 2008 and 2009.

#### PARTICIPANTS:

There were 29,640 US Navy and Marine Corps men (29,019 who did not screen positive for PTSD at baseline, 27,702 who did not screen positive for depression at baseline, and 27,320 who did not screen positive at baseline for either condition).

#### MEASUREMENTS AND RESULTS:

After controlling for sleep problems, the adjusted odds of receiving a positive PTSD screening at follow-up decreased from 1.61 (95% confidence interval [CI] 1.21-2.14) to 1.32 (95% CI 0.99-1.77) for a subject screening positive for TBI relative to a subject screening negative, suggesting that sleep problems mediated 26% of TBI's effect on development of PTSD. Likewise, after controlling for sleep problems, the adjusted odds of receiving a positive depression screening decreased from 1.41 (95% CI 1.11-1.80) to 1.15 (95% CI 0.90-1.47), suggesting that sleep problems mediated 41% of TBI's effect on development of depression. Results were similar for those with either PTSD or depression (37% mediated).

#### CONCLUSIONS:

These results suggest that sleep problems mediate the effect of a positive TBI screening on the development of mental health disorders, and sleep problems may be an early indicator of risk for PTSD or depression. CITATION: Macera CA; Aralis HJ; Rauh MJ; MacGregor AJ. Do sleep problems mediate the relationship between traumatic brain injury and development of mental health symptoms after deployment? SLEEP 2013;36(1):83-90.

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<http://www.biomedcentral.com/1471-244X/13/9/abstract>

#### **The Peritraumatic Behavior Questionnaire: Development and initial validation of a new measure for combat-related peritraumatic reactions.**

Agorastos Agorastos, William P Nash, Sarah Nunnink, Kate A Yurgil, Abigail Goldsmith, Brett T Litz, Heather Johnson, James B Lohr and Dewleen G Baker

BMC Psychiatry 2013, 13:9

Published: 5 January 2013

#### Background

Posttraumatic stress disorder (PTSD) is one of the most commonly observed stress-related conditions following combat exposure and its effective prevention is a high health-care priority. Reports of peritraumatic reactions have been shown to be highly associated with PTSD among combat exposed service members. However, existing instruments measuring peritraumatic symptoms were not specifically developed to assess combat-related peritraumatic stress and each demonstrates a different peritraumatic focus. We therefore developed the Peritraumatic Behavior Questionnaire (PBQ), a new military-specific rating scale focused upon the wide range of symptoms suggestive of combat-related peritraumatic distress in actively deployed Service Members. This study describes the development of the PBQ and reports on the psychometric properties of its self-rated version (PBQ-SR).

## Methods

688 Marine infantry service members were retrospectively assessed by the PBQ-SR within the scope of the Marine Resiliency Study after their deployment to war zone. Participants have been additionally assessed by a variety of questionnaires, as well as clinical interviews both pre and post-deployment.

## Results

The PBQ-SR demonstrated satisfactory internal consistency, convergent and discriminant validity, as well as high correlation with trait dissociation prior to deployment. Component analysis suggested a latent bi-dimensional structure separating a peritraumatic emotional distress and physical awareness factor. The PBQ-SR total score showed high correlation to general anxiety, depression, poorer general health and posttraumatic symptoms after deployment and remained a significant predictor of PTSD severity, after controlling for those measures. The suggested screening cut-off score of 12 points demonstrated satisfactory predictive power.

## Conclusions

This study confirms the ability of the PBQ-SR to unify the underlying peritraumatic symptom dimensions and reliably assess combat-related peritraumatic reaction as a general construct. The PBQ-SR demonstrated promise as a potential standard screening measure in military clinical practice, while its predictive power should be established in prospective studies.

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<http://www.indianjpsychiatry.org/article.asp?issn=0019-5545;year=2013;volume=55;issue=1;spage=3;epage=11;aulast=Malhotra>

## **Telepsychiatry: Promise, potential, and challenges.**

Savita Malhotra, Subho Chakrabarti, Ruchita Shah

Indian Journal of Psychiatry

Year : 2013 | Volume : 55 | Issue : 1 | Page : 3-11

Despite the high prevalence and potentially disabling consequences of mental disorders, specialized mental health services are extremely deficient, leading to the so-called 'Mental Health Gap'. Moreover, the services are concentrated in the urban areas, further worsening the rural-urban and tertiary primary care divide. Strengthening of and expanding the existing human resources and infrastructure, and integrating mental health into primary care appear to be the two major solutions. However, both the strategies are riddled with logistic difficulties and have a long gestation period. In such a scenario, telepsychiatry or e-mental health, defined as the use of information and communication technology to provide or support psychiatric services across distances, appears to be a promising answer. Due to its enormous potential, a review of the existing literature becomes imperative. An extensive search of literature was carried out and has been presented to delineate the modes of communication, acceptability and satisfaction, reliability, outcomes, cost-effectiveness, and legal and ethical challenges related to telepsychiatry. Telepsychiatry has been applied for direct patient care (diagnosis and

management), consultation, and training, education, and research purposes. Both real-time, live interaction (synchronous) and store-forward (asynchronous) types of technologies have been used for these purposes. A growing amount of literature shows that training, supervision, and consultation by specialists to primary care physicians through telepsychiatry has several advantages. In this background, we have further focused on the models of telepsychiatry best suited for India, considering that mental health care can be integrated into primary care and taken to the doorstep of patients in the community.

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[http://repository.upenn.edu/edissertations\\_sp2/30/](http://repository.upenn.edu/edissertations_sp2/30/)

**In Their Own Words: Exploring The Unseen Wounds Of An OIF/OEF Veteran & A Civilian With Mild Traumatic Brain Injury.**

Aswood M. LaFortune, University of Pennsylvania

Degree Type: Dissertation

Degree Name: Doctor of Social Work (DSW)

Date of Award: Winter 2012

In the past, when thinking of injured soldiers returning home from war, pictures of individuals in wheelchairs with amputations might come to mind. It was hard to ignore those visible injuries. Soldiers returning home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) in Afghanistan can have unseen wounds, some in the form of Traumatic Brain Injuries (TBI). In the past individuals with TBI died of their injuries. Currently, advances in technology has drastically change our image of what an injured individual with TBI looks like, whether veterans or civilians. Unseen wounds such as TBIs pose a new set of challenges for an injured individual's reintegration into society.

**Objective:**

The purpose of this study was to gain insight into the experiences and needs of an OIF/OEF veteran and a civilian with TBI from their perspective.

**Method:**

A qualitative study was conducted using semi-structured intensive interviews with two participants (one civilian and one veteran) who suffered a traumatic brain injury. The interview information is presented in case study format that allowed for in-depth exploration of each participant's experience.

**Findings:**

Some of the core themes that emerged from the interviews included isolation, depression, somatic complaints, self-medication, and inability to return to work.

**Conclusion:**

The findings suggest that the road to recovery after a TBI contains challenges on a personal, familial, and

community level. Implications for social work education, practice, policy, and future research are also addressed.

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[http://www.rand.org/pubs/technical\\_reports/TR1317.html](http://www.rand.org/pubs/technical_reports/TR1317.html)

### **Interventions to Prevent Suicide: A Literature Review to Guide Evaluation of California's Mental Health Prevention and Early Intervention Initiative.**

Joie Acosta, Rajeev Ramchand, Lisa H. Jaycox, Amariah Becker, Nicole K. Eberhart

RAND Corporation

A number of prevention and early intervention initiatives aim to reduce the incidence of suicide, and the authors evaluate these initiatives by reviewing suicide prevention (SP) literature to learn about SP program effectiveness and the methodologies previously used to evaluate SP programs. Using evidence from the literature review, they provide an overview of the epidemiology of suicides and of non-fatal self-inflicted injuries in California and present a framework for conceptualizing SP programs. They find that identifying whether a SP program was effective at reducing suicide deaths is challenging because suicide is such a rare event. They also find that programs may have differential effects on population subgroups, because suicide rates differ by age, race, and gender. Finally, they determine that SP programs may show immediate reductions in suicide attempts but their long-term effects are uncertain.

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<http://www.ingentaconnect.com/content/amsus/zmm/2013/00000178/00000001/art00020>

### **Examining the Association Between Binge Drinking and Propensity to Join the Military.**

Authors: Barry, Adam E.; Stellefson, Michael L.; Hanik, Bruce; Tennant, Bethany L.; Whiteman, Shawn D.; Varnes, Julia; Wadsworth, Shelley M.

Source: Military Medicine, Volume 178, Number 1, January 2013 , pp. 37-42(6)

It is unclear to what degree previous and/or current alcohol consumption predicts enlistment into the military. The current investigation explored the extent to which binge drinking was related to propensity to join the military among a national sample of high school seniors (n = 14,577) responding to the 2008 Monitoring the Future survey. Independent sample t-tests and logistic regression analyses were employed to explore the research question. Results indicated that twelfth grade students who intended to join the military after graduating from high school binge drank a significantly greater number of days ( $p < 0.001$ , Cohen's  $d = -0.22$ ) than those not intending to enlist. Even after controlling for various sociodemographic and lifetime drinking characteristics, binge drinkers had a higher propensity to join the military (odds ratio = 1.079, Wald = 5.53,  $df = 1$ ,  $p < 0.05$ ) than those who did not binge. Moreover, as binge drinking increased, so did one's propensity to join the military. Our findings lend credence to the notion that high school binge drinkers may be self-selecting into military service. These findings

underscore the importance of adequately assessing the frequency of high-risk alcohol consumption and their associated correlates among potential military recruits before accession.

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<http://www.ncbi.nlm.nih.gov/pubmed/23280458>

Psychiatr Serv. 2013 Jan 1;64(1):71-5. doi: 10.1176/appi.ps.201100512.

**A strategic approach for prioritizing research and action to prevent suicide.**

Pringle B, Colpe LJ, Heintzen RK, Schoenbaum M, Sherrill JT, Claassen CA, Pearson JL.

Abstract

It is time to strategically apply science and accountability to the public health problem of preventable suicide. U.S. suicide rates have remained stable for decades. More than 36,000 individuals now die by suicide each year. A public health-based approach to quickly and substantially reduce suicides requires strategic deployment of existing evidence-based interventions, rapid development of new interventions, and measures to increase accountability for results. The purpose of this Open Forum is to galvanize researchers to further develop and consolidate knowledge needed to guide these actions. As researchers overcome data limitations and methodological challenges, they enable better prioritization of high-risk subgroups for targeted suicide prevention efforts, identification of effective interventions ready for deployment, estimation of the implementation impact of effective interventions in real-world settings, and assessment of time horizons for taking implementation to scale. This new knowledge will permit decision makers to take strategic action to reduce suicide and stakeholders to hold them accountable for results.

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<http://www.ncbi.nlm.nih.gov/pubmed/23273935>

J Affect Disord. 2012 Dec 25. pii: S0165-0327(12)00822-1. doi: 10.1016/j.jad.2012.11.055. [Epub ahead of print]

**Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters.**

Rajalin M, Hirvikoski T, Jokinen J.

Source: Department of Clinical Neuroscience/Psychiatry, Karolinska Institutet, Karolinska University Hospital, Solna, SE-171 76 Stockholm, Sweden; Södermalm Psychiatric Outpatient Services, Stockholm County Council, Sweden.



## Abstract

### BACKGROUND:

Family studies, including twin and adoption designs, have shown familial transmission of suicidal behaviors. Early environmental risk factors have an important role in the etiology of suicidal behavior. The aim of the present study was to assess the impact of family history of suicide and childhood trauma on suicide risk and on severity of suicide attempt in suicide attempters.

### METHODS:

A total of 181 suicide attempters were included. Family history of suicide was assessed with the Karolinska Suicide History Interview or through patient records. Childhood trauma was assessed with the Karolinska Interpersonal Violence Scale (KIVS) measuring exposure to violence and expressed violent behavior in childhood (between 6 and 14 years of age) and during adult life (15 years or older). Suicide intent was measured with the Freeman scale.

### RESULTS:

Male suicide attempters with a positive family history of suicide made more serious and well planned suicide attempts and had a significantly higher suicide risk. In logistic regression, family history of suicide and exposure to interpersonal violence as a child were independent predictors of suicide in male suicide attempters.

### LIMITATIONS:

The information about family history of suicide and exposure to interpersonal violence as a child derives from the patients only. In the first part of the inclusion period the information was collected from patient records.

### CONCLUSIONS:

The results of this study imply that suicides among those at biological risk might be prevented with the early recognition of environmental risks.

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<http://www.ncbi.nlm.nih.gov/pubmed?term=23274295>

J Nerv Ment Dis. 2013 Jan;201(1):48-51. doi: 10.1097/NMD.0b013e31827ab059.

**Anxiety sensitivity and sleep quality: independent and interactive predictors of posttraumatic stress disorder symptoms.**

Babson KA, Boden MT, Woodward S, Alvarez J, Bonn-Miller M.

Source: Center for Health Care Evaluation, Veterans Affairs Palo Alto Health Care System, CA; Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Palo Alto,

CA; National Center for PTSD, VA Palo Alto Health Care System, CA; and VA Palo Alto Health Care System, CA.

#### Abstract

A cardinal feature of posttraumatic stress disorder (PTSD) is decreased sleep quality. Anxiety sensitivity (AS) is one factor that has shown early theoretical and empirical promise in better understanding the relation between sleep quality and PTSD outcomes. The current study is the first to test the independent and interactive effects of sleep quality and AS on PTSD symptoms. Consistent with hypotheses, AS and sleep quality were found to be independent and interactive predictors of PTSD symptom severity in our sample of male military veterans seeking treatment for PTSD. Slope analyses revealed that AS was differentially related to PTSD symptom severity as a function of quality of sleep. The veterans with good sleep quality and relatively lower levels of AS had the lowest level of PTSD symptoms, whereas the veterans with poor sleep quality and low AS evidenced severity of PTSD symptoms similar to those with high AS.

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<http://www.ncbi.nlm.nih.gov/pubmed?term=23278677>

Suicide Life Threat Behav. 2012 Dec 28. doi: 10.1111/sltb.12003. [Epub ahead of print]

#### **Insomnia Symptoms, Nightmares, and Suicide Risk: Duration of Sleep Disturbance Matters.**

R Nadorff M, Nazem S, Fiske A.

Source: Department of Psychology, West Virginia University, Morgantown, WV, USA.

#### Abstract

Duration of insomnia symptoms or nightmares was investigated to see if it was related to suicide risk independent of current insomnia symptoms, nightmares, anxiety symptoms, depressive symptoms, and posttraumatic symptoms. The cross-sectional study involved analyses of survey responses from undergraduate students who endorsed either insomnia symptoms (n = 660) or nightmares (n = 312). Both insomnia symptom and nightmare duration were significantly associated with suicide risk independent of current insomnia symptoms or nightmares, respectively. Relations were also significant after controlling for anxiety symptoms, depressive symptoms, and posttraumatic symptoms. Results suggest that duration of sleep disturbance is relevant when assessing suicide risk.

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<http://www.ingentaconnect.com/content/routledg/uافت/2013/00000041/00000001/art00007>

#### **Multi-Couple Group Therapy With Members of the Military.**

Authors: Mouritsen, Jason; Rastogi, Mudita

Source: American Journal of Family Therapy, Volume 41, Number 1, 1 January 2013 , pp. 72-82(11)

Publisher: Routledge, part of the Taylor & Francis Group

This article examines the use of multi-couple group therapy treatment for couples in which at least one member has served in the military. Multi-couple group therapy could provide relief on a taxed system while improving the functioning and well-being of the Soldiers. The authors discuss trauma, the importance of the mission, military hierarchy, and frequent relocation as essential to understanding and working effectively with this population and how multi-couple group therapy could utilize the systemic influences to increase overall therapeutic efficacy. The article ends with a brief discussion on further research ideas.

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<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0048469>

### **Efficacy of Virtual Reality Exposure Therapy in the Treatment of PTSD: A Systematic Review.**

Gonçalves R, Pedrozo AL, Coutinho ESF, Figueira I, Ventura P

PLoS ONE

Received: June 26, 2012; Accepted: September 25, 2012; Published: December 27, 2012

The use of Information and Communication Technologies, such as virtual reality, has been employed in the treatment of anxiety disorders with the goal of augmenting exposure treatment, which is already considered to be the first-line treatment for Post-traumatic Stress Disorder (PTSD). To evaluate the efficacy of virtual reality exposure therapy (VRET) in the treatment of PTSD, we performed a systematic review of published articles using the following electronic databases: Web of Science, PubMed, PsycINFO, and PILOTS. Eligibility criteria included the use of patients diagnosed with PTSD according to DSM-IV, the use of cognitive behavioral therapy (CBT) and the use of virtual reality for performing exposure. 10 articles were selected, seven of which showed that VRET produced statistically significant results in comparison to the waiting list. However, no difference was found between VRET and exposure treatment. Of these 10, four were randomized, two were controlled but not randomized and four were non-controlled. The majority of the articles used head-mounted display virtual reality (VR) equipment and VR systems specific for the population that was being treated. Dropout rates do not seem to be lower than in traditional exposure treatment. However, there are a few limitations. Because this is a new field of research, there are few studies in the literature. There is also a need to standardize the number of sessions used. The randomized studies were analyzed to assess the quality of the methodology, and important deficiencies were noted, such as the non-use of intent-to-treat-analysis and the absence of description of possible concomitant treatments and comorbidities. Preliminary data suggest that VRET is as efficacious as traditional exposure treatment and can be especially useful in the treatment of patients who are resistant to traditional exposure.

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<http://journals.psychiatryonline.org/article.aspx?articleID=1555234>

### **Mental Health Service Utilization in the U.S. Army.**

Jodi B. A. McKibben, Ph.D.; Carol S. Fullerton, Ph.D.; Christine L. Gray, M.P.H.; Ronald C. Kessler, Ph.D.; Murray B. Stein, M.D., M.P.H.; Robert J. Ursano, M.D.

Psychiatric Services 2013; doi: 10.1176/appi.ps.000602012

#### **Objective:**

U.S. Army personnel experience significant burden from mental disorders, particularly during times of war and with multiple deployments. This study identified the rates and predictors of mental health service use by Army soldiers and examined the association of daily functioning with the various types of mental health service use.

#### **Methods:**

This study used the U.S. Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, which sampled 10,400 Army soldiers, representing 508,088 soldiers. Mental health service utilization over a 12-month period included receiving counseling or therapy from a general medical doctor, receiving counseling or therapy from a mental health professional, and being prescribed medications for depression, anxiety, or sleep. Current functioning was assessed with the Health-Related Quality of Life–4 instrument.

#### **Results:**

Of the active U.S. Army, 21% had used mental health services in the previous 12 months, and 48% of them had used two or more services. About 7% of soldiers saw a mental health specialist and were prescribed medication. Women (incidence rate ratio [IRR]=1.39, 95% confidence interval [CI]=1.19–1.63) and enlisted soldiers (IRR=1.93, CI=1.49–2.50) were more likely than others to use a greater number of services. Soldiers with higher versus lower levels of impaired functioning were 7.82 times more likely (CI=6.03–10.14) to use mental health services, 4.40 times more likely (CI=3.83–5.05) to use more services, and 3.18 times more likely (CI=1.85–5.49) to see a mental health specialist and to be prescribed medication.

#### **Conclusions:**

A substantial proportion of the Army accesses mental health services. Soldiers using the highest levels of care had the greatest impairment.

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<http://onlinelibrary.wiley.com/doi/10.1111/perc.12000/abstract>

### **Relational coping during deployment: Managing communication and connection in relationships.**

Kelly R. Rossetto, Department of Communication, Boston College

## Personal Relationships

Article first published online: 29 DEC 2012

Wartime deployment involves prolonged separation and creates uncertainty, fear, and disorganization in families (M. J. Peebles-Kleiger & J. H. Kleiger, 1994). This study examined how military wives/fiancées reported coping with the demands they associated with spousal deployment. Twenty-six in-depth interviews were conducted with wives and fiancées whose partners were currently deployed. Through qualitative analysis, 2 main coping themes emerged: (a) maintaining a mediated interpersonal connection and (b) choosing open versus restricted communication. Further analyses revealed that the former theme promoted 2 relationship functions (e.g., intimacy and positivity, confronting realities and fears) and the latter 4 functions (e.g., closeness, smooth reunion, outlet, and protection). On the basis of these coping strategies and functions, a conceptual framework for understanding relational coping communication patterns is proposed. Themes, practical applications, and theoretical implications are discussed.

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<http://ccs.sagepub.com/content/early/2012/12/26/1534650112469461.abstract>

### **Treating Violent Impulses: A Case Study Utilizing Eye Movement Desensitization and Reprocessing With a Military Client.**

Stephanie A. Wright and Mark C. Russell, PhD

Clinical Case Studies

December 28, 2012

The growing attention to acts of interpersonal violence and misconduct among military members has accompanied a host of research investigating the nature and causes associated with these behaviors. As such, a robust body of literature exists lending insight into risk factors and clinical presentations associated with anger and aggression; however, such factors are multidimensional and complex, particularly for those suffering with war stress injuries. Furthermore, mental health stigma and treatment compliance with exposure and cognitive-based models, particularly in clients with aggressive presentations, can impact successful outcomes. One active-duty marine was referred to an outpatient mental health clinic for the treatment of posttraumatic stress disorder (PTSD). Four sessions of eye movement desensitization and reprocessing (EMDR) were used to significantly reduce obsessive violent impulses, traumatic grief, and depression. The benefit of EMDR therapy as a treatment for violent impulses is explored. The results are promising, but more research is needed.

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<http://www.tandfonline.com/doi/abs/10.1080/01490400.2013.739897>

### **Doing More with Less: Women's Leisure During Their Partners' Military Deployment.**

Tara L. Werner, Charlene S. Shannon

Leisure Sciences

Vol. 35, Iss. 1, 2013

Women whose partners have been deployed on military missions during wartime typically experience increased stress as they adjust to maintaining work, family, and household roles. The purpose of this study was to explore leisure in the lives of women during their partners' deployment. Semi-structured, face-to-face interviews were conducted with 10 employed mothers whose partners had been deployed for at least a six-month period. Findings indicated that the loss of daily support from partners and concern for partners' safety contributed to women shifting their focus from individual to family leisure as a means of coping and caring for their children.

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[http://journals.lww.com/jonmd/Abstract/2013/01000/Anxiety\\_Sensitivity\\_and\\_Sleep\\_Quality\\_Independent.9.aspx](http://journals.lww.com/jonmd/Abstract/2013/01000/Anxiety_Sensitivity_and_Sleep_Quality_Independent.9.aspx)

**Anxiety Sensitivity and Sleep Quality: Independent and Interactive Predictors of Posttraumatic Stress Disorder Symptoms.**

Babson, Kimberly A. PhD; Boden, Matthew T. PhD; Woodward, Steven PhD; Alvarez, Jennifer PhD; Bonn-Miller, Marcel PhD

Journal of Nervous & Mental Disease:

January 2013 - Volume 201 - Issue 1 - p 48–51

A cardinal feature of posttraumatic stress disorder (PTSD) is decreased sleep quality. Anxiety sensitivity (AS) is one factor that has shown early theoretical and empirical promise in better understanding the relation between sleep quality and PTSD outcomes. The current study is the first to test the independent and interactive effects of sleep quality and AS on PTSD symptoms. Consistent with hypotheses, AS and sleep quality were found to be independent and interactive predictors of PTSD symptom severity in our sample of male military veterans seeking treatment for PTSD. Slope analyses revealed that AS was differentially related to PTSD symptom severity as a function of quality of sleep. The veterans with good sleep quality and relatively lower levels of AS had the lowest level of PTSD symptoms, whereas the veterans with poor sleep quality and low AS evidenced severity of PTSD symptoms similar to those with high AS.

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<http://www.ncbi.nlm.nih.gov/pubmed/23281049>

Depress Anxiety. 2012 Dec 28. doi: 10.1002/da.22048. [Epub ahead of print]

**Patterns Of Lifetime PTSD Comorbidity: A Latent Class Analysis.**

Galatzer-Levy IR, Nickerson A, Litz BT, Marmar CR.

Source: New York University School of Medicine, New York, New York.

Abstract

**BACKGROUND:**

Posttraumatic stress disorder (PTSD) is associated with high rates of psychiatric comorbidity, most notably substance use disorders, major depression, and other anxiety disorders. However, little is known about how these disorders cluster together among people with PTSD, if disorder clusters have distinct etiologies in terms of trauma type, and if they confer greater burden over and above PTSD alone.

**METHOD:**

Utilizing Latent Class Analysis, we tested for discrete patterns of lifetime comorbidity with PTSD following trauma exposure (n = 409). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID). Next, we examined if gender, trauma type, symptom frequency, severity, and interference with everyday life were associated with the latent classes.

**RESULTS:**

Three patterns of lifetime comorbidity with PTSD emerged: a class characterized by predominantly comorbid mood and anxiety disorders; a class characterized by predominantly comorbid mood, anxiety, and substance dependence; and a relatively pure low-comorbidity PTSD class. Individuals in both high comorbid classes had nearly two and a half times the rates of suicidal ideation, endorsed more PTSD symptom severity, and demonstrated a greater likelihood of intimate partner abuse compared to the low comorbidity class. Men were most likely to fall into the substance dependent class.

**CONCLUSION:**

PTSD comorbidity clusters into a small number of common patterns. These patterns may represent an important area of study, as they confer distinct differences in risk and possibly etiology. Implications for research and treatment are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23298814>

Int Emerg Nurs. 2013 Jan 5. pii: S1755-599X(12)00132-2. doi: 10.1016/j.ienj.2012.11.003. [Epub ahead of print]

**Do patients and clinicians differ in their assessment of suicidal intent after self-harm using the same suicide questionnaire scale?**

Hatcher S, Pimentel A.

Source: Department of Psychiatry, The University of Ottawa, Canada; Department of Psychological Medicine, University of Auckland, New Zealand. Electronic address: shatcher@uottawa.ca.

#### Abstract

There have been no studies looking at differences in clinicians and patients assessment of suicidal intent in adults after presenting to emergency departments with intentional self-harm. In a non-experimental correlational study patients were asked to complete the objective section of the Beck Suicide Intent Scale whilst clinicians, as part of their routine clinical evaluation, completed the same scale blind to the patients' ratings. Clinicians rated the suicide attempts consistently less seriously than the patients and there was poor agreement on individual questions (patients mean total score 6.86, clinicians mean total score 3.41, difference 3.45 (95% confidence interval 4.41-2.50) n=22, t=-7.52, p<0.01). The results may be explained by the requirement for clinicians to defend themselves against being overwhelmed by neediness, possibly leading to minimisation of the risk of suicide.

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<http://www.ncbi.nlm.nih.gov/pubmed/23296543>

Behav Sci Law. 2013 Jan 7. doi: 10.1002/bsl.2046. [Epub ahead of print]

#### **Risk Assessment in Mental Health Care: Values and Costs.**

Szmukler G, Rose N.

Source: Professor of Psychiatry and Society, Institute of Psychiatry, King's College London, De Crespigny Park, London, SE5 8AF, U.K.

#### Abstract

Risk assessment has assumed increasing salience in mental health care in a number of countries. The frequency of serious violent incidents perpetrated by people with a mental illness is an insufficient explanation. Understandings of mental illness and of the role of those charged with their care (or control) play a key role. "Moral outrage", associated with an implied culpability when certain types of tragedy occur, is very significant. This leads to tensions concerning the role of post-incident inquiries, and contributes to a flawed conception of what such inquiries can offer. At the same time, understanding of probability and prediction is generally very poor, among both professionals and the public. Unrealistic expectations for risk assessment and management in general psychiatric practice carry a variety of significant costs, taking a number of forms, to those with a mental illness, to mental health professionals and to services. Especially important are changes in professional practice and accountabilities that are significantly divorced from traditional practice, implications for trust in patient-clinician relationships and the organisations in which mental health professionals work, and practices



that often breach the ethical principle of justice (or fairness) and heighten discrimination against people with mental illness. Copyright © 2013 John Wiley & Sons, Ltd.

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<http://article.sapub.org/10.5923.j.ajbe.20120206.04.html>

### **A Mathematical Model of Suicidal-Intent-Estimation in Adults.**

Subhagata Chattopadhyay

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American Journal of Biomedical Engineering

p-ISSN: 2163-1050 e-ISSN: 2163-1077

2012; 2(6): 251-262

doi: 10.5923/j.ajbe.20120206.04

Retrospective assessment of suicidal intent is important to prevent future attempts. The objective of the study is to mathematically model the method of suicidal intent estimation. Real-life data of 200 suicide attempters has been collected according to Beck's suicide intent scale (BSIS), which is composed of three constructs and 20 indicators to assess the suicidal intent as 'low', 'medium' or 'high'. Each indicator possesses three preconditions for intent scoring. For conventional scoring first 15 indicators are used. The collected data has been analysed to note its distribution, reliability and mining significant indicators. Three Multilayer Feed Forward Neural Net (MLFFNN) classifiers have been developed. MLFFNN-1 is developed with first fifteen indicators to mimic the conventional way of scoring. MLFFNN-2 has been designed with all twenty indicators to note whether the network could better classify with more information. Significant (or quality) indicators, obtained through Multiple Linear Regressions and the Principal component analysis (PCA) are finally used to construct the MLFFNN-3. It is to see whether high quality information better influence the classification task. Performances of the neural nets are then compared and validated with the scorings performed by a group of psychiatrists (who are the human experts) and the regressions analysis. The paper observes that MLFFNNs have outperformed the human experts and regressions in terms of both speed and accuracy. MLFFNN-1 is found to be the best of the lot. It concludes that BSIS could efficiently be mapped onto neural networks.

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<http://www.ijmhs.com/content/7/1/1/abstract>

### **Conscious Presence and Self Control as a measure of situational awareness in soldiers -- A validation study.**

Arndt Büssing, Harald Walach, Niko Kohls, Fred Zimmermann and Marion Trousselard

Published: 7 January 2013

### Background

The concept of 'mindfulness' was operationalized primarily for patients with chronic stressors, while it is rarely used in reference to soldiers. We intended to validate a modified instrument on the basis of the Freiburg Mindfulness Inventory (FMI) to measure soldiers' situational awareness ('mindfulness') in stressful situations/missions. The instrument we will explore in this paper is termed the Conscious Presence and Self Control (CPSC) scale.

### Methods

The CPSC and further instruments, i.e., Perceived Stress Scale (PSS), stressful military experiences (PCL-M), life satisfaction (BMLSS), Positive Life Construction (ePLC), and self-perceived health affections (VAS), were administered to 281 German soldiers. The soldiers were mainly exposed to explosive ordnance, military police, medical service, and patients with posttraumatic stress disorders.

### Results

The 10-item CPSC scale exhibited a one-factorial structure and showed a good internal consistence (Cronbach's alpha = .86); there were neither ceiling nor bottom effects. The CPSC scores correlated moderately with Positive Life Construction and life satisfaction, and negatively with perceived stress and health affections. Regression analyses indicated that posttraumatic stress disorder symptoms (negative), and the development of effective strategies to deal with disturbing pictures and experiences (positive) were the best predictor of soldiers' CPSC scores. Soldiers with health affections exhibiting impact upon their daily life had significantly lower CPSC scores than those without impairment ( $F=8.1$ ;  $p < .0001$ ).

### Conclusions

As core conceptualizations of 'mindfulness' are not necessarily discussed in a military context, the FMI was adopted for military personnel populations, while its two factorial structure with the sub-constructs 'acceptance' and 'presence' was retained. The resulting 10-item CPSC scale had good internal consistence, sound associations with measures of health affections and life satisfaction, and thus can be used as a short and rapid measure in pre-post mission and interventional studies.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21768/abstract>

### **Readiness for Change Predicts VA Mental Healthcare Utilization Among Iraq and Afghanistan War Veterans.**

Jakupcak, M., Hoerster, K. D., Blais, R. K., Malte, C. A., Hunt, S. and Seal, K.

Journal of Traumatic Stress

Article first published online: 14 JAN 2013

Many veterans present to Veteran Affairs (VA) care intending to seek mental health treatment for symptoms of posttraumatic stress disorder (PTSD), depression, and/or alcohol misuse, yet most subsequently underutilize mental health care. This study examined the association of readiness for change with outpatient VA mental health care utilization in 104 treatment-seeking Iraq and Afghanistan war veterans who screened positive for PTSD, depression, and/or alcohol misuse at intake. Multivariate analyses demonstrated that readiness for change assessed at intake was positively associated (Incident Rate Ratio [IRR] = 1.22) with prospective outpatient mental health care utilization with demographic factors, military characteristics, and mental health burden in the model. Results suggest that interventions that target readiness to change, such as motivational interviewing, may improve treatment utilization in veterans presenting for mental health care.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21771/abstract>

### **Hotspots in Trauma Memories and Their Relationship to Successful Trauma-Focused Psychotherapy: A Pilot Study.**

Nijdam, M. J., Baas, M. A. M., Olf, M. and Gersons, B. P. R.

Journal of Traumatic Stress

Article first published online: 11 JAN 2013

Imaginal exposure is an essential element of trauma-focused psychotherapies for posttraumatic stress disorder (PTSD). Exposure should in particular focus on the “hotspots,” the parts of trauma memories that cause high levels of emotional distress which are often reexperienced. Our aim was to investigate whether differences in the focus on hotspots differentiate between successful and unsuccessful trauma-focused psychotherapies. As part of a randomized trial, 45 PTSD patients completed brief eclectic psychotherapy for PTSD. We retrospectively assessed audio recordings of therapy sessions of 20 patients. Frequency of hotspots and the associated emotions, cognitions, and characteristics were compared for the most successful (n = 10) versus the least successful (n = 10) treatments. The mean number of unique hotspots per patient was 3.20, and this number did not differ between successful and unsuccessful treatments. In successful treatments, however, hotspots were more frequently addressed ( $r = .48$ ), and they were accompanied by more characteristics of hotspots ( $r = .39$ ), such as an audible change in affect, indicating medium- to large-sized effects. Repeatedly focusing on hotspots and looking for associated characteristics of hotspots may help clinicians to enhance the efficacy of imaginal exposure for patients who would otherwise show insufficient response to treatment.

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<http://mss3.libraries.rutgers.edu/dlr/showfed.php?pid=rutgers-lib:38958>

### **Protecting Newly Deployed Troops From PTSD: The Role Of Preparedness.**

Ray, Kathleen Giblin

A Dissertation submitted to the Graduate School-New Brunswick

Rutgers, The State University of New Jersey

in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Graduate Program in Social Work

October 2012

Posttraumatic stress disorder (PTSD) is a serious problem in the military that negatively affects veterans, their families, and military readiness. Previous studies on PTSD have found that veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom have both risk factors and protective factors that contribute to the development of symptoms of PTSD but little is known on how or if these factors interact to prevent the development of symptoms of PTSD. This study used a hierarchical multiple regression to test the curvilinear moderating relationship of combat exposure on the relationship between military preparedness and the development of symptoms of PTSD in a sample of 418 veterans seen for evaluation at the New Jersey War Related Injury and Illness Center. Using Inoculation theory as a conceptual framework, this study examined the main and interaction effects of military preparedness and combat exposure on the development of symptoms of PTSD. This was the first study to test this relationship. Statistical analyses were conducted using SPSS and included descriptive analyses and hierarchical multiple regression. The results of this study demonstrated that 42% of the veterans in this sample had symptoms of PTSD. Both military preparedness and combat exposure predicted the development of PTSD but in opposite directions and in separate pathways. As military preparedness increased, the development of symptoms of PTSD decreased while an increase of combat exposure increased the development of symptoms of PTSD. There was no interaction between the two main variables examined in this study. It was also found that one deployment was more likely to predict the development of symptoms of PTSD than multiple deployments. Combat exposure, however, was not found to moderate the relationship between military preparedness and the development of symptoms of PTSD. These results suggest opportunities to create appropriate PTSD prevention strategies prior, during and after deployment to service members. Practical implications include improving military preparedness in PTSD prevention programs, monitoring of impact of combat exposure, and expanding social work interventions to support service members' transition to civilian life.

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<http://www.trialsjournal.com/content/14/1/9/abstract>

**Improving the application of a practice guideline for the assessment and treatment of suicidal behavior by training the full staff of psychiatric departments via an e-learning supported Train-the-Trainer program: study protocol for a randomized controlled trial.**

Derek P de Beurs, Marieke H de Groot, Jos de Keijser, Bastiaan Verwey, Jan Mokkenstorm, Jos WR Twisk, Erik van Duijn, Albert M van Hemert, Lia Verlinde, Jan Spijker, Bert van Luijn, Jan Vink and Ad JFM Kerkhof

Trials 2013, 14:9

Published: 9 January 2013

#### Background

In 2012, in The Netherlands a multidisciplinary practice guideline for the assessment and treatment of suicidal behavior was issued. The release of guidelines often fails to change professional behavior due to multiple barriers. Structured implementation may improve adherence to guidelines. This article describes the design of a study measuring the effect of an e-learning supported Train-the-Trainer program aiming at the training of the full staff of departments in the application of the guideline. We hypothesize that both professionals and departments will benefit from the program.

#### Method

In a multicenter cluster randomized controlled trial, 43 psychiatric departments spread over 10 regional mental health institutions throughout The Netherlands will be clustered in pairs with respect to the most prevalent diagnostic category of patients and average duration of treatment. Pair members are randomly allocated to either the experimental or the control condition. In the experimental condition, the full staff of departments, that is, all registered nurses, psychologists, physicians and psychiatrists (n = 532, 21 departments) will be trained in the application of the guideline, in a one-day small interactive group Train-the-Trainer program. The program is supported by a 60-minute e-learning module with video vignettes of suicidal patients and additional instruction. In the control condition (22 departments, 404 professionals), the guideline shall be disseminated in the traditional way: through manuals, books, conferences, internet, reviews and so on. The effectiveness of the program will be assessed at the level of both health care professionals and departments.

#### Discussion

We aim to demonstrate the effect of training of the full staff of departments with an e-learning supported Train-the-Trainer program in the application of a new clinical guideline. Strengths of the study are the natural setting, the training of full staff, the random allocation to the conditions, the large scale of the study and the willingness of both staff and management to participate in the study.

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<http://www.ncbi.nlm.nih.gov/pubmed/23301518>

Suicide Life Threat Behav. 2013 Jan 10. doi: 10.1111/sltb.12006. [Epub ahead of print]

#### **Development of a Scale to Assess Knowledge about Suicide Postvention using Item Response Theory.**

Nader IW, Niederkrotenthaler T, Schild AH, Koller I, Tran US, Kapusta ND, Sonneck G, Voracek M.

Source: Department of Basic Psychological Research and Research Methods, School of Psychology, University of Vienna, Vienna, Austria.

#### Abstract

Knowledge about suicide postvention (KSPV) is an important distal outcome in the evaluation of suicide prevention programs that focus on the bereaved. However, most scales are specifically tailored to the evaluation study in question and psychometric properties are often unsatisfactory. Therefore, we developed the KSPV scale. Scale properties were investigated with Rasch trees, a newly developed method in the framework of item response theory. Additionally, we provide cues for convergent validity. In summary, the scale shows satisfactory properties for assessing KSPV and could be used to evaluate suicide postvention programs more effectively.

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<http://anp.sagepub.com/content/early/2013/01/04/0004867412471977.abstract>

#### **A randomised controlled trial of the Flinders Program™ of chronic condition management in Vietnam veterans with co-morbid alcohol misuse, and psychiatric and medical conditions.**

Malcolm W Battersby, Jill Beattie, Rene G Pols, David P Smith, John Condon, and Sarah Blunden

Aust N Z J Psychiatry 0004867412471977, first published on January 10, 2013  
doi:10.1177/0004867412471977

#### Objective:

To evaluate the efficacy of the Flinders Program™ of chronic condition management on alcohol use, psychosocial well-being and quality of life in Vietnam veterans with alcohol misuse.

#### Method:

This 9-month wait-list, randomised controlled trial used the Alcohol Use Disorders Identification Test (AUDIT) score  $\geq 8$  as the entry criterion. Intervention veterans received the Flinders Program plus usual care and controls received usual care. The primary outcome measure was AUDIT score at baseline, 3, 6 and 9 months. Secondary measures included quality of life, alcohol dependence (DSM-IV), anxiety and depression. All measures were repeated at variable trial end dates between 9 and 18 months in the intervention group.

#### Results:

Randomisation resulted in 46 intervention and 31 control participants. Intent-to-treat analyses showed AUDIT scores improved significantly from baseline to 9-month follow-up ( $p = 0.039$ ) in the intervention group compared to control group. The control group had 1.46 times the risk of alcohol dependence than the intervention group at 9 months ( $p = 0.027$ ). There were no significant differences between groups for secondary measures. Within-group analyses showed that both groups significantly improved in

AUDIT ( $p < 0.001$ ), anxiety and depression ( $p < 0.01$ ), anger ( $p < 0.001$ ), and post-traumatic stress ( $p < 0.01$ ). Improvements in AUDIT ( $p < 0.001$ ) and alcohol dependence were maintained in the intervention group to 18 months.

Conclusions:

Use of the Flinders Program in addition to usual care resulted in reduced alcohol use, reduced alcohol dependence, and global clinical improvement in Vietnam veterans with risky alcohol behaviours and chronic mental health problems. The findings demonstrate that the Flinders Program provides a structured framework for delivering self-management support, case management and coordinated care for people with chronic conditions. This clinical approach has the potential to bridge the gap between physical and mental illness service delivery for people with long-term conditions in Australia.

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<https://dspace.smith.edu/handle/11020/24081>

**Normal developmental vulnerabilities of 17-24 year olds confounding informed consent to enlist in the military.**

Seather-Brady, Deanna L

Thesis (M.S.W.)--Smith College School for Social Work, Northampton, Mass., 2012

Researchers have identified the youngest soldiers (17-24 years old) in the United States military as particularly vulnerable to the emotional and physical consequences of war, including death. This theoretical thesis examines the capacity of 17-24 year old males to conceptualize consequences fully -- i.e., make informed consent decisions -- about enlisting for combat. The focus on 17-24 year old males is due to their much higher involvement in military combat than female enlisted. Much current thinking does not question 17-24 year old males' capacity for informed consent, but recent neurological and developmental research documents that brain functions underlying decision-making are underdeveloped until at least age 25. This thesis reviews the current psychosocial and related neurophysiological research re: typical development of 17-24 year olds, emphasizing developmental vulnerabilities that impact decision-making and thus informed consent. Additionally, ethical and moral responsibilities of professional social workers, individuals, and the collective society are reviewed -- specifically, to educate others about the typical developmental vulnerabilities of 17-24 year old males; to advocate for a delay in sending them into combat until at least age 25, and to intervene in the healing of young returning veterans -- currently overrepresented among those injured in combat.

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<http://onlinelibrary.wiley.com/doi/10.1002/j.2161-1912.2013.00024.x/abstract>

**Traditional Machismo and Caballerismo as Correlates of Posttraumatic Stress Disorder, Psychological Distress, and Relationship Satisfaction in Hispanic Veterans.**

Herrera, C. J., Owens, G. P. and Mallinckrodt, B.

An online survey was used to examine 45 Hispanic male veterans' traditional machismo and caballerismo as correlates of posttraumatic stress disorder (PTSD), psychological distress, and relationship satisfaction. Higher traditional machismo was associated with higher PTSD severity and distress and lower relationship satisfaction. Psychometric properties of the Traditional Machismo and Caballerismo Scale were explored.

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<http://www.tandfonline.com/doi/abs/10.1080/10911359.2013.737290>

### **Application of E-Therapy Programs to the Social Work Practice.**

John Wodarski, Jaime Frimpong

Journal of Human Behavior in the Social Environment

Vol. 23, Iss. 1, 2013

The many applications of the use of e-therapy in social work practice are reviewed. Salient issues regarding technological interventions, including ethical dilemmas, are elucidated. Applications discussed include the use of this evidence-based technology in treatment of substance abuse, anxiety disorders, depression, and other mental health diagnoses. Most significantly, e-therapy provides means of reaching 85% of clients who need services yet do not receive them.

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[http://buildingcapacity.usc.edu/AMEPRE\\_3647-stamped\\_Jan\\_8.pdf](http://buildingcapacity.usc.edu/AMEPRE_3647-stamped_Jan_8.pdf)

### **Substance Use Among Military-Connected Youth: The California Healthy Kids Survey.**

Tamika D. Gilreath, PhD, Julie A. Cederbaum, PhD, MSW, MPH, Ron Avi Astor, PhD, MSW, Rami Benbenishty, PhD, Diana Pineda, MSW, MHA, Hazel Atuel, PhD

Am J Prev Med 2013;44(2):150–153

Background:

Young people in military-connected families may be exposed to deleterious stressors, related to family member deployment, that have been associated with externalizing behaviors such as substance use. Substance use predisposes youth to myriad health and social problems across the life span.

Purpose:

This study examined the prevalence and correlates of lifetime and recent substance use in a normative sample of youth who were either connected or not connected to the military.



#### Methods:

Data are from a subsample of the 2011 California Healthy Kids Survey (N=14,149). Items in the present analyses included present familial military affiliation (no one, parent, sibling); number of deployments (none, one, two or more); gender; grade; and race/ethnicity. Substance use items assessed whether the youth reported lifetime use of alcohol, tobacco, marijuana, other drugs, or prescription drugs; and recent (past 30 days) use of alcohol, tobacco, marijuana, and other drugs.

#### Results:

Multivariate analysis conducted in 2012 revealed that an increase in the number of deployments was associated with a higher likelihood of lifetime and recent use, with the exception of lifetime smoking.

#### Conclusions:

These results indicate that experiences associated with deployment of a family member may increase the likelihood of substance use. (Am J Prev Med 2013;44(2):150–153) © 2013 Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine

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[http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2066172](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2066172)

### **Unemployment, Earnings and Enrollment among Post 9/11 Veterans.**

Meredith Kleykamp

University of Maryland - Department of Sociology

May 16, 2012

Social Science Research , Forthcoming

This paper examines three outcomes characterizing different aspects of post 9/11 veterans' economic reintegration to civilian life: unemployment, earnings, and college enrollment, using Current Population Survey data from 2005 to 2011. Analyses include interactions of veteran status with sex, race/ethnicity, and educational attainment to evaluate whether diverse veterans experience diverse consequences of service. In brief, I find that the basic unemployment differences between veterans and non-veterans often reported in the media understate the effect of military service on unemployment for men, since veterans have other characteristics that are associated with higher employment rates. Female veterans appear to suffer a steeper employment penalty than male veterans, but black veterans appear to suffer less of a penalty than white veterans. But on two other measures, earnings and college enrollment, veterans appear to be doing better than their civilian peers. Veterans with a high school education or less outearn their civilian peers, but veterans with at least some college education appear to lose some or all of the veteran earnings advantage compared to veterans with a high school degree, suggesting the greatest wage returns to military service accrue among the least educated. Veterans with at least a high school education are more likely to be enrolled in college than their civilian peers. Treating veterans as a monolithic block obscures differences in the consequences of military service across diverse groups.

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<http://www.biomedcentral.com/1471-244X/13/25/abstract>

**Association of the 5HTR2A gene with suicidal behavior: CASE-control study and updated meta-analysis.**

Thelma Beatriz González-Castro, Carlos Tovilla-Zárate, Isela Juárez-Rojop, Sherezada Pool García, Martha Patricia Velázquez-Sánchez, Alma Genis, Humberto Nicolini and Lilia López Narváez

BMC Psychiatry 2013, 13:25

Published: 12 January 2013

**Background**

The polymorphism rs6313 (T102C) has been associated with suicidal behavior in case--control and meta-analysis studies, but results and conclusions remain controversial. The aim of the present study was to examine the association between T102C with suicidal behavior in a case--control study and, to assess the combined evidence -- this case--control study and available data from other related studies -- we carried out a meta-analysis.

**Methods**

We conducted a case--control study that included 161 patients with suicide attempts and 244 controls; we then performed a meta-analysis. The following models were evaluated in the meta-analysis: A) C allele vs T allele; B) T allele vs C allele; C) Caucasian population, D) Asian population, and E) suicide attempters with schizophrenia.

**Results**

We found an association between attempted suicide and control participants for genotype ( $\chi^2=6.28$ ,  $p=0.04$ ,  $df=2$ ) and allele ( $\chi^2=6.17$ ,  $p=0.01$ ,  $df=1$ , OR 1.48 95% IC: 1.08-2.03) frequencies in the case--control study. The meta-analysis, comprising 23 association studies (including the present one), showed that the rs6313 polymorphism is not associated with suicidal behavior for the following comparisons: T allele vs C allele (OR: 1.03; 95% CI 0.93-1.13;  $p(Z)=0.44$ ); C allele vs T allele: (OR:0.99; 95% CI: 0.90-1.08;  $p(Z)=0.22$ ); Caucasians (OR:1.09; 95% CI: 0.96-1.23), and Asians (OR:0.96; 95% CI: 0.84-1.09).

**Conclusion**

Our results showed association between the rs6313 (T102C) polymorphism and suicidal behavior in the case--control study. However, the meta-analysis showed no evidence of association. Therefore, more studies are necessary to determine conclusively an association between T102C and suicidal behavior.

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<http://www.ncbi.nlm.nih.gov/pubmed/23308337?dopt=Abstract>

J Exp Psychopathol. 2012 Apr 23;3(3):368-392.

## **The Effects of Expressive and Experiential Suppression on Memory Accuracy and Memory Distortion in Women with and Without PTSD.**

Moore SA, Zoellner LA.

Source: Department of Psychology, University of Washington, Seattle, WA, USA.

### Abstract

Specific emotion regulation strategies impinge on cognitive resources, impairing memory accuracy; however, their effects on memory distortion have been largely unexamined. Further, little is known about the effects of emotion regulation on memory in individuals with posttraumatic stress disorder (PTSD), who exhibit both emotion regulation and memory difficulties. We examined the effects of expressive suppression (i.e., concealing visible signs of emotion), experiential suppression (i.e., suppressing the subjective emotional experience), and control instructions on memory accuracy and distortion in trauma-exposed individuals with PTSD, those without PTSD, and psychologically healthy controls. Expressive and, to a lesser degree, experiential suppression led to poorer memory accuracy and both expressive and experiential suppression led to less memory distortion compared to control instructions. Participants with and without PTSD did not significantly differ. Under high cognitive load, irrelevant details may receive more processing, potentially leading to lower accuracy but improved processing of source information, preventing memory distortion.

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<http://www.biomedcentral.com/1471-244X/13/22/abstract>

## **The effectiveness of individual interpersonal psychotherapy as a treatment for major depressive disorder in adult outpatients: a systematic review.**

Madelon L van Hees, Thomas Rotter, Tim Ellermann and Silvia M Evers

### Background

This systematic review describes a comparison between several standard treatments for major depressive disorder (MDD) in adult outpatients, with a focus on interpersonal psychotherapy (IPT).

### Methods

Systematic searches of PubMed and PsycINFO studies between January 1970 and August 2012 were performed to identify (C-)RCTs, in which MDD was a primary diagnosis in adult outpatients receiving individual IPT as a monotherapy compared to other forms of psychotherapy and/or pharmacotherapy.

### Results

1233 patients were included in six eligible studies, out of which 854 completed treatment in outpatient facilities. IPT combined with nefazodone improved depressive symptoms significantly better than sole nefazodone, while undefined pharmacotherapy combined with clinical management improved symptoms better than sole IPT. IPT or imipramine hydrochloride with clinical management showed a

better outcome than placebo with clinical management. Depressive symptoms were reduced more in CBASP (cognitive behavioral analysis system of psychotherapy) patients in comparison with IPT patients, while IPT reduced symptoms better than usual care and wait list condition.

#### Conclusions

The differences between treatment effects are very small and often they are not significant. Psychotherapeutic treatments such as IPT and CBT, and/or pharmacotherapy are recommended as first-line treatments for depressed adult outpatients, without favoring one of them, although the individual preferences of patients should be taken into consideration in choosing a treatment.

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<http://www.biomedcentral.com/1471-244X/13/21/abstract>

#### **Low intensity vs. self-guided Internet-delivered psychotherapy for major depression: a multicenter, controlled, randomized study.**

Yolanda López-del-Hoyo, Barbara Olivan, Juan V Luciano-Devis, Fermín Mayoral, Miquel Roca, Margalida Gili, Eva Andres, Antoni Serrano-Blanco, Francisco Collazo, Ricardo Araya, Rosa Baños, Cristina Botella, Rosa Magallón and Javier García Campayo

BMC Psychiatry 2013, 13:21

Published: 11 January 2013

#### Background

Major depression will become the second most important cause of disability in 2020. Computerised cognitive-behaviour therapy could be an efficacious and cost-effective option for its treatment. No studies on cost-effectiveness of low intensity vs self-guided psychotherapy has been carried out. The aim of this study is to assess the efficacy of low intensity vs self-guided psychotherapy for major depression in the Spanish health system.

#### Methods

The study is made up of 3 phases: 1.- Development of a computerised cognitive-behaviour therapy for depression tailored to Spanish health system. 2.- Multicenter controlled, randomized study: A sample (N=450 patients) with mild/moderate depression recruited in primary care. They should have internet availability at home, not receive any previous psychological treatment, and not suffer from any other severe somatic or psychological disorder. They will be allocated to one of 3 treatments: a) Low intensity Internet-delivered psychotherapy + improved treatment as usual (ITAU) by GP, b) Self-guided Internet-delivered psychotherapy + ITAU or c) ITAU. Patients will be diagnosed with MINI psychiatric interview. Main outcome variable will be Beck Depression Inventory. It will be also administered EuroQol 5D (quality of life) and Client Service Receipt Inventory (consume of health and social services). Patients will be assessed at baseline, 3 and 12 months. An intention to treat and a per protocol analysis will be performed.

## Discussion

The comparisons between low intensity and self-guided are infrequent, and also a comparative economic evaluation between them and compared with usual treatment in primary. The strength of the study is that it is a multi-centre, randomized, controlled trial of low intensity and self-guided Internet-delivered psychotherapy for depression in primary care, being the treatment completely integrated in primary care setting.

Trial registration: Clinical Trials NCT01611818

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<http://www.ncbi.nlm.nih.gov/pubmed/23300515?dopt=Abstract>

PLoS One. 2012;7(12):e48469. doi: 10.1371/journal.pone.0048469. Epub 2012 Dec 27.

## **Efficacy of Virtual Reality Exposure Therapy in the Treatment of PTSD: A Systematic Review.**

Gonçalves R, Pedrozo AL, Coutinho ES, Figueira I, Ventura P.

Source: Institute of Psychology, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil.

## Abstract

The use of Information and Communication Technologies, such as virtual reality, has been employed in the treatment of anxiety disorders with the goal of augmenting exposure treatment, which is already considered to be the first-line treatment for Post-traumatic Stress Disorder (PTSD). To evaluate the efficacy of virtual reality exposure therapy (VRET) in the treatment of PTSD, we performed a systematic review of published articles using the following electronic databases: Web of Science, PubMed, PsycINFO, and PILOTS. Eligibility criteria included the use of patients diagnosed with PTSD according to DSM-IV, the use of cognitive behavioral therapy (CBT) and the use of virtual reality for performing exposure. 10 articles were selected, seven of which showed that VRET produced statistically significant results in comparison to the waiting list. However, no difference was found between VRET and exposure treatment. Of these 10, four were randomized, two were controlled but not randomized and four were non-controlled. The majority of the articles used head-mounted display virtual reality (VR) equipment and VR systems specific for the population that was being treated. Dropout rates do not seem to be lower than in traditional exposure treatment. However, there are a few limitations. Because this is a new field of research, there are few studies in the literature. There is also a need to standardize the number of sessions used. The randomized studies were analyzed to assess the quality of the methodology, and important deficiencies were noted, such as the non-use of intent-to-treat-analysis and the absence of description of possible concomitant treatments and comorbidities. Preliminary data suggest that VRET is as efficacious as traditional exposure treatment and can be especially useful in the treatment of patients who are resistant to traditional exposure.

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<http://www.ncbi.nlm.nih.gov/pubmed/23299258?dopt=Abstract>

J Rehabil Res Dev. 2012 Aug;49(6):867-78.

**Insomnia treatment acceptability and preferences of male Iraq and Afghanistan combat Veterans and their healthcare providers.**

Epstein DR, Babcock-Parziale JL, Haynes PL, Herb CA.

Source: Phoenix VA Health Care System, 650 E Indian School Rd (RS/151), Phoenix, AZ 85012.  
dana.epstein@va.gov.

Abstract

Sleep difficulty is a prevalent problem among returning Veterans. Although there is strong evidence for the efficacy and durability of cognitive-behavioral treatment for insomnia (CBT-I) in the general population, the interventions require motivation, attention, and adherence from patients to achieve successful outcomes. Given the unique characteristics of Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Veterans who have experienced blast-related injuries and other trauma, CBT-I for these patients may require modification, including alternative delivery methods, to ensure effective implementation and positive outcomes. We interviewed 18 OIF/OEF Veterans who screened positive for mild traumatic brain injury and 19 healthcare providers to determine the acceptability of insomnia treatments and preferences for the interventions and treatment delivery. Veterans and providers had distinct preferences for insomnia treatment and its delivery. The treatments the Veterans found most acceptable were also the ones they preferred: relaxation treatment and pharmacotherapy. The providers identified relaxation therapy as the most acceptable treatment. Veterans preferred the individual treatment format as well as electronic methods of treatment delivery. Despite some differences between patients and providers, a compromise through modification of empirically supported behavioral treatments is feasible, and implications for preference-based insomnia intervention development and testing are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23298713?dopt=Abstract>

CNS Spectr. 2013 Jan 8:1-5. [Epub ahead of print]

**Attentional functioning in patients with posttraumatic stress disorder: a preliminary study.**

Horner MD, Mintzer JE, Turner TH, Edmiston KR, Brawman-Mintzer O.

Source: Ralph H. Johnson Department of Veterans Affairs Medical Center, Charleston, South Carolina, USA; Medical University of South Carolina, Charleston, South Carolina, USA.

## Abstract

### OBJECTIVE:

To compare patients with posttraumatic stress disorder (PTSD) to patients without psychiatric or cognitive disorders on neuropsychological measures of attention.

### METHODS:

The sample included 19 patients with PTSD and 22 participants with no cognitive or psychiatric diagnosis. All had been referred for clinical neuropsychological evaluation at a VA Medical Center. None were diagnosed with dementia, delirium, or current substance dependence except nicotine or caffeine, and none had a history of stroke or of traumatic brain injury with loss of consciousness. Patients were excluded if they failed to exert adequate effort on testing.

### RESULTS:

PTSD patients performed significantly more poorly than patients without psychiatric diagnoses on Digit Span. Conclusion PTSD patients were impaired relative to participants without psychiatric diagnoses on a measure of focused attention. Several factors, including the small sample size, suggest that the results should be considered preliminary.

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<http://www.ncbi.nlm.nih.gov/pubmed/23299116?dopt=Abstract>

J Anxiety Disord. 2012 Nov 3;27(1):25-32. doi: 10.1016/j.janxdis.2012.10.003. [Epub ahead of print]

### **A retrospective study of anxiety disorder diagnoses in the military from 2000 to 2009.**

Lovering ME, Proctor SP, Heaton KJ.

Source: U.S. Army Research Institute of Environmental Medicine, 42 Kansas Street, Natick, MA, USA.  
Electronic address: meghan.lovering@us.army.mil.

## Abstract

The objective of this study was to describe trends in the diagnostic rates for anxiety disorders (ADs) types in the U.S. military from 2000 to 2009. Data for the numbers of diagnosed cases for the first documented occurrence of ADs during ambulatory visits while serving in the military were obtained from the Defense Medical Epidemiology Database for all active duty service members and examined across branch of service and by gender. Results indicate that Anxiety Not Otherwise Specified (ANOS) was the most frequently diagnosed AD type in each of the 10 years between 2000 and 2009, with an average rate of 0.8 per 100 service members for first service occurrence, followed by PTSD at a rate of 0.5 out of every 100. Starting in 2002, the yearly first occurrence rates of ANOS and PTSD were significantly higher ( $p < 0.001$ ) compared to each preceding year, with the same pattern present among males and females separately. The majority of first occurrence AD diagnoses were diagnosed in the

Army (47% of Anxiety NOS and 60% of PTSD cases) compared to the other service branches (i.e., Navy, Air Force, and Marines).

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2012.721062>

### **Approaching Family-Focused Systems of Care for Military and Veteran Families.**

Shelley MacDermid Wadsworth, Patricia Lester, Christina Marini, Stephen Cozza, Jo Sornborger, Thomas Strouse, William Beardslee

Military Behavioral Health

Version of record first published: 11 Dec 2012

Although current research recognizes robust interdependence among family members, it is not yet evident that such principles have fully integrated into existing systems of care for military and veteran families. Such gaps can create disadvantages in delivering effective support, prevention, and treatment, while including families may yield significant advantages. This article highlights theoretical frameworks and empirical evidence that illustrate the relevance of systemic approaches to supporting service members, veterans, and their families. We discuss examples of family-centered approaches already in place and identify gaps in existing systems of care.

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<https://dspace.smith.edu/bitstream/handle/11020/24033/BiltzFinal.pdf>

### **Resiliency on the Home Front: Addressing the Needs of Family And Friends of Unmarried Military Members During Deployment.**

Michelle Biltz

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Smith College School for Social Work  
Northampton, Massachusetts 01063

2012

This study was undertaken to explore the needs of family and close friends of unmarried military members. Unmarried military members depend on parents, relatives, siblings, significant others, and close friends for support during deployments, however there is limited research available on the needs



of this population. The main research question was: What are the needs of family and close friends of unmarried military members during deployment?

A questionnaire was used to recruit participants through Facebook military communities and online military community forums. There were 33 total participants who were asked to identify an unmarried military member with whom they had a relationship with and who had been deployed to Iraq or Afghanistan. They were also asked to answer questions about community and military resources used, barriers to accessing resources, and what they would want improved, expanded or created in terms of resources.

The findings of this research suggest four major findings: Participants are restricted in accessing military resources because they do not meet the military's definition of family, participants reported living too far away from resources to use them and that they often do not know how to find available resources, participants want more available resources that provide support and shared experiences, and lastly same-sex partners do not trust available resources and want a safe space to have their needs met. A gap exists in current research that does not look at the needs of the support system for unmarried military members.

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<http://www.tandfonline.com/doi/abs/10.1080/01639625.2012.726173>

### **Desistance in the Transition to Adulthood: The Roles of Marriage, Military, and Gender.**

Jessica Craig, Holly Foster

Deviant Behavior

Vol. 34, Iss. 3, 2013

Research is needed on desistance from crime comparatively by gender. This research uses a national longitudinal sample of youth transitioning to adulthood. Drawing on Sampson and Laub's Age-Graded Theory of Informal Social Control, social bonds found in marriage and military involvement are examined to determine if they decrease delinquency over time. The results for the full sample revealed that marriage but not military involvement led to desistance. However, gender sub-sample analyses further showed military enlistment led females, but not males, to desist from crime. Implications and future research aims are discussed.

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<http://psycnet.apa.org/psycinfo/2012-33936-001/>

### **Telephone-Delivered Cognitive–Behavioral Therapy for Pain Management Among Older Military Veterans: A Randomized Trial.**

Carmody, Timothy P.; Duncan, Carol L.; Huggins, Joy; Solkowitz, Sharon N.; Lee, Sharon K.; Reyes, Norma; Mozgai, Sharon; Simon, Joel A.

Psychological Services, Dec 17 , 2012

This study investigated the effectiveness of telephone-delivered cognitive-behavioral therapy (T-CBT) in the management of chronic pain with older military veterans enrolled in VA primary-care clinics. We conducted a randomized clinical trial comparing T-CBT with telephone-delivered pain education (T-EDU). A total of 98 military veterans with chronic pain were enrolled in the study and randomized into one of two treatment conditions. Study participants were recruited from primary-care clinics at an urban VA medical center and affiliated VA community-based outpatient clinics (CBOCs). Pain management outcomes were measured at midtreatment (10 weeks), posttreatment (20 weeks), 3-month follow-up (32 weeks), and 6-month follow-up (46 weeks). No significant differences were found between the two treatment groups on any of the outcome measures. Both treatment groups reported small but significant increases in level of physical and mental health, and reductions in pain and depressive symptoms. Improvements in all primary outcome measures were mediated by reductions in catastrophizing. Telephone-delivered CBT and EDU warrant further study as easily accessible interventions for rural-living older individuals with chronic pain. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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[http://www.archivespp.pl/uploads/images/2012\\_14\\_4/9Skotnicka\\_ArchivesPP\\_4\\_2012.pdf](http://www.archivespp.pl/uploads/images/2012_14_4/9Skotnicka_ArchivesPP_4_2012.pdf)

**Stabilisation mission in Iraq, the individual symptoms of PTSD and a comparison of the level of depression, anxiety and aggression among soldiers returning from the mission and soldiers that stayed in Poland.**

Justyna Skotnicka

Archives of Psychiatry and Psychotherapy, 2012; 4 : 9–17

Aims.

The aim of the survey was to establish whether PTSD is present among Polish soldiers returning from a one-year deployment to Iraq and an analysis of its individual symptoms.

Methods.

Sixty soldiers were examined, including 30 who returned from the Iraqi mission and 30 who remained in Poland. Five analysing devices were used: IPSA, STAI, BDI, a PTSD questionnaire and a socio-demographical form.

Results.

A significant number of soldiers experienced a traumatic event during the mission in Iraq. Although the Iraq deployment did not change the level of depression and anxiety among the two groups of soldiers,

disproportions were found in the range of anger level intensity, which was significantly higher among soldiers who returned from Iraq.

Conclusion.

Stabilisation mission and the experience of a traumatic event influenced the biological and psychological functioning patterns among soldiers who returned from Iraq. The manifestations of this were the strong emotional and physiological reactions that the soldiers experienced (nightmares, excessive sweating, increased heartbeat rate, stressful reactions in situations similar to the traumatic occurrence and intensified responses to them). However, contrary to the assumptions, it was not concluded that soldiers who returned from Iraq are suffering from PTSD. The indicated deficiencies can be accounted for in the complexity of the PTSD phenomenon.

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<http://www.tandfonline.com/doi/abs/10.1080/21635781.2012.721061>

### **Facilitators and Barriers in Effective Clinical Practice with Postdeployed Military Couples and Families.**

Kathryn Karusaitis Basham

Military Behavioral Health

Version of record first published: 11 Dec 2012

Although many military couples navigate the stressors and rewards of deployment without difficulty, others contend with “signature injuries,” including post-traumatic stress, or post-traumatic stress disorder, and co-occurring conditions of depression, substance abuse, traumatic brain injury and intimate partner violence. Research data reveal that partners and children suffer the effects associated with deployment cycle stressors as well. Although a pressing need exists to provide couple and family behavioral health care, there is a paucity of evaluation research. More recently, such efforts have been undertaken to explore the efficacy of innovative couple and family therapy practice models. In this article, standards for high-quality behavioral health care are discussed within the framework of the Quality Chasm reports published by the Institute of Medicine, while barriers and facilitators are addressed from the perspectives published by the Rand Corporation (Tanielian & Jaycox, 2008). A clinical vignette depicts the range of structural, financial, personal and social barriers to accessing high-quality care. Finally, two different courses of treatment with a Latino post-deployed Operation Iraqi Freedom Army Reservist couple demonstrate the usefulness of a phase-oriented, trauma-informed, and culturally responsive couple therapy approach that facilitates progress in meeting goals and overcoming barriers to accessing high-quality care.

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<http://www.futuremedicine.com/doi/abs/10.2217/npj.12.56?journalCode=npj>

### **Post-traumatic stress disorder and depression comorbidity: severity across different populations.**

Ravi Shah, Anu Shah & Paul Links

Neuropsychiatry

December 2012, Vol. 2, No. 6, Pages 521-529

This review evaluates the impact of post-traumatic stress disorder (PTSD) and depression comorbidity on symptom severity within and across different populations. A sequential series of searches on PTSD and depression comorbidity was conducted using the MEDLINE and PsychINFO databases. Articles were considered for inclusion in the study if their abstract appeared to furnish sufficient information that suggested that symptom severity was modulated by PTSD and depression comorbidity when compared with those with only one disorder (PTSD or depression). After a careful review of 180 abstracts, 13 articles were selected for this review to provide up-to-date information on PTSD and depression comorbidity, and symptom severity. Overall, this review provides strong support for PTSD and depression comorbidity as a modulating factor for symptom severity across different populations.

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<https://dspace.smith.edu/bitstream/handle/11020/24035/BoyceP.pdf>

**A theoretical approach to understanding alcohol misuse in military personnel returning home from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).**

Patrice Kenyatta Boyce

This theoretical thesis explores the misuse of alcohol in military personnel who are returning home from the current conflicts in Iraq and Afghanistan. The study focuses on what occurs to these soldiers upon their return home, as they try to manage their experiences of combat while continuing to fulfill their duties as soldiers, sailors, Marines, airman, and guardians. The comorbidity of posttraumatic stress disorder (PTSD) which sometimes result from traumatic memories and experiences of the Middle East, and the misuse of alcohol which some returning soldiers use as an acceptable tool for numbing symptoms of PTSD are explored in this thesis, the vicious cycle of PTSD and alcohol misuse are examined through the use of systems theory and the theories of PTSD which help to explain the role that systemic pressures to uphold military values has upon the actions and choices of the military personnel under discussion.

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<http://ijhr.tums.ac.ir/index.php/ijhr/article/view/28>

**Occupational Stress in Military Health Settings: A Questionnaire-based Survey.**

Amin Sarabandi, Hasan Hazarati, Maryam Keykha

International Journal of Hospital Research

Vol 1, No 1, 2012

### Background and Objectives:

Military hospitals play a crucial role in delivery of healthcare services to patients during emergencies. Despite that, limited studies have attempted to characterize factors affecting quality of work life in employees of military health settings. To contribute in filling this gap, this study explored employee occupational stress in a military hospital, situated in the western region of Iran.

### Methods:

A descriptive-analytical study of cross-sectional design was conducted in 2011. All employees working in the 597 Army Hospital (n = 76) were surveyed. Data was collected using questionnaire. Reliability of the scale was ensured by Cronbach's alpha of 0.94. Descriptive statistics was employed for data summarization. T test and ANOVA were used to compare mean scores of occupational stress between demographic and professional groups.

### Findings:

Occupational stress among employees averaged 46% ranging from 26% to 91%. While 25% of subjects reported low occupational stress, 58% showed moderate stress levels, and 17% expressed high stress levels. Clinicians showed significantly higher occupational stress as compared with administrative staff (P = 0.029). No significant effect was identified for other demographic and professional characteristics including age, sex, marital status, educational level, and work experience either between entire employees, or between clinicians.

### Conclusions:

By finding considerable or high stress among three fourth of the employees, our study support the notion that employees of military hospitals are more prone to occupational stress as compared with the personnel of civilian health settings. In addition, expression of higher stress levels by healthcare employees compared to their administrative counterparts shows that working conditions in military health settings are even more stressful for clinical staff. These findings add weight to the urgency of devising coping strategies to alleviate occupational stress in clinicians of military hospitals.

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<http://psycnet.apa.org/psycinfo/2012-33938-001/>

### **Meaning-Making Appraisals Relevant to Adjustment for Veterans With Spinal Cord Injury.**

deRoon-Cassini, Terri A.; de St. Aubin, Ed; Valvano, Abbey K.; Hastings, James; Brasel, Karen J.

Psychological Services, Dec 17 , 2012

The purpose of the present study was to conduct a mixed-methods investigation of meaning-making appraisals generated from spinal cord injury survivors' narratives of their injury experience. The sample consisted of 79 participants from an urban midwestern Veterans Affairs facility. The study design was cross-sectional and incorporated semistructured, face-to-face interviews, taking approximately 1 hr to complete. Measures of posttraumatic stress disorder, depression, psychological well-being, and purpose in life were completed as part of the interview. A data analytic approach based on grounded theory that

allowed qualitative themes to be transformed to quantitative data was employed. Seven salient meaning-making themes were identified. Significant relationships were identified between certain meaning-making themes (e.g., identity integration positively related to positive growth), and certain themes were also significantly related to postinjury psychological health and distress separately (e.g., perceived burden on others was significantly related to greater depression scores). Findings are discussed within the context of clinical interventions that foster positive posttrauma outcomes. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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[http://www.psychiatricnursing.org/article/S0883-9417\(12\)00149-5/abstract](http://www.psychiatricnursing.org/article/S0883-9417(12)00149-5/abstract)

### **Mental Health Issues of Women Deployed to Iraq and Afghanistan.**

Mary Ann Boyd, Wanda Bradshaw, Marceline Robinson

Archives of Psychiatric Nursing - 26 December 2012 (10.1016/j.apnu.2012.10.005)

The number of women serving in the military and deployed to active-duty is unprecedented in the history of the United States. When women became a permanent sector of the U.S. Armed Services in 1948, their involvement was restricted to comprise only 2% of the military population; today women constitute approximately 14.5% of the 1.4 million active component and 18% of the 850,000 reserve component. Yet, little attention has been paid to the mental health needs of women military members. This review article highlights the history of women in the military and then focuses on the impact of combat exposure and injuries, military sexual trauma, alcohol use, and family separations which are associated with PTSD, depression, suicide, difficulty with reintegration, and homelessness.

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[http://www.ncafc.com/files/ff\\_suicide\\_report.pdf](http://www.ncafc.com/files/ff_suicide_report.pdf)

### **Suicide in the Fire and Emergency Services; Adopting a Proactive Approach to Behavioral Health Awareness and Suicide Prevention**

2012

This Publication was prepared by the National Volunteer Fire Council (NVFC) under Contract # HSFEHQ-11-C-1617 for the United States Fire Administration (USFA), Federal Emergency Management Agency.

The heroism America witnessed on September 11, 2001, caused many to reflect on the first responders in their communities that selflessly give their energy, and sometimes their lives, to help and protect on a daily basis. Although most calls for service are not of such mass destruction, the fact is that firefighters routinely risk their lives to help others. The role of modern-day firefighters has changed dramatically over the years. Once organized mainly around fire suppression activities, calls now include a variety of crises such as mental health incidents, family abuse, shootings, traffic accidents, and more.

Experiencing a traumatic event can be overwhelming for anyone. Stress reactions activate both physical and mental defense systems. Some of these reactions are temporary while others are long lasting. The impacts of work-related stressors manifest differently in each firefighter, producing different psychological responses. For a firefighter, prolonged or repeated exposure to such events can be debilitating and increase the risk of behavioral health issues and/ or suicide.

Firefighters are faced with emotional needs that are very unique, and many are struggling from work-related stress. When symptoms occur, a firefighter needs a support system in place that is readily accessible from someone who is qualified and truly understands his or her circumstances.

Behavioral health is a very broad term used to describe actions of human beings during situations as related to the mind and body. In this report, behavioral health will be used to understand or define the actions of firefighters and emergency personnel as related to depression, post-traumatic stress, anxiety, addictions, suicidal ideations, and other human behaviors.

This report looks at the impact of ignoring mental health within the fire service, the challenges of breaking the stigma associated with mental health issues, firefighter suicide prevention awareness, the effects of post-traumatic stress disorder (PTSD), and the importance of addressing the psychological health risks facing firefighters that can have damaging effects on their personal relationships. It is designed to be a viable resource for emergency responders as well as a resource for concerned family, friends, and peers seeking to understand and support those struggling with behavioral health challenges. The report also includes data analysis from a survey distributed online by the National Volunteer Fire Council (NVFC). The survey measured behavioral health issues facing firefighters and emergency responders, and the data collected was analyzed by HOPE Health Research Institute. Detailed analysis can be found in the Appendix.

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<http://www.psycontent.com/content/402134472722qgx3/>

### **Suicidality Assessment with PRISM-S – Simple, Fast, and Visual: A Brief Nonverbal Method to Assess Suicidality in Adolescent and Adult Patients.**

Gregor Harbauer, Mariann Ring, Christopher Schuetz, Andreas Andreae, Sebastian Haas

Crisis: The Journal of Crisis Intervention and Suicide Prevention

#### **Background:**

The PRISM-S task was developed at the Crisis Intervention Center (KIZ) Winterthur, Switzerland, to enable an assessment of the degree of suicidality in less than 5 minutes with a simple, visual instrument.

**Aims:** Comparison of validity and clinical use of the new PRISM-S task with other instruments known as “gold standards”.

#### **Method:**

Quantitative pilot study enlisting 100 inpatients admitted to the KIZ, aged 15–42 years. Patients’

suicidality was assessed by the PRISM-S task during the first clinical interview and compared to data obtained by standardized suicidality instruments.

Results:

The patients completed the PRISM-S task in 2 to 5 minutes without difficulty. Data show significant positive correlations between the suicidality as assessed by PRISM-S and the gold standards, i.e., DSI-SS ( $r = 0.59$ ,  $N = 65$ ,  $p < .0001$ ).

Limitations: There is no strong evidence that PRISM-S is useful for outpatients or in other settings. The experiences gained with outpatients/patients with other disorders are promising but have not been systematically evaluated. The results do not rely on a randomized design. The sample consists of persons coming to the crisis intervention center.

Conclusions: PRISM-S offers a brief, easy-to-administer, and valid method to assess patients' suicidality. The simple instruction facilitates its use in other languages and other cultures as well. The acceptance by patients and health professionals was good, with no one refusing to complete the task.

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[http://www.csus.edu/mcnair/Cohort\\_Journals\\_and\\_Photos/13\\_2011\\_2012/journal\\_2011-12/Sesali\\_Storm\\_Thrasher.pdf](http://www.csus.edu/mcnair/Cohort_Journals_and_Photos/13_2011_2012/journal_2011-12/Sesali_Storm_Thrasher.pdf)

**Posttraumatic Growth Themes: An Analysis of Oral Histories of OIF Service Members and Veterans.**

Sesali Storm Thrasher

Dr. Chrystal Barranti, Faculty Mentor

McNair Scholars Journal Volume 13

California State University, Sacramento

There is an ongoing growth of literature that examines the negative effects of war among service members and veterans of Operation Iraqi Freedom (OIF). For example, there have been unprecedented occurrences of posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) among those who have served in OIF. While these studies identify the deleterious effects of deployment in war zones, consideration of the possibilities of posttraumatic growth (PTG) related to war zone deployment may be beneficial. This study analyzes collections of oral histories for themes of PTG among veterans and military service members who served in OIF. An analytical template based on six themes taken from an abbreviated version of the Post-Traumatic Growth Inventory (PTGI) originally developed by Tedeschi and Calhoun (1996) is used. Using the PTGI model, this study contributes further data to the growing body of research that is attempting to address the possibility of positive effects of struggling with traumatic war zone experiences.

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## Links of Interest

Early Intervention Offers Hope For Preventing PTSD

<http://psychnews.psychiatryonline.org/newsArticle.aspx?articleid=1555751>

Pentagon mulls whether to open more battle zone jobs to women, but how many really want them?

[http://www.washingtonpost.com/world/national-security/pentagon-mulls-whether-to-open-more-battle-zone-jobs-to-women-but-how-many-really-want-them/2013/01/07/bfca4b82-58ac-11e2-b8b2-0d18a64c8dfa\\_story.html](http://www.washingtonpost.com/world/national-security/pentagon-mulls-whether-to-open-more-battle-zone-jobs-to-women-but-how-many-really-want-them/2013/01/07/bfca4b82-58ac-11e2-b8b2-0d18a64c8dfa_story.html)

Marines order clubs on base to allow same-sex spouses

<http://www.latimes.com/news/nation/nationnow/la-na-nn-marines-same-sex-spouses-20130110,0,846175.story>

A Soldier's Requiem, Never Fading Away

<http://www.nytimes.com/2013/01/13/us/a-soldiers-family-mourning-but-moving-forward.html>

ACLU Wins Full Severance Pay for Troops Discharged Under 'Don't Ask, Don't Tell'

[http://colorlines.com/archives/2013/01/aclu\\_wins\\_full\\_severance\\_pay\\_for\\_troops\\_discharged\\_under\\_dont\\_ask\\_dont\\_tell.html](http://colorlines.com/archives/2013/01/aclu_wins_full_severance_pay_for_troops_discharged_under_dont_ask_dont_tell.html)

Wal-Mart Plans to Hire Any Veteran Who Wants a Job

<http://www.nytimes.com/2013/01/15/us/wal-mart-to-announce-extensive-plan-to-hire-veterans.html>

Childhood Trauma Leaves Its Mark On the Brain

<http://www.sciencedaily.com/releases/2013/01/130115090215.htm>

The Bob Woodruff Foundation Gives More Than \$1 Million To Help Injured Veterans At Home

<http://www.prnewswire.com/news-releases/the-bob-woodruff-foundation-gives-more-than-1-million-to-help-injured-veterans-at-home-186775291.html>

Former Army psychologist critical of military dies by suicide

[http://www.twincities.com/localnews/ci\\_22367570/former-army-psychologist-critical-military-commits-suicide](http://www.twincities.com/localnews/ci_22367570/former-army-psychologist-critical-military-commits-suicide)

Warning Signs of Violent Acts Often Unclear

<http://www.nytimes.com/2013/01/16/health/breaking-link-of-violence-and-mental-illness.html>

War-Zone Stresses Extend Far Beyond Direct Combat

<http://journals.psychiatryonline.org/newsarticle.aspx?articleid=1487342>

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**Research Tip of the Week: [CDP – Apps and Technological Resources](#)**

If you haven't seen it yet, do take a look at the new "Apps and Technological Resources" page on the CDP website. Learn about [PE Coach](#) and other useful therapeutic apps for your iPhone or Android device. And for additional information, read Dr. Jenna Ermold's June 2012 CDP blog post, "[Got Apps?](#)"

**CENTER FOR DEPLOYMENT PSYCHOLOGY**  
*Preparing Professionals to Support Warriors and Families*

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You are here: Home > Resources > Apps and Technological Resources

## Apps and Technological Resources



**PE Coach** is the first mobile app designed to support the tasks associated with prolonged exposure treatment for PTSD. Providing hip-pocket access to the necessary tools for successful PE participation, the app includes audio recording capability for easy playback after sessions; tools to support patient tasks between sessions; and visual displays of symptom reduction over time. In addition, PE Coach is integrated with smartphone calendar functionality to encourage patient recall and session attendance.

PE Coach will help providers and patients overcome certain barriers to PE implementation, dissemination, and adherence.

To download PE Coach on your device, log on to the [Apple App Store](#) or [Android Market](#).

<p>iOS (Apple)</p> 		<p>■ <a href="#">Download the Clinician's Guide for iOS (Apple)</a></p>
<p>Android OS</p> 		<p>■ <a href="#">Download the Clinician's Guide for Android OS</a></p>

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