



CDP Research Update -- January 24, 2013

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Veterans' Disability Benefits: Timely Processing Remains a Daunting Challenge

GAO-13-89, Dec 21, 2012

A number of factors—both external and internal to the Veterans Benefits Administration (VBA)—have contributed to the increase in processing timeframes and subsequent growth in the backlog of veterans' disability compensation claims. As the population of new veterans has swelled in recent years, the annual number of claims received by VBA has gone up. Compared to the past, these claims have a higher number of disabling conditions, and some of these conditions, such as traumatic brain injuries, make their assessment complex. Moreover, due to new regulations that have established eligibility for benefits for new diseases associated with Agent Orange exposure, VBA adjudicated 260,000 previously denied and new claims. Beyond these external factors, issues with the design and implementation of the compensation program have contributed to timeliness challenges. For example, the law requires the Department of Veterans Affairs (VA) to assist veterans in obtaining records that support their claim. However, VBA officials said that lengthy timeframes in obtaining military records—particularly for members of the National Guard and Reserve—and Social Security Administration (SSA) medical records impact VA's duty to assist, possibly delaying a decision on a veteran's disability claim. As a result, the evidence gathering phase of the claims process took an average of 157 days in 2011. Further, VBA's paper-based claims processing system involves multiple hand-offs, which can lead to misplaced and lost documents and can cause unnecessary time delays. Concerning timeliness of appeals, VBA regional offices have shifted resources away from appeals and toward claims in recent years, which has led to lengthy appeals timeframes.

VBA is currently taking steps to improve the timeliness of claims and appeals processing; however, prospects for improvement remain uncertain because timely processing remains a daunting challenge. VBA is using contractors to handle some aspects of the claims process, and is also shifting some workload between regional offices. Also, VBA is modifying and streamlining certain claims and appeals processing procedures for veterans who opt to participate in these initiatives in exchange for an expedited decision. For example, veterans receive expedited processing when they submit a claim that is certified as having all required evidence. Not many veterans have elected this option, but VA is making adjustments to increase its attractiveness. In addition, VBA is trying to decrease the amount of time it takes to gather medical evidence. For example, VBA recently encouraged medical providers to use a standardized form when responding to VBA's request for information. However, results of this initiative have been mixed. VBA is also taking steps to streamline the claims process, including implementing initiatives to create (1) standardized language for decision letters sent to veterans, (2) specialized teams that process claims based on level of complexity, and (3) a paperless claims system. According to VBA officials, these efforts will help VA process veterans' claims within 125 days by 2015. However, the extent to which VA is positioned to meet this ambitious goal remains uncertain. Specifically, VBA's backlog reduction plan—its key planning document—does not articulate performance measures for each initiative, including their intended impact on the claims backlog. Furthermore, VA has not yet

reported on how these efforts have affected processing times, a condition which raises concern given the mixed results that have emerged to date.

<http://gao.gov/products/GAO-13-130>

Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement

GAO-13-130, Dec 21, 2012

Outpatient medical appointment wait times reported by the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), are unreliable. Wait times for outpatient medical appointments--referred to as medical appointments--are calculated as the number of days elapsed from the desired date, which is defined as the date on which the patient or health care provider wants the patient to be seen. The reliability of reported wait time performance measures is dependent on the consistency with which schedulers record the desired date in the scheduling system in accordance with VHA's scheduling policy. However, VHA's scheduling policy and training documents for recording desired date are unclear and do not ensure consistent use of the desired date. Some schedulers at Veterans Affairs medical centers (VAMC) that GAO visited did not record the desired date correctly. For example, three schedulers changed the desired date based on appointment availability; this would have resulted in a reported wait time that was shorter than the patient actually experienced. VHA officials acknowledged limitations of measuring wait times based on desired date, and described additional information used to monitor veterans' access to medical appointments, including patient satisfaction survey results. Without reliable measurement of how long patients are waiting for medical appointments, however, VHA is less equipped to identify areas that need improvement and mitigate problems that contribute to wait times.

While visiting VAMCs, GAO also found inconsistent implementation of VHA's scheduling policy that impedes VAMCs from scheduling timely medical appointments. For example, four clinics across three VAMCs did not use the electronic wait list to track new patients that needed medical appointments as required by VHA scheduling policy, putting these clinics at risk for losing track of these patients. Furthermore, VAMCs' oversight of compliance with VHA's scheduling policy, such as ensuring the completion of required scheduler training, was inconsistent across facilities. VAMCs also described other problems with scheduling timely medical appointments, including VHA's outdated and inefficient scheduling system, gaps in scheduler and provider staffing, and issues with telephone access. For example, officials at all VAMCs GAO visited reported that high call volumes and a lack of staff dedicated to answering the telephones impede scheduling of timely medical appointments. In January 2012, VHA distributed telephone access best practices that, if implemented, could help improve telephone access to clinical care.

VHA is implementing a number of initiatives to improve veterans' access to medical appointments such as expanded use of technology to interact with patients and provide care, which includes the use of

secure messaging between patients and their health care providers. VHA also is piloting a new initiative to provide health care services through contracts with community providers that aims to reduce travel and wait times for veterans who are unable to receive certain types of care within VHA in a timely way.

[http://www.painjournalonline.com/article/S0304-3959\(13\)00003-1/abstract](http://www.painjournalonline.com/article/S0304-3959(13)00003-1/abstract)

The Relationship between PTSD and Chronic Pain: Mediating Role of Coping Strategies and Depression.

Benjamin J. Morasco, Travis I. Lovejoy, Mary Lu, Dennis C. Turk, Lynsey Lewis, Steven K. Dobscha

PAIN - 14 January 2013 (10.1016/j.pain.2013.01.001)

People with chronic pain and comorbid posttraumatic stress disorder (PTSD) report more severe pain and poorer quality of life than those with chronic pain alone. This study evaluated the extent to which associations between PTSD and chronic pain interference and severity are mediated by pain-related coping strategies and depressive symptoms. Veterans with chronic pain were divided into two groups, those with (n=65) and those without (n=136) concurrent PTSD. All participants completed measures of pain severity, interference, emotional functioning, and coping strategies. Those with current PTSD reported significantly greater pain severity and pain interference, had more symptoms of depression, and were more likely to meet diagnostic criteria for a current alcohol or substance use disorder (all p-values ≤ 0.01). Participants with PTSD reported more use of several coping strategies, including guarding, resting, relaxation, exercise/stretching, and coping self-statements. Illness-focused pain coping (i.e., guarding, resting, and asking for assistance) and depressive symptoms jointly mediated the relationship between PTSD and both pain interference (total indirect effect = 0.194, $p < 0.001$) and pain severity (total indirect effect = 0.153, $p = 0.004$). Illness-focused pain coping also evidenced specific mediating effects, independent of depression. In summary, specific pain coping strategies and depressive symptoms partially mediated the relationship between PTSD and both pain interference and severity. Future research should examine whether changes in types of coping strategies following targeted treatments predict improvements in pain-related function for chronic pain patients with concurrent PTSD.

<http://www.ncbi.nlm.nih.gov/pubmed/23325070?dopt=Abstract>

Community Ment Health J. 2013 Jan 17. [Epub ahead of print]

Identification and Treatment of TBI and Co-occurring Psychiatric Symptoms Among OEF/OIF/OND Veterans Seeking Mental Health Services Within the State of Colorado: Establishing Consensus for Best Practices.

Olson-Madden JH, Brenner LA, Matarazzo BB, Signoracci GM; Expert Consensus Collaborators.

Source: Veterans Integrated Service Network (VISN) 19, Mental Illness Research, Education, and Clinical Center (MIRECC), 1055 Clermont Street, Denver, CO, 80220, USA, jennifer.olson-madden@va.gov.

Abstract

This paper highlights the results of a consensus meeting regarding best practices for the assessment and treatment of co-occurring traumatic brain injury (TBI) and mental health (MH) problems among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans seeking care in non-Veterans Affairs Colorado community MH settings. Twenty individuals with expertise in TBI screening, assessment, and intervention, as well as the state MH system, convened to establish and review questions and assumptions regarding care for this Veteran population. Unanimous consensus regarding best practices was achieved. Recommendations for improving care for Veterans seeking care in community MH settings are provided.

<http://www.ncbi.nlm.nih.gov/pubmed/23325750?dopt=Abstract>

J Trauma Stress. 2013 Jan 16. doi: 10.1002/jts.21765. [Epub ahead of print]

A Randomized Clinical Trial of Cognitive Processing Therapy for Veterans With PTSD Related to Military Sexual Trauma.

Surís A, Link-Malcolm J, Chard K, Ahn C, North C.

Source: VA North Texas Health Care System, Mental Health Service, Dallas, Texas, USA; University of Texas Southwestern Medical Center, Dallas, Texas, USA.

Abstract

In this randomized controlled clinical trial, the authors evaluated the effectiveness of cognitive processing therapy (CPT) in the treatment of self-reported and clinician-assessed posttraumatic stress disorder (PTSD) related to military sexual trauma (MST), along with depressive symptoms. Eighty-six veterans (73 female, 13 male) randomly assigned to receive 12 individual sessions of either CPT or present-centered therapy (PCT) were included in analyses. Blinded assessments occurred at baseline, posttreatment, and 2, 4, and 6 months posttreatment. Mixed-effects model analysis revealed a significant interaction between groups ($p = .05$, $d = -0.85$): At posttreatment, veterans who received CPT had a significantly greater reduction in self-reported, but not clinician-assessed, PTSD symptom severity compared to veterans who received PCT. All three primary outcome measures improved significantly, both clinically and statistically, across time in both treatment groups. Pre- and posttreatment effect sizes were mostly moderate to large ($d = 0.30-1.02$) and trended larger in the CPT group. Although the study was impacted by treatment fidelity issues, results provide preliminary evidence for the effectiveness of CPT in reducing self-reported PTSD symptoms in a population of veterans with MST, expanding on established literature that has demonstrated the effectiveness of CPT in treating PTSD related to sexual assault in civilian populations.

Published 2013. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/23325433?dopt=Abstract>

J Trauma Stress. 2013 Jan 16. doi: 10.1002/jts.21773. [Epub ahead of print]

Alcohol and Drug Abuse Among U.S. Veterans: Comparing Associations With Intimate Partner Substance Abuse and Veteran Psychopathology.

Miller MW, Reardon AF, Wolf EJ, Prince LB, Hein CL.

Source: National Center for PTSD at VA Boston Healthcare System & Department of Psychiatry, Boston, Massachusetts, USA; Boston University School of Medicine, Boston, Massachusetts, USA.

Abstract

This study examined the relative influences of posttraumatic stress disorder (PTSD), other psychopathology, and intimate partner alcohol and drug use on substance-related problems in U.S. veterans (242 couples, N = 484). Hierarchical regression analyses revealed that partner alcohol and drug use severity explained more variance in veteran alcohol use and drug use (20% and 13%, respectively) than did veteran PTSD, adult antisocial behavior, or depression symptoms combined (6% for veteran alcohol use; 7% for veteran drug use). Findings shed new light on the influence of relationship factors on veteran alcohol and drug use and underscore the importance of couples-oriented approaches to treating veterans with comorbid PTSD and substance abuse.

Published 2013. This article is a US Government work and is in the public domain in the USA.

<http://www.ncbi.nlm.nih.gov/pubmed/23324713?dopt=Abstract>

Work. 2013 Jan 2. [Epub ahead of print]

Return to work: Police personnel and PTSD.

Plat MC, Westerveld GJ, Hutter RC, Olf M, Frings-Dresen MH, Sluiter JK.

Source: Coronel Institute of Occupational Health, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands.

Abstract

Objective: This study i) describes the number of police personnel with PTSD who are working and those who are on sick leave before and after an out-patient-clinic treatment program and ii) examines which factors are related to return to work. Participants: Police personnel treated for PTSD (n=121). Methods: In this retrospective study all police officers had an intake interview before and an outtake interview

following a 16-week treatment for PTSD. Information about several personal characteristics, PTSD complaints, and work related factors were gathered. A t-test and chi-square test were used to evaluate differences between working police personnel and police personnel on sick leave at intake and outtake. Binary logistic regression was used to test whether the intake data were related to returning to work at outtake. Results: At the start of the treatment half of the police personnel were on sick leave (n=59) and at outtake 48 participants who were not working at intake had returned to work. None of the variables at intake contributed significantly to return to work at outtake. Conclusion: The majority of police officers returned to work after the treatment program. We recommend that attention be paid to successful return to work as part of the treatment program, therefore the occupational health professional and employer should be involved.

<http://www.ncbi.nlm.nih.gov/pubmed/23322257?dopt=Abstract>

Inj Prev. 2013 Jan 15. [Epub ahead of print]

Misclassification of suicide deaths: examining the psychiatric history of overdose decedents.

Bohnert AS, McCarthy JF, Ignacio RV, Ilgen MA, Eisenberg A, Blow FC.

Source: VA National Serious Mental Illness Treatment Resource and Evaluation Center and VA Health Services Research & Development, , Ann Arbor, Michigan, USA.

Abstract

OBJECTIVES:

The intent of a death from overdose can be difficult to determine. The goal of this study was to examine the association of psychiatric diagnoses among overdose deaths ruled by a medical examiner as intentional, unintentional and indeterminate intent.

METHODS:

All Veterans Health Administration patients in Fiscal Year 1999 (n=3 291 891) were followed through Fiscal Year 2006. We tested the relative strength of association between psychiatric disorders among types of overdoses (categorised by intent) using multinomial models, adjusted for age, sex, Veterans Affairs priority status and Charlson comorbidity scores. Data were from National Death Index records and patient medical records.

RESULTS:

Substance use disorders (SUD) had a stronger association with indeterminate intent overdoses than intentional overdoses (adjusted OR (AOR)=1.80, 95% CI 1.47 to 2.22). SUDs also had a stronger association with unintentional overdoses than intentional (AOR=1.48, 95% CI 1.27 to 1.72), but the reverse was true for all other psychiatric disorders (except post-traumatic stress disorder).

CONCLUSIONS:

Overdoses ruled indeterminate may be misclassified suicide deaths and are important to suicide surveillance and prevention efforts. Additionally, overdose deaths not classified as suicides may include some cases due to suicidal-like thinking without overt suicidal intent.

<http://www.ncbi.nlm.nih.gov/pubmed/23319874?dopt=Abstract>

Exp Neurobiol. 2012 Dec;21(4):141-50. doi: 10.5607/en.2012.21.4.141. Epub 2012 Dec 26.

Stress and sleep disorder.

Han KS, Kim L, Shim I.

Source: College of Nursing, Korea University, Seoul 136-705, Korea.

Abstract

The purpose of this study was to review potential, physiological, hormonal and neuronal mechanisms that may mediate the sleep changes. This paper investigates the literatures regarding the activity of the hypothalamic-pituitary-adrenal (HPA) axis, one of the main neuroendocrine stress systems during sleep in order to identify relations between stress and sleep disorder and the treatment of stress-induced insomnia. Sleep and wakefulness are regulated by the aminergic, cholinergic brainstem and hypothalamic systems. Activation of the HPA and/or the sympathetic nervous systems results in wakefulness and these hormones including corticotropin-releasing hormone (CRH), adrenocorticotrophic hormone (ACTH), cortisol or corticosterone, noradrenaline, and adrenaline, are associated with attention and arousal. Stress-related insomnia leads to a vicious circle by activating the HPA system. An awareness of the close interaction between sleep and stress systems is emerging and the hypothalamus is now recognized as a key center for sleep regulation, with hypothalamic neurotransmitter systems providing the framework for therapeutic advances. An updated understanding of these systems may allow researchers to elucidate neural mechanisms of sleep disorder and to develop effective intervention for sleep disorder.

<http://www.ncbi.nlm.nih.gov/pubmed/23319338?dopt=Abstract>

Rehabil Nurs. 2013 Jan 14. doi: 10.1002/rnj.67. [Epub ahead of print]

Feasibility Test of Preference-Based Insomnia Treatment for Iraq and Afghanistan War Veterans.

Epstein DR, Babcock-Parziale JL, Herb CA, Goren K, Bushnell ML.

Source: Phoenix VA Health Care System, Phoenix, Arizona, USA.

Abstract

PURPOSE:

The study determined the feasibility of implementing a brief, preference-based non-medication insomnia treatment for Iraq/Afghanistan war Veterans who experienced blast and/or other injuries resulting in an altered level of consciousness.

METHODS:

The study used a one-group pre-post design with a 3-month follow-up assessment. Forty-one veterans (two females, mean age 30.32 ± 7.73 years) with a mean insomnia duration of 3.90 years (± 2.03) received treatment that included one in-person and three telephone sessions of behavioral intervention and incorporated electronic delivery components. Feasibility indicators and preliminary treatment effectiveness were assessed.

FINDINGS:

Results indicate the preference-based treatment was acceptable to veterans and feasible to implement. Treatment components delivered in-person were used more than electronic methods. Insomnia decreased from moderate severity to the sub-threshold range. Pre- to post-treatment effect sizes were large for most sleep outcomes. Sleep improvement maintained at the 3-month follow-up assessment.

CONCLUSION:

Further testing of a brief insomnia treatment model is needed.

CLINICAL RELEVANCE:

Successful insomnia treatment has the potential to maximize rehabilitation outcomes in Operations Enduring Freedom and Iraqi Freedom veterans and may provide a non-stigmatizing entry to mental health services.

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<http://www.ncbi.nlm.nih.gov/pubmed/23319445?dopt=Abstract>

Depress Anxiety. 2013 Jan 14. doi: 10.1002/da.22044. [Epub ahead of print]

White Matter Integrity and Its Relationship to PTSD and Childhood Trauma-a Systematic Review and Meta-analysis.

Daniels JK, Lamke JP, Gaebler M, Walter H, Scheel M.

Source: Department of Psychiatry, Universitätsmedizin Charité, Berlin, Germany.

Abstract

Recent reviews and meta-analyses reported structural gray matter changes in patients suffering from adult-onset posttraumatic stress disorder (PTSD) and in subjects with and without PTSD who experienced childhood trauma. However, it remains unclear if such structural changes are also affecting

the white matter. The aim of this systematic review is to provide a comprehensive overview of all empirical investigations measuring white matter integrity in populations affected by PTSD and/or childhood trauma. To this end, results from different methodological approaches were included. Twenty-five articles are reviewed of which 10 pertained to pediatric PTSD and the effects of childhood trauma measured during childhood, seven to the effects of childhood trauma measured during adulthood, and eight to adult-onset PTSD. Overall, reductions in white matter volume were reported more often than increases in these populations. However, the heterogeneity of the exact locations indicates only a weak overlap across published studies. In addition, a meta-analysis was carried out on seven whole-brain diffusion tensor imaging (DTI) studies in adults. Significant clusters of both increases and decreases were identified in various structures, most notably the cingulum and the superior longitudinal fasciculus. Future research directions are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23318842?dopt=Abstract>

Psychiatr Serv. 2013 Jan 15. doi: 10.1176/appi.ps.201100526. [Epub ahead of print]

Racial Differences in Veterans' Satisfaction With Examination of Disability From Posttraumatic Stress Disorder.

Rosen MI, Afshartous DR, Nwosu S, Scott MC, Jackson JC, Marx BP, Murdoch M, Sinnott PL, Speroff T.

Abstract

OBJECTIVE:

The examination that determines if a veteran has service-connected posttraumatic stress disorder (PTSD) affects veterans' lives for years. This study examined factors potentially associated with veterans' perception of their examination's quality.

METHODS:

Veterans (N=384) being evaluated for an initial PTSD service-connection claim were randomly assigned to receive either a semistructured interview or the examiner's usual interview. Immediately after the interview, veterans completed confidential ratings of the examinations' quality and of their examiners' interpersonal qualities and competence. Extensive data characterizing the veterans, the 33 participating examiners, and the examinations themselves were collected.

RESULTS:

Forty-seven percent of Caucasian veterans and 34% of African-American veterans rated their examination quality as excellent. African Americans were less likely than Caucasians to assign a higher quality rating (odds ratio=.61, 95% confidence interval=.38-.99, p=.047). Compared with Caucasians, African Americans rated their examiners as having significantly worse interpersonal qualities but not lower competence. Ratings were not significantly related to the veterans' age, gender, marital status,

eventual diagnosis of PTSD, Global Assessment of Functioning score, the examiner's perception of the prevalence of malingering, or the presence of a third party during the examination.

CONCLUSIONS:

Ratings of disability examinations were generally high, although ratings were less favorable among African-American veterans than among Caucasian veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23318688?dopt=Abstract>

Prog Neuropsychopharmacol Biol Psychiatry. 2013 Jan 11. pii: S0278-5846(13)00003-1. doi: 10.1016/j.pnpbp.2013.01.001. [Epub ahead of print]

Differential Effectiveness of Tianeptine, Clonidine and Amitriptyline in Blocking Traumatic Memory Expression, Anxiety and Hypertension in an Animal Model of PTSD.

Zoladz PR, Fleshner M, Diamond DM.

Source: Department of Psychology, Sociology & Criminal Justice, Ohio Northern University, Ada, Ohio.

Abstract

Individuals exposed to life-threatening trauma are at risk for developing post-traumatic stress disorder (PTSD), a debilitating condition that involves persistent anxiety, intrusive memories and several physiological disturbances. Current pharmacotherapies for PTSD manage only a subset of these symptoms and typically have adverse side effects which limit their overall effectiveness. We evaluated the effectiveness of three different pharmacological agents to ameliorate a broad range of PTSD-like symptoms in our established predator-based animal model of PTSD. Adult male Sprague-Dawley rats were given 1-hr cat exposures on two occasions that were separated by 10 days, in conjunction with chronic social instability. Beginning 24 hr after the first cat exposure, rats received daily injections of amitriptyline, clonidine, tianeptine or vehicle. Three weeks after the second cat exposure, all rats underwent a battery of behavioral and physiological tests. The vehicle-treated, psychosocially stressed rats demonstrated a robust fear memory for the two cat exposures, as well as increased anxiety expressed on the elevated plus maze, an exaggerated startle response, elevated heart rate and blood pressure, reduced growth rate and increased adrenal gland weight, relative to the vehicle-treated, non-stressed (control) rats. Neither amitriptyline nor clonidine was effective at blocking the entire cluster of stress-induced sequelae, and each agent produced adverse side effects in control subjects. Only the antidepressant tianeptine completely blocked the effects of psychosocial stress on all of the physiological and behavioral measures that were examined. These findings illustrate the differential effectiveness of these three treatments to block components of PTSD-like symptoms in rats, and in particular, reveal the profile of tianeptine as the most effective of all three agents.

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<http://www.ncbi.nlm.nih.gov/pubmed/23315999?dopt=Abstract>

J Trauma Stress. 2013 Jan 11. doi: 10.1002/jts.21771. [Epub ahead of print]

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

Nijdam MJ, Baas MA, Olf M, Gersons BP.

Source: Center for Psychological Trauma, Department of Psychiatry, Academic Medical Center at the University of Amsterdam, Amsterdam, The Netherlands.

Abstract

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://www.ncbi.nlm.nih.gov/pubmed/23314206?dopt=Abstract>

Emerg Med J. 2013 Jan 12. [Epub ahead of print]

Current state of knowledge of post-traumatic stress, sleeping problems, obesity and cardiovascular disease in paramedics.

Hegg-Deloye S, Brassard P, Jauvin N, Prairie J, Larouche D, Poirier P, Tremblay A, Corbeil P.

Source: Department of Kinesiology, Université Laval, Quebec, Quebec, Canada.

Abstract

PURPOSE:

The impacts of emergency work on firefighters have been well documented and summarised, but this is not the case for paramedics. This paper explores the literature regarding the impact of work stress on paramedics.

OBJECTIVE:

To identify the literature available on the effect of paramedics' jobs on their health status.

METHODS:

Electronic database used: MEDLINE (Ovid, PubMed, National Library of Medicine) between 2000 and 2011. Key words used for the computer searches were: paramedics, emergency responders, emergency workers, shift workers, post-traumatic symptoms, obesity, stress, heart rate variability, physiological response, blood pressure, cardiovascular and cortisol. Exclusion criteria were: studies in which participants were not paramedics, participants without occupational exposure, physical fitness assessment in paramedics and epidemiological reports regarding death at work.

RESULTS:

The electronic databases cited 42 articles, of which we excluded 17; thus, 25 articles are included in this review. It seems clear that paramedics accumulate a set of risk factors, including acute and chronic stress, which may lead to development of cardiovascular diseases. Post-traumatic disorders, sleeping disorders and obesity are prevalent among emergency workers. Moreover, their employers use no inquiry or control methods to monitor their health status and cardiorespiratory fitness.

CONCLUSIONS:

More studies are needed to characterise paramedics' behaviour at work. These studies could allow the development of targeted strategies to prevent health problems reported in paramedics.

<http://www.ncbi.nlm.nih.gov/pubmed/23312562?dopt=Abstract>

Biol Psychiatry. 2013 Jan 8. pii: S0006-3223(12)01034-7. doi: 10.1016/j.biopsych.2012.10.033. [Epub ahead of print]

The Brain-Derived Neurotrophic Factor Val66Met Polymorphism Predicts Response to Exposure Therapy in Posttraumatic Stress Disorder.

Felmingham KL, Dobson-Stone C, Schofield PR, Quirk GJ, Bryant RA.

Source: School of Psychology (KLF), University of Tasmania, Hobart; School of Psychology (KLF, RAB), University of New South Wales. Electronic address: Kim.Felmingham@utas.edu.au.

Abstract

BACKGROUND:

The most effective treatment for posttraumatic stress disorder (PTSD) is exposure therapy, which aims to facilitate extinction of conditioned fear. Recent evidence suggests that brain-derived neurotrophic factor (BDNF) facilitates extinction learning. This study assessed whether the Met-66 allele of BDNF, which results in lower activity-dependent secretion, predicts poor response to exposure therapy in PTSD.

METHODS:

Fifty-five patients with PTSD underwent an 8-week exposure-based cognitive behavior therapy program and provided mouth swabs or saliva to extract genomic DNA to determine their BDNF Val66Met genotype (30 patients with the Val/Val BDNF allele, 25 patients with the Met-66 allele). We examined whether BDNF genotype predicted reduction in PTSD severity following exposure therapy.

RESULTS:

Analyses revealed poorer response to exposure therapy in the PTSD patients with the Met-66 allele of BDNF compared with patients with the Val/Val allele. Pretreatment Clinician Administered PTSD Scale severity and BDNF Val66Met polymorphism predicted response to exposure therapy using hierarchical regression.

CONCLUSIONS:

This study provides the first evidence that the BDNF Val66Met genotype predicts response to cognitive behavior therapy in PTSD and is in accord with evidence that BDNF facilitates extinction learning.

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<http://www.ncbi.nlm.nih.gov/pubmed/23312478?dopt=Abstract>

Psychiatry Res. 2013 Jan 9. pii: S0165-1781(12)00810-4. doi: 10.1016/j.psychres.2012.12.013. [Epub ahead of print]

Associative memory impairment in acute stress disorder: Characteristics and time course.

Guez J, Cohen J, Naveh-Benjamin M, Shiber A, Yankovsky Y, Saar R, Shalev H.

Source: Department of Psychiatry, Soroka University Medical Center, Beer-Sheva, Israel; Department of Behavioral Sciences, Achva Academic College, Israel. Electronic address: jonjon@bgu.ac.il.

Abstract

Stress and episodic memory impairment have previously been associated. Acute stress disorder (ASD) is a maladaptive stress response, which develops in some individuals following traumatic life events. Recently, the authors demonstrated a specific deficit in associative memory for emotionally neutral

stimuli in ASD and posttraumatic stress disorder (PTSD). This paper further tests the relationship between this memory impairment and the course of ASD. We assessed new learning and memory for item and associative information in patients diagnosed with ASD (n=14) and matched trauma naïve controls (n=14). Memory performance and posttraumatic symptoms were examined for approximately 1 and 10 week periods following the traumatic experience. In the two experiments, participants studied a list of stimuli pairs (verbal or visual) and were then tested for their memory of the items (item recognition test), or for the association between items in each pair (associative recognition test). In both experiments, ASD patients showed a marked associative memory deficit compared to the control group. After 10 weeks, ASD symptoms were resolved in most patients. Interestingly, their performance on associative recognition for verbal stimuli improved, while the associative deficit for visual stimuli remained unchanged. Potential mechanisms underlying such an associative memory deficit in post-trauma patients are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/23311968?dopt=Abstract>

J Psychosoc Oncol. 2013 Jan;31(1):1-12. doi: 10.1080/07347332.2012.741096.

Sexual self-esteem and psychosocial functioning in military veterans after cancer.

Syme ML, Delaney E, Wachen JS, Gosian J, Moyer J.

Source: San Diego State University , Department of Psychology, SDSU/UCSD Cancer Center Comprehensive Partnership , San Diego , CA , USA.

Abstract

Little is known about the sexual well-being of male Veteran cancer survivors, or the relationship of sexual concerns to psychosocial adaptation postcancer. This study examined the association between sexual self-esteem and psychosocial concerns in male Veteran cancer survivors. Forty-one male survivors were recruited from a Veterans Affairs (VA) hospital to participate in a pilot study addressing cancer survivorship care for Veterans. Sixty- to 90-minute interviews were conducted, assessing sociodemographic, medical, stress/burden (cancer-related posttraumatic stress disorder [PTSD], depression), and resource (social support, post-traumatic growth) variables. Twenty-one (51.2%) Veteran cancer survivors reported lowered sexual self-esteem as a result of cancer, which corresponded to significantly higher levels of depression and cancer-related PTSD. The lowered sexual self-esteem group also indicated significantly lower social support. Veteran cancer survivors with lowered sexual self-esteem tend to have higher levels of stress and lower levels of resources, putting them at risk for lowered quality of life. This increased risk highlights the importance of addressing sexual well-being in the survivorship care of Veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23334677?dopt=Abstract>

J Psychiatr Pract. 2013 Jan;19(1):29-41.

Assessing Suitability for Short-Term Cognitive-Behavioral Therapy in Psychiatric Outpatients with Psychosis: A Comparison with Depressed and Anxious Outpatients.

Myhr G, Russell JJ, Saint-Laurent M, Tagalakis V, Belisle D, Khodary F, Faridi K, Pinard G.

Source: MYHR, RUSSELL, SAINT-LAURENT, TAGALAKIS, BELISLE, and FARIDI: McGill University and McGill University Health Centre; KHODARY and PINARD: McGill University, Montreal, Canada.

Abstract

Objective. The Suitability for Short-Term Cognitive Therapy (SSCT) rating procedure has predicted outcome in depressed and anxious patients. This study examines its relevance in assessing patients with psychosis. Method. Outpatients with psychosis (n=56), depression (n=93), and anxiety (n=264) received cognitive-behavioral therapy in a university hospital teaching unit (mean number of sessions=16, SD=11). Demographic, clinical, and suitability variables were assessed as potential predictors of dropout and success as measured by the Reliable Change Index. Results. Despite lower suitability scores in the psychosis group, dropout and success rates were similar across groups, although the magnitude of symptom reduction was less in the psychosis group. Across diagnoses, dropout was predicted by unemployment and by reluctance to take personal responsibility for change. In the psychosis group only, dropout was predicted by hostility. Success of completed therapy was predicted by higher baseline agoraphobic anxiety and "responsibility for change" scores. Conclusion. Attention to hostility early in therapy may reduce dropout in psychotic patients. Fostering acceptance of responsibility for change may improve both treatment retention and success across diagnoses. Agoraphobic fear is associated with success, possibly reflecting the effectiveness of behavioral interventions in psychosis and anxiety alike.

<http://www.ncbi.nlm.nih.gov/pubmed/23323718>

J Obstet Gynecol Neonatal Nurs. 2013 Jan 16. doi: 10.1111/1552-6909.12007. [Epub ahead of print]

A Resilience Perspective of Postpartum Depressive Symptomatology in Military Wives.

Schachman K, Lindsey L.

Abstract

OBJECTIVE:

To estimate the prevalence of postpartum depressive symptoms in a sample of military wives, and to provide a comparative descriptive analysis of demographic, risk and protective factors.

DESIGN:

A comparative descriptive design.

SETTING:

A large military base in southeastern United States.

PARTICIPANTS:

Military wives (N = 71) who had given birth within the preceding 3 months.

METHODS:

Participants were recruited from a military immunization clinic during the infant's 8-week health maintenance visit. Assessments were conducted to screen mothers for symptoms of postpartum depression (PPD) and to measure risk and protective factors of PPD.

RESULTS:

More than one half of the participants (50.7%, n = 36) scored above the cutoff point for elevated depressive symptoms suggestive of PPD. Examination of the risk and protective factors showed that military wives with depressive symptoms had greater family changes and strains, lower self-reliance, and lower social support than those without depressive symptoms.

CONCLUSION:

Examining postpartum depressive symptoms in military wives from a resilience perspective offers unique insights into risk and protective factors that may influence this population. Through better understanding, nurses can identify those most at risk for PPD and focus interventions on risk reduction while capitalizing on the new mothers' strengths and resources.

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<http://www.tandfonline.com/doi/abs/10.1080/00377317.2013.746924>

Helping Children With the Psychosocial Effects of a Parent's Deployment: Integrating Today's Needs With Lessons Learned From the Vietnam War.

Kari L. Fletcher

Smith College Studies in Social Work

Volume 83, Issue 1, 2013, pages 78-96

Social workers who treat children of deployed servicemembers may feel poorly prepared to work competently with military families and will benefit from understanding the immediate and long-term effects of parental deployment upon children. This review consolidates a substantial, shifting knowledge base and establishes a coherent theoretical framework for social workers to learn about the effects of war-specific deployment cycles for servicemembers, and the relationship among family members' and

children's experiences with deployment separation. The author considers important lessons learned during the Vietnam War and the unique experiences specific to current wars. This article compares the Vietnam War and the more recent wars' characteristics of military deployment, demographic characteristics of service members, servicemembers' family characteristics, and research findings about the psychosocial effects of deployment on children. A case vignette is presented to clarify how an understanding of deployment and reintegration is necessary for the treatment of servicemembers, families, and children by social workers.

<http://www.ncbi.nlm.nih.gov/pubmed/23327186>

J Neurotrauma. 2013 Jan 17. [Epub ahead of print]

Service Utilization among Iraq and Afghanistan Veterans Screening Positive for Traumatic Brain Injury.

Maguen S, Madden E, Lau KM, Seal KH.

Source: San Francisco VA Medical Center, San Francisco, United States; Shira.Maguen@va.gov.

Abstract

We compared mental health outpatient, primary care, and emergency care service utilization among veterans screening TBI-positive (S-TBI+) versus those screening TBI-negative (S-TBI-) and described associations between TBI-related symptoms and health service utilization. Our study population consisted of 1,746 Iraq and Afghanistan veterans in VA care screened for TBI between April 1, 2007 and June 1, 2010. Rates of mental health outpatient, primary care and emergency services utilization were greater for S-TBI+ veterans compared with S-TBI- veterans, even after adjusting for mental health screen results. Irritability on the initial TBI screen was associated with increased mental health outpatient utilization rates (IRR = 1.64, 95 % CI= 1.18-2.3, p<0.01). Reports of dizziness (IRR = 1.24, 95 % CI = 1.02-1.51, p <0.05) and headaches (IRR = 1.41, 95% CI = 1.16-1.7, p < 0.001) were associated with increased primary care utilization rates. Higher utilization rates among veterans who screened positive for TBI were not better explained by screening positive for comorbid mental health problems. Knowing that certain symptoms are more strongly associated with increased utilization in certain health service domains will help to better plan for the care of returning veterans who screen positive for TBI.

<http://fordham.bepress.com/dissertations/AAI3544993/>

Transitioning from Combat to College: The Impact of Risk and Resilience Factors on Student Veterans.

Sharon L Young, Fordham University

January 1, 2012

ETD Collection for Fordham University. Paper AAI3544993

Thousands of combat veterans have transitioned to college since the passing of the Post-9/11 GI Bill in 2008. The transition from combat to college is a challenge for veterans, as the demands and structure of college differ so greatly from military life. Additionally, exposure to combat often has long lasting psychological repercussions on veterans, as they are more likely to experience PTSD and depression. There is a dearth of research on student veterans that examines the impact of deployment on their adjustment to college. This study examines the impact of three risk factors (pre-deployment risk factors, deployment length, and combat exposure) and two resilience factors (post-deployment social support and dispositional resiliency) for PTSD, depression, student stress, adjustment to college, and military to civilian adjustment. A series of hierarchical regressions were conducted to explain the mental health outcomes and adjustment to college. Combat exposure and post-deployment social support were significant predictors of PTSD. Dispositional resiliency was a significant predictor of depression. Both dispositional resiliency and post-deployment social support were significant predictor of student stress. However, only post-deployment social support was a significant predictor of adjustment to college. Perceived health was found to be a significant predictor for adjustment from military to civilian life. This study suggests that further research is needed to understand the role of resilience factors among student veterans.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12011/abstract>

The Associations of Physical and Sexual Assault with Suicide Risk in Nonclinical Military and Undergraduate Samples.

Bryan, C. J., McNaughton-Cassill, M., Osman, A. and Hernandez, A. M.

Suicide and Life-Threatening Behavior

Article first published online: 17 JAN 2013

The associations of various forms of sexual and physical assault with a history of suicide attempts and recent suicide ideation were studied in two distinct samples: active duty military and undergraduate students. A total of 273 active duty Air Force personnel and 309 undergraduate students anonymously completed self-report surveys of assault victimization, emotional distress, belongingness, recent suicide ideation, and previous suicide attempts. Among military personnel, rape, robbery, or violent assault was associated with a nonsignificant trend toward increased risk for suicide attempts, whereas physical abuse or battering as an adult was significantly associated with recent suicide ideation. Among undergraduates, unwanted sexual experiences as an adult and physical or sexual abuse as a child were significantly associated with increased risk for suicide attempt, but only unwanted experiences as an adult was significantly associated with increased risk for suicide ideation. Experiencing multiple forms of assault increased risk for suicide attempts and ideation in both groups. Results suggest that different types of assault contribute differentially to suicide risk in military versus undergraduate populations, but experiencing multiple types of assault is associated with increased risk in both groups.

<http://www.ncbi.nlm.nih.gov/pubmed/23323682>

J Altern Complement Med. 2013 Jan 16. [Epub ahead of print]

Military Report More Complementary and Alternative Medicine Use than Civilians.

Goertz C, Marriott BP, Finch MD, Bray RM, Williams TV, Hourani LL, Hadden LS, Colleran HL, Jonas WB.

Source: Palmer College of Chiropractic , Davenport, IA.

Abstract

Objectives:

The study objective was to estimate complementary and alternative medicine (CAM) use among active duty military and compare data with civilian use.

Design:

A global survey on CAM use in the 12 previous months was conducted. Final participants (16,146) were stratified by gender, service, region, and pay grade. Analysis included prevalence of CAM use, demographic and lifestyle characteristics.

Results:

Approximately 45% of respondents reported using at least one type of CAM therapy. Most commonly used therapies were as follows: prayer for one's own health (24.4%), massage therapy (14.1%), and relaxation techniques (10.8%). After exclusion of prayer for one's own health, adjusting to the 2000 U.S. census, overall CAM use in the military (44.5%) was higher than that in comparable civilian surveys (36.0% and 38.3%).

Conclusions:

Military personnel reported using three CAM stress-reduction therapies at 2.5-7 times the rate of civilians. Among the military, high utilization of CAM practices that reduce stress may serve as markers for practitioners assessing an individual's health and well-being.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21772/abstract>

Stigma and Demographic Correlates of Help-Seeking Intentions in Returning Service Members.

Blais, R. K. and Renshaw, K. D.

Journal of Traumatic Stress

Article first published online: 18 JAN 2013

Many U.S. Iraq/Afghanistan-era veterans return from deployment with posttraumatic stress (PTS) symptoms, but few veterans seek psychological help. Research on barriers to care is growing, but the link between stigma and help-seeking is understudied. The present study examined anticipated enacted stigma from military and nonmilitary sources, self-stigma, PTS, perceived likelihood of deploying again, marital status, and history of mental health care engagement as correlates of help-seeking intentions from a mental health professional or medical doctor/advance practice registered nurse (MD/APRN) in a sample of 165 combat veterans. Using structural equation modeling, results demonstrated that self-stigma was negatively associated with help-seeking intentions from a mental health professional and MD/APRN with small-to-medium effect sizes. Being married was positively associated with help-seeking intentions from a mental health professional and MD/APRN with small effect sizes. History of previous mental health care engagement was positively associated with help-seeking intentions from a mental health professional with a medium effect size, but unrelated to help-seeking intentions from a MD/APRN. Anticipated enacted stigma from any source, PTS, and greater perceived likelihood of deploying again were unrelated to help-seeking intentions from a mental health professional and MD/APRN. Implications for interventions aimed at decreasing self-stigma and increasing intention to seek help are discussed.

<http://www.ncbi.nlm.nih.gov/pubmed/23319338>

Rehabil Nurs. 2013 Jan 14. doi: 10.1002/rnj.67. [Epub ahead of print]

Feasibility Test of Preference-Based Insomnia Treatment for Iraq and Afghanistan War Veterans.

Epstein DR, Babcock-Parziale JL, Herb CA, Goren K, Bushnell ML.

Source: Phoenix VA Health Care System, Phoenix, Arizona, USA.

Abstract

PURPOSE:

The study determined the feasibility of implementing a brief, preference-based non-medication insomnia treatment for Iraq/Afghanistan war Veterans who experienced blast and/or other injuries resulting in an altered level of consciousness.

METHODS:

The study used a one-group pre-post design with a 3-month follow-up assessment. Forty-one veterans (two females, mean age 30.32 ± 7.73 years) with a mean insomnia duration of 3.90 years (± 2.03) received treatment that included one in-person and three telephone sessions of behavioral intervention and incorporated electronic delivery components. Feasibility indicators and preliminary treatment effectiveness were assessed.

FINDINGS:

Results indicate the preference-based treatment was acceptable to veterans and feasible to implement.

Treatment components delivered in-person were used more than electronic methods. Insomnia decreased from moderate severity to the sub-threshold range. Pre- to post-treatment effect sizes were large for most sleep outcomes. Sleep improvement maintained at the 3-month follow-up assessment.

CONCLUSION:

Further testing of a brief insomnia treatment model is needed.

CLINICAL RELEVANCE:

Successful insomnia treatment has the potential to maximize rehabilitation outcomes in Operations Enduring Freedom and Iraqi Freedom veterans and may provide a non-stigmatizing entry to mental health services.

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<http://onlinelibrary.wiley.com/doi/10.1111/j.1748-0361.2012.00450.x/abstract>

Rural Native Veterans in the Veterans Health Administration: Characteristics and Service Utilization Patterns.

Kaufman, C. E., Brooks, E., Kaufmann, L. J., Noe, T., Nagamoto, H. T., Dailey, N., Bair, B. and Shore, J.

The Journal of Rural Health

Article first published online: 14 JAN 2013

Purpose:

The Department of Veterans Affairs (VA) and the Indian Health Service (IHS) signed a Memo of Understanding in 2010 to strengthen their partnership in improving health care services for Native veterans, who are disproportionately rural. This paper describes the demographic and service use profile of rural Native veterans who access VA health care.

Methods:

Data were abstracted from the 2008 Veteran Health Administration (VHA) medical dataset, and the characteristics of rural Native veterans were compared to rural non-Native veterans.

Findings:

Rural Native veterans were more rural (41% vs 35%) and more highly rural (8% vs 2%) compared to non-Native veterans. Rural Native veterans were younger, more likely to be female, and earned about the same median income compared to rural non-Native veterans. Although rural Native veterans had fewer diagnoses on average, they were more likely to have served in combat areas and to have higher levels of service-connected disability compared to other rural veterans.

Conclusions:

Demographic and service-related characteristics of rural Native veterans who accessed VA care differ

from those of rural non-Native veterans. Identifying specific health care and service use characteristics will assist in the development of appropriate policy and programs to serve rural Native veterans.

<http://www.sciencedirect.com/science/article/pii/S1744388112000874>

Mindful-Veteran: The implementation of a brief stress reduction course.

Karin J. Carlson, Susan G. Silva, Joanne Langley, Catherine Johnson

Complementary Therapies in Clinical Practice

Available online 10 January 2013

Background

Stress reduction is a focus of healthcare management in Veterans who often faced extreme stressors during military service.

Objective

A quality improvement project to evaluate the implementation and effects of a brief mindfulness course delivered to Veterans, Mindful-Veteran (M-Vet), with self-reported mild to severe depressive symptoms in an outpatient setting.

Design

A within-subjects design was used to determine whether depressed Veterans enrolled in a 6-week M-Vet course report improvements in perceived stress, depressive symptoms, and quality of life.

Results

Mental health, general health, emotional role, and social functioning quality of life subscales significantly improved over the 6-week course. Severity of stress and depressive symptom scores, however, did not significantly decrease.

Conclusion

The findings suggest that this brief, simplified mindfulness program designed for military Veterans, seen within a community based outpatient clinic, has clinically beneficial effects on psychiatric outcomes.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0052735>

Guided Self-Help Cognitive Behavioural Therapy for Depression in Primary Care: A Randomised Controlled Trial.

Williams C, Wilson P, Morrison J, McMahon A, Andrew W, et al.

Background

Access to Cognitive behavioural therapy (CBT) for depression is limited. One solution is CBT self-help books.

Trial Objectives:

To assess the impact of a guided self-help CBT book (GSH-CBT) on mood, compared to treatment as usual (TAU).

Hypotheses:

GSH-CBT will have improved mood and knowledge of the causes and treatment of depression compared to the control receiving TAU. Guided self-help will be acceptable to patients and staff.

Participants:

Adults attending seven general practices in Glasgow, UK with a BDI-II score of ≥ 14 . 141 randomised to GSH-CBT and 140 to TAU.

Interventions:

RCT comparing 'Overcoming Depression: A Five Areas Approach' book plus 3–4 short face to face support appointments totalling up to 2 hours of guided support, compared with general practitioner TAU.

Primary outcome:

The BDI (II) score at 4 months.

Numbers analysed:

281 at baseline, 203 at 4 months (primary outcome), 117 at 12 months.

Outcome:

Mean BDI-II scores were lower in the GSH-CBT group at 4 months by 5.3 points (2.6 to 7.9, $p < 0.001$). At 4 and 12 months there were also significantly higher proportions of participants achieving a 50% reduction in BDI-II in the GSH-CBT arm. The mean support was 2 sessions with 42.7 minutes for session 1, 41.4 minutes for session 2 and 40.2 minutes of support for session 3.

Adverse effects/Harms:

Significantly less deterioration in mood in GSH-CBT (2.0% compared to 9.8% in the TAU group for BDI—II category change).

Weaknesses:

Our follow-up rate of 72.2% at 4 months is better than predicted but is poorer at 12 months (41.6%). In the GSH-CBT arm, around 50% of people attended 2 or fewer sessions. 22% failed to take up treatment.

Conclusions

GSH-CBT is substantially more effective than TAU.

Trial Registration

Controlled-Trials.com ISRCTN13475030

Links of Interest

Physical and sexual assault linked to increased suicide risk in military

http://www.eurekalert.org/pub_releases/2013-01/uou-pas011613.php

NCOs Crucial to Suicide Prevention, Battaglia Says

http://www.health.mil/blog/13-01-16/NCOs_Crucial_to_Suicide_Prevention_Battaglia_Says.aspx

Shifting the Safety Balance for Overnight Workers

<http://www.sciencedaily.com/releases/2012/12/121203093802.htm>

Video: Eternal Rest (Pearl Harbor after visitors hours)

<http://www.youtube.com/watch?v=MgE2KiPd3xg>

Soldiers, former NFL players discuss life after violence

http://www.army.mil/article/94537/Soldiers_former_NFL_players_discuss_life_after_violence/

Army launches 'Ready and Resilient' survey

http://www.army.mil/article/94595/Army_launches_Ready_and_Resilient_survey/

Service Members Can Find Pet-Friendly Resources at Their Next Duty Station

<http://afps.dodlive.mil/2012/10/26/service-members-can-find-pet-friendly-resources-at-their-next-duty-station/>

Military women get dedicated mental health clinic

http://www.bizjournals.com/philadelphia/blog/good-works/2013/01/Military_women.html

Air Force calls number of sex assaults 'appalling'

<http://www.utsandiego.com/news/2013/jan/23/air-force-calls-number-of-sex-assaults-appalling/>

Sex Is Major Reason Military Commanders Are Fired

<http://abcnews.go.com/Politics/wireStory/sex-major-reason-military-commanders-fired-18262758>

Research Tip of the Week: [Professional Military Reading List Collection](#)

Each branch of the service and various other military organizations issue yearly “reading lists” of recommended books “...to advance your professional development or to become more aware of hot topics in defense and national security...” The Pentagon Library maintains an up-to-date collection of these lists.



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[Air Force Chief of Staff Reading List](#)

Books and DVDs for all ranks. Released in 2012.

[Chief of Staff Army Professional Reading List](#)

Books for soldiers and civilians on The Army Profession, The Force of Decisive Action, Broadening Leaders and The Strategic Environment. Released in 2012.

[Joint Force Staff College Commandant's Professional Reading List](#)

Books for all staff. Released in 2011.

[Marine Corps Professional Reading Program](#)

Books listed according to experience level. Released in 2011.

[Navy Professional Reading List](#)

Books listed according to experience level and topic. On-going list; up-to-date as of 2012.

[Partnership Strategy & Stability Operations Recommended Reading List](#)

Created by the Office of the Deputy Assistant Secretary of Defense for Partnership Strategy and Stability Operations. Released in 2011.

[Special Operations Command Commander's Reading List](#)

Books for all staff. Release 2012.

[U.S. Coast Guard Reading List](#)

A continually expanding list for topics including Leadership, Contemporary Issues, and USCG History and Culture. On-going list; up-to-date as of 2012.

Search the [Library Catalog](#) for availability.

Last updated March 2012

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