



## CDP Research Update -- February 14, 2013

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- Research Tip of the Week: RadioReference.com

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<http://www.fas.org/sgp/crs/misc/R41921.pdf>

### **Mental Disorders Among OEF/OIF Veterans Using VA Health Care: Facts and Figures**

Erin Bagalman, Analyst in Health Policy

Congressional Research Service

February 4, 2013

The mental health of veterans—and particularly veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF)—has been a topic of ongoing concern to Members of Congress and their constituents, as evidenced by hearings and legislation. Knowing the number of veterans affected by various mental disorders and actions the Department of Veterans Affairs (VA) is taking to address mental disorders can help Congress determine where to focus attention and resources.

Using data from the VA, this brief report addresses the number of veterans with (1) depression or bipolar disorder, (2) posttraumatic stress disorder (PTSD), and (3) substance use disorders. For each topic, this report also briefly describes what the VA is doing in terms of screening and treatment.

From FY2002 through FY2012, 1.6 million OEF/OIF veterans (including members of the Reserve and National Guard) left active duty and became eligible for VA health care; by the end of FY2012, 56% of them had enrolled and obtained VA health care. The VA publishes the cumulative prevalence of selected mental disorders among OEF/OIF veterans using VA health care, based on information in the VA's electronic health records.

Systematic information regarding veterans who do not use VA health care is not available. Data about OEF/OIF veterans using VA health care should not be extrapolated to the rest of the OEF/OIF veteran population, or the broader veteran population. Limitations of the VA's data are discussed in Appendix A.

Reports that have evaluated VA's efforts and offered recommendations are listed in Appendix B.

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<http://www.fas.org/sgp/crs/misc/RL34024.pdf>

## **Veterans and Homelessness**

Libby Perl, Specialist in Housing Policy

Congressional Research Service

February 4, 2013

The wars in Iraq and Afghanistan have brought renewed attention to the needs of veterans, including the needs of homeless veterans. Researchers have found both male and female veterans to be overrepresented in the homeless population, and as the number of veterans increases due to these conflicts, there is concern that the number of homeless veterans could rise commensurately. The 2007-2009 recession and the subsequent slow economic recovery also raised concerns that homelessness could increase among all groups, including veterans.

Congress has created numerous programs that serve homeless veterans specifically, almost all of which are funded through the Veterans Health Administration of the Department of Veterans Affairs (VA). These programs provide health care and rehabilitation services for homeless veterans (the Health Care for Homeless Veterans and Domiciliary Care for Homeless Veterans programs), employment assistance (Homeless Veterans Reintegration Program and Compensated Work Therapy program), and transitional housing (Grant and Per Diem program) as well as supportive services (the Supportive Services for Veteran Families program). The VA also works with the Department of Housing and Urban Development (HUD) to provide permanent supportive housing to homeless veterans through the HUD-VA Supported Housing Program (HUD-VASH). In the HUD-VASH program, HUD funds rental assistance through Section

8 vouchers while the VA provides supportive services. In addition, the VA and HUD have collaborated on a homelessness prevention demonstration program.

Several issues regarding veterans and homelessness have become prominent, in part because of the Iraq and Afghanistan wars. One issue is ending homelessness among veterans. In November 2009, the VA announced a plan to end homelessness within five years. Both the VA and HUD have taken steps to increase housing and services for homeless veterans. Funding for VA programs has increased in recent years (see Table 5) and Congress has appropriated funds to increase available units of permanent supportive housing through the HUD-VASH program (see Table 6). Congress has appropriated \$350 million to support initial funding of HUD-VASH vouchers in each year from FY2008 through FY2012, enough to fund nearly 48,000 vouchers.

Another issue is the concern that veterans returning from Iraq and Afghanistan who are at risk of homelessness may not receive the services they need. In addition, concerns have arisen about the needs of female veterans, whose numbers are increasing. Women veterans face challenges that could contribute to their risks of homelessness. They are more likely to have experienced sexual trauma than women in the general population and are more likely than male veterans to be single parents. Historically, few homeless programs for veterans have had the facilities to provide separate accommodations for women and women with children. In recent years, Congress and the VA have made changes to some programs in an attempt to address the needs of female veterans, including funding set asides and efforts to expand services.

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<http://www.hsrd.research.va.gov/publications/esp/ptsd-screening.pdf>

### **Screening for Post-Traumatic Stress Disorder (PTSD) in Primary Care: A Systematic Review**

Department of Veterans Affairs

Health Services Research & Development Service

January 2013

To minimize treatment delays and to maximize population reach, Veterans Affairs (VA) established a screening program to facilitate identification of post-traumatic stress disorder (PTSD) in their patients as they present in primary care clinics. Such screening programs may be helpful because primary care providers often have difficulty identifying PTSD in their patients and PTSD is frequently undertreated in the primary care setting.<sup>1,2</sup> The premise of this type of screening program is to facilitate mental health treatment engagement earlier in the course of the illness and to engage patients in treatment who might otherwise not be identified as needing mental health care.

Recently, the Institute of Medicine (IOM) released a report examining the screening, diagnosis, treatment, and rehabilitation services for military Veterans and service members with PTSD in the Department of Veterans Affairs and the Department of Defense.<sup>3</sup> As noted in the IOM report and

elsewhere, successful screening programs utilize instruments that are simple, valid, precise, and acceptable both clinically and socially.<sup>3-5</sup> To identify screening tools that are best suited to the primary care setting, this evidence synthesis report reviews the literature on the feasibility and diagnostic accuracy of screening tools used and evaluated with a gold standard in a primary care setting.

We addressed the following key questions:

Key Question #1. What tools are used to screen for PTSD in primary care settings, and what are their characteristics (i.e., length, format/administration, response scale)?

Key Question #2. What are the psychometric properties and utility of the screening tools (sensitivity, specificity, likelihood ratios, predictive values, area under curve, reliability)?

Key Question #3. What information is there about the implementability (e.g., ease of administration, patient satisfaction) of PTSD screening tools in primary care clinics?

Key Question #4. Do the psychometric properties and utility of each of the screening tools differ according to age, gender, race/ethnicity, substance abuse, or other comorbidities?

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<http://www.tandfonline.com/doi/abs/10.1080/15027570.2012.758405>

### **Ethics for the Weekends: The Case of Reservists.**

Mark Zelcer

Military Ethics

Volume 11, Issue 4, 2012, pages 333-352

This essay argues that a military's reserve force occupies an important and overlooked ethical position. It shows that, among other things, reservists pose special challenges to virtue ethics accounts of military personnel, an understanding of the relationship between a government and its military, as well as standard questions about *jus in bello*.

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<http://www.ncbi.nlm.nih.gov/pubmed/23389990>

Depress Anxiety. 2013 Feb 6. doi: 10.1002/da.22054. [Epub ahead of print]

### **Impact of impaired sleep on the development of PTSD symptoms in combat veterans: a prospective longitudinal cohort study.**

van Liempt S, van Zuiden M, Westenberg H, Super A, Vermetten E.

Source: Research Center Military Mental Health Care, Utrecht, The Netherlands; Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, Utrecht, The Netherlands.

#### BACKGROUND:

A significant proportion of soldiers return from deployment with symptoms of fatigue, sleep difficulties, and posttraumatic complaints. Disrupted sleep has been proposed as a contributing factor for the development of posttraumatic stress disorder (PTSD). This study investigates the impact of impaired sleep and nightmares before deployment on the development of PTSD symptoms.

#### METHOD:

We collected reports on insomnia symptoms and nightmares in 453 Dutch service members prior to military deployment to Afghanistan. PTSD symptoms were assessed at 6 months postdeployment. The predictive value of insomnia symptoms and nightmares on the development of PTSD symptoms was assessed with a logistic regression analyses, in which was controlled for predeployment mood and anxiety symptoms.

#### RESULTS:

Self-reported predeployment nightmares predicted PTSD symptoms at 6 months (odds ratio 2.992, 95% confidence interval (CI) 1.096-8.551,  $P < .05$ ), while predeployment insomnia complaints did not (odds ratio 0.976, 95% CI 0.862-1.155,  $P > .05$ ).

#### CONCLUSION:

In conclusion, this prospective longitudinal cohort study indicates that the existence of predeployment nightmares is associated with an increased risk for the development of PTSD symptoms. Nightmares may be related to hampered fear extinction memory consolidation, which has been associated with REM sleep.

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<http://psycnet.apa.org/psycinfo/2013-03478-001/>

#### **Cognitive–Behavioral Treatment for Posttraumatic Nightmares: An Investigation of Predictors of Dropout and Outcome.**

Cook, Joan M.; Thompson, Richard; Harb, Gerlinde C.; Ross, Richard J.

Psychological Trauma: Theory, Research, Practice, and Policy, Feb 4 , 2013

This study examined factors predicting treatment dropout and outcome in 124 male Vietnam War veterans with chronic, severe posttraumatic stress disorder treated in a randomized controlled trial of two cognitive–behavioral group therapies for combat-related nightmares. Though significant bivariate predictors of dropout in the imagery rehearsal condition included non-African American race, use of selective serotonin reuptake inhibitors, more traumas, and lower perceived treatment credibility, none

of these variables uniquely predicted dropout in multivariate analyses. In the sleep and nightmare management condition, only low avoidance symptoms predicted dropout. Use of benzodiazepines and higher reexperiencing symptoms predicted posttreatment nightmare frequency in imagery rehearsal; although baseline sleep quality and higher avoidance symptoms predicted posttreatment sleep quality. In sleep and nightmare management, only poorer sleep quality predicted posttreatment nightmares, although poorer baseline sleep quality and higher avoidance symptoms predicted posttreatment sleep quality. Practical and clinical implications, including the use of “socialization” strategies (e.g., patient testimonials, in-depth explanation of treatment rationale), are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

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<http://online.liebertpub.com/doi/full/10.1089/jwh.2012.3606>

### **Is Military Deployment a Risk Factor for Maternal Depression?**

Stacie Nguyen, Cynthia A. LeardMann, Besa Smith, Ava Marie S. Conlin, Donald J. Slymen, Tomoko I. Hooper, Margaret A.K. Ryan, and Tyler C. Smith

Journal of Women's Health. January 2013, 22(1): 9-18

#### **Background:**

Maternal depression is a common condition among new mothers that can be associated with poor maternal health and negative consequences on infant health. Little research has been conducted to examine maternal depression, especially among military mothers, where unique conditions often exist. Using data from a large military cohort, this study prospectively examined the relationship between deployment experience before and after childbirth and maternal depression among U.S. servicewomen.

#### **Methods:**

The study included 1,660 female Millennium Cohort participants who gave birth during active duty service and completed baseline and follow-up questionnaires between 2001 and 2008. Maternal depression was assessed at follow-up using Primary Care Evaluation of Mental Disorders Patient Health Questionnaire criteria.

#### **Results:**

Deployment before childbirth, regardless of combat experience, and deployment without combat experience after childbirth did not increase the risk of maternal depression. Women who deployed and reported combat experience after childbirth were at increased risk for maternal depression compared with nondeployed women who gave birth (adjusted odds ratio [OR] 2.01, 95% confidence interval [CI] 1.17-3.43). Among the subgroup of female combat deployers, however, women who gave birth did not have a significantly increased risk for depression compared with those who did not give birth.

#### **Conclusions:**

Military women who deployed with combatlike experiences after childbirth were at increased risk for

postdeployment maternal depression. The risk, however, appeared primarily related to combat rather than childbirth-related experiences.

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<http://www.biomedcentral.com/1471-244X/13/52/abstract>

### **Is virtual reality always an effective stressors for exposure treatments? Some insights from a controlled trial.**

Federica Pallavicini, Pietro Cipresso, Simona Raspelli, Alessandra Grassi, Silvia Serino, Cinzia Vigna, Stefano Triberti, Marco Villamira, Andrea Gaggioli and Giuseppe Riva

BMC Psychiatry 2013, 13:52

#### **Background**

Several research studies investigating the effectiveness of the different treatments have demonstrated that exposure-based therapies are more suitable and effective than others for the treatment of anxiety disorders. Traditionally, exposure may be achieved in two manners: in vivo, with direct contact to the stimulus, or by imagery, in the person's imagination. However, despite its effectiveness, both types of exposure present some limitations that supported the use of Virtual Reality (VR). But is VR always an effective stressor? Are the technological breakdowns that may appear during such an experience a possible risk for its effectiveness?

#### **Methods**

To answer these questions we compared changes following the exposure to an academic examination, one of the most universal examples of real-life stressors, in a sample of 39 undergraduate students. The same experience was offered using text (TX), audio (AU), video (VD), and VR. However, in the virtual environment we manipulated the experience introducing technological breakdowns. The Post Media Questionnaire (PMQ) and the Slater-Usuh-Steed Presence Questionnaire (SUS) were administered to each participant in order to evaluate self-report measures of anxiety and relaxation and the level of presence experience during media exposure. Electrocardiogram (ECG), Thoracic Respiration Signal (RSP) and Facial corrugator supercilii muscle Electromyography (EMG) were recorded in order to obtain objective measures of subjects' emotional state.

#### **Results**

Analyses conducted on PMQ showed a significant increase in anxiety scores and a mirror decrease in relax scores after all our emotional procedures, showing that all the conditions were effective in inducing a negative emotional response. Psychometric scores and psychophysiological indexes showed that VR was less effective than other procedures in eliciting stress responses. Moreover, we did not observe significant differences in SUS scores: VR induced a sense of presence similar to that experienced during the exposition to other media.

#### **Conclusions**

Technological breakdowns significantly reduce the possibility of VR eliciting emotions related to complex



real-life stressors. Without a high sense of presence, the significant advantages offered by VR disappear and its emotional induction abilities are even lower than the ones provided by much cheaper media.

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<http://www.biomedcentral.com/1471-244X/13/51/abstract>

### **Residual symptoms and functioning in depression: does the type of residual symptom matter? a post-hoc analysis.**

Irene Romera, Víctor Pérez, Antonio Ciudad, Luis Caballero, Miguel Roca, Pepa Polavieja and Inmaculada Gilaberte

BMC Psychiatry 2013, 13:51

#### **Background**

The degrees to which residual symptoms in major depressive disorder (MDD) adversely affect patient functioning is not known. This post-hoc analysis explored the association between different residual symptoms and patient functioning.

#### **Methods**

Patients with MDD who responded ( $\geq 50\%$  on the 17-item Hamilton Rating Scale for Depression; HAMD-17) after 3 months of treatment (624/930) were included. Residual core mood-symptoms (HAMD-17 core symptom subscale  $\geq 1$ ), residual insomnia-symptoms (HAMD-17 sleep subscale  $\geq 1$ ), residual anxiety-symptoms (HAMD-17-anxiety subscale  $\geq 1$ ), residual somatic-symptoms (HAMD-17 Item 13  $\geq 1$ ), pain (Visual Analogue Scale  $\geq 30$ ), and functioning were assessed after 3 months treatment. A stepwise logistic regression model with normal functioning (Social and Occupational Functioning Assessment Scale  $\geq 80$ ) as the dependent variable was used.

#### **Results**

After 3 months, 59.5% of patients (371/624) achieved normal functioning and 66.0% (412/624) were in remission. Residual symptom prevalence was: core mood symptoms 72%; insomnia 63%; anxiety 78%; and somatic symptoms 41%. Pain reported in 18%. Factors associated with normal functioning were absence of core mood symptoms (odds ratio [OR] 8.7; 95% confidence interval [CI], 4.6--16.7), absence of insomnia symptoms (OR 1.8; 95% CI, 1.2--2.7), episode length (4--24 weeks vs.  $\geq 24$  weeks [OR 2.0; 95% CI, 1.1--3.6]) and better baseline functioning (OR 1.0; 95% CI, 1.0--1.1). A significant interaction between residual anxiety symptoms and pain was found ( $p = 0.0080$ ).

#### **Conclusions**

Different residual symptoms are associated to different degrees with patient functioning. To achieve normal functioning, specific residual symptoms domains might be targeted for treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/23392054?dopt=Abstract>

J Investig Med. 2013 Feb 6. [Epub ahead of print]

## **Design of "Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study"**

Aslan M, Concato J, Peduzzi PN, Proctor SP, Schnurr PP, Marx BP, McFall M, Gleason T, Huang GD, Vasterling JJ.

Source: From the Clinical Epidemiology Research Center, VA Connecticut Healthcare System, West Haven; Department of Medicine, Yale University School of Medicine; Yale Center for Analytical Sciences and Yale School of Public Health, Yale University, New Haven, CT; Department of Environmental Health, Boston University School of Public Health; Research Service, VA Boston Healthcare System, Boston; United States Army Research Institute of Environmental Medicine, Natick, MA; Department of Psychiatry, Geisel School of Medicine at Dartmouth, Hanover, NH; VA National Center for Post-Traumatic Stress Disorder (PTSD), White River Junction VA Medical Center, White River Junction, VT; Department of Psychiatry, Boston University School of Medicine; Psychology Service and National Center for PTSD, VA Boston Healthcare System, Boston, MA; Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine; VA Puget Sound Healthcare System, Seattle, WA; Office of Research & Development, U.S. Department of Veterans Affairs, NW, Washington, DC.

### **OBJECTIVE:**

This study aimed to describe methodological challenges encountered in designing a follow-up assessment of US Army Soldiers who served in Operation Iraqi Freedom.

### **STUDY DESIGN AND SETTING:**

The Neurocognition Deployment Health Study (NDHS) enrolled 1595 soldiers at 2 military installations, starting in 2003. Prior work compared predeployment and postdeployment assessments among Iraq-deployed and nondeployed soldiers. The current phase, as VA Cooperative Studies Program #566, is collecting follow-up data on participants who were deployed to Iraq or Afghanistan. Specific aims include evaluating the prevalence and course of posttraumatic stress disorder (PTSD), the persistence of previously observed neuropsychological changes, and the relationship of these changes-and traumatic brain injury-to subsequent PTSD. The target sample size is 817 participants, with 200 participants also receiving performance-based neuropsychological assessments.

### **RESULTS:**

We describe 6 methodological challenges and their implications for longitudinal research among a "closed," young, mobile study population: transitioning from cluster-based (battalion) sampling to individual-level sampling; overcoming practical barriers (such as location searches); selecting exposure and outcome measures that combine previously collected and current study data; accounting for loss of an exposed (deployed) versus (nonexposed) nondeployed comparison; determining timing of assessments; and developing a complex statistical analysis plan. Enrollment is ongoing.

## CONCLUSIONS:

The study provides unique insights regarding elements of study design and analysis that are relevant to longitudinal research. In particular, the dynamic "real-life" context of military deployment provides a basis for applying observational methodology to characterize mental health disorders associated with exposure to war-zone deployment and other contexts associated with exposure to extreme stress.

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[http://www.acog.org/About\\_ACOG/ACOG\\_Departments/Health\\_Care\\_for\\_Underserved\\_Women/Committee\\_Opinion\\_on\\_Health\\_Care\\_for\\_Women\\_in\\_the\\_Military\\_and\\_Women\\_Veterans](http://www.acog.org/About_ACOG/ACOG_Departments/Health_Care_for_Underserved_Women/Committee_Opinion_on_Health_Care_for_Women_in_the_Military_and_Women_Veterans)

### **ACOG: Committee Opinion on Health Care for Women in the Military and Women Veterans**

American Congress of Obstetricians and Gynecologists

The Committee on Health Care for Underserved Women developed a Committee Opinion on Health Care for Women in the Military and Women Veterans. Military service is associated with unique risks to women's reproductive health. As increasing numbers of women are serving in the military, and a greater proportion of United States Veterans are women, it is essential that obstetrician—gynecologists are aware of and well prepared to address the unique health care needs of this demographic group. Obstetrician—gynecologists should ask about women's military service, know the Veteran status of their patients, and be aware of high prevalence problems (eg, posttraumatic stress disorder, intimate partner violence, and military sexual trauma) that can threaten the health and well-being of these women. Additional research examining the effect of military and Veteran status on reproductive health is needed to guide the care for this population. Moreover, partnerships between academic departments of obstetrics and gynecology and local branches of the Veterans Health Administration are encouraged as a means of optimizing the provision of comprehensive health care to this unique group of women.

The above mentioned committee opinion highlights unique reproductive health needs and special considerations of this population. The Committee on Health Care for Underserved Women also developed a more detailed review on this important topic - Women in the Military and Women Veterans

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<http://www.ncbi.nlm.nih.gov/pubmed/23390672?dopt=Abstract>

### **Family Involved Psychosocial Treatments for Adult Mental Health Conditions: A Review of the Evidence [Internet].**

Editors: Meis L, Griffin J, Greer N, Jensen A, Carlyle M, MacDonald R, Rutks I, Wilt TJ.

Source: Washington (DC): Department of Veterans Affairs; 2012 Feb.

VA Evidence-based Synthesis Program Reports.

Since 2008, the President has signed two new laws expanding VA authority to provide family services for Veterans' mental health care and creating a need to identify efficacious and promising family involved interventions for improving Veterans' mental health outcomes. With one exception, prior reviews have traditionally focused on one condition at a time, limiting comparisons across conditions and preventing a synthesis of the evidence for all mental health conditions, including those with few randomized controlled trials (RCTs; e.g., Posttraumatic Stress Disorder or PTSD). Finally, prior reviews are potentially less relevant to VA populations due to their focus on studies conducted in non-Veteran populations. Consistent with prior work defining empirically supported psychological treatments, we conducted a systematic review of the published evidence evaluating if (and which) family involved treatments improve patient outcomes (i.e., efficacy) and if (and which) family involved treatments are superior to alternative interventions (i.e., specificity or comparative effectiveness, especially those therapies that include solely the patient, not family members). This topic was nominated by Sonja Batten, PhD, Office of Mental Health Services, and is primarily intended to help refine clinical guidelines by providing information as to whether family treatments improve the outcomes for Veterans receiving care for mental health conditions and if they provide incremental benefits beyond treatment solely involving Veterans. To evaluate findings of greatest validity and relevance to the United States (and especially Veteran) populations, we included studies if they were RCTs conducted in the United States, and we focused on patient outcomes (i.e., final outcomes), including symptoms of mental health conditions and family/couple functioning. Intermediate outcomes of interest included treatment adherence, treatment attendance, patient satisfaction, and social support for patients.

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<http://www.ncbi.nlm.nih.gov/pubmed/23384211>

Brain Inj. 2013;27(2):125-34. doi: 10.3109/02699052.2012.729284.

**Screening for mild traumatic brain injury in OEF-OIF deployed US military: An empirical assessment of VHA's experience.**

Hendricks AM, Amara J, Baker E, Charms MP, Gardner JA, Iverson KM, Kimerling R, Kregel M, Meterko M, Pogoda TK, Stolzmann KL, Lew HL.

Source: VA Boston Healthcare System , Boston, MA , USA.

Background: VHA screens for traumatic brain injury (TBI) among patients formerly deployed to Afghanistan or Iraq, referring those who screen positive for a Comprehensive TBI Evaluation (CTBIE). Methods: To assess the programme, rates were calculated of positive screens for potential TBI in the population of patients screened in VHA between October 2007 through March 2009. Rates were derived of TBI confirmed by comprehensive evaluations from October 2008 through July 2009. Patient characteristics were obtained from Department of Defense and VHA administrative data. Results: In the study population, 21.6% screened positive for potential TBI and 54.6% of these had electronic records of a CTBIE. Of those with CTBIE records, evaluators confirmed TBI in 57.7%, yielding a best estimate that 6.8% of all those screened were confirmed to have TBI. Three quarters of all screened patients and

virtually all those evaluated (whether TBI was confirmed or not) had VHA care the following year. Conclusions: VHA's TBI screening process is inclusive and has utility in referring patients with current symptoms to appropriate care. More than 90% of those evaluated received further VHA care and confirmatory evaluations were associated with significantly higher average utilization. Generalizability is limited to those who seek VHA healthcare.

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<http://www.ncbi.nlm.nih.gov/pubmed/23385487?dopt=Abstract>

Eur Arch Psychiatry Clin Neurosci. 2013 Feb 6. [Epub ahead of print]

**Regional cerebral changes and functional connectivity during the observation of negative emotional stimuli in subjects with post-traumatic stress disorder.**

Mazza M, Tempesta D, Pino MC, Catalucci A, Gallucci M, Ferrara M.

Source: Department of Life, Health and Environmental Sciences, University of L'Aquila, Via Vetoio, Località Coppito, 67100, L'Aquila, Italy, monica.mazza@cc.univaq.it.

Patients with post-traumatic stress disorder (PTSD) exhibit exaggerated brain responses to emotionally negative stimuli. Identifying the neural correlates of emotion regulation in these subjects is important for elucidating the neural circuitry involved in emotional dysfunction. The aim of this study was to investigate the functional connectivity between the areas activated during emotional processing of negative stimuli in a sample of individuals affected by PTSD compared to a group of healthy subjects. Ten subjects with PTSD (who survived the L'Aquila 2009 earthquake) and ten healthy controls underwent fMRI during which the participants observed 80 images: 40 pictures with negative emotional valence and 40 neutral (scrambled) stimuli. A higher activation was found in the left posterior (LP) insula for PTSD group and in the ventromedial prefrontal cortex (vmPFC) for the healthy group. Two sets of Granger causality modeling analyses were performed to examine the directed influence from LP-insula and vmPFC to other brain regions. Activity in the vmPFC in the healthy group while observing negative stimuli predicted activity in several subcortical regions and insula, while in the PTSD group the LP-insula exerted a positive directed influence on several cortical regions. The hyperactivation in PTSD subjects of subcortical areas such as the insula would underlie the emotional, social, and relational difficulties of PTSD patients.

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<http://www.ncbi.nlm.nih.gov/pubmed/23383670?dopt=Abstract>

Int Rev Psychiatry. 2013 Feb;25(1):86-99. doi: 10.3109/09540261.2012.736367.

**Review of somatic symptoms in post-traumatic stress disorder.**

Gupta MA.

Source: Department of Psychiatry, Schulich School of Medicine and Dentistry, University of Western Ontario , London, Ontario , Canada.

Abstract Post-traumatic stress disorder (PTSD) is associated with both (1) 'ill-defined' or 'medically unexplained' somatic syndromes, e.g. unexplained dizziness, tinnitus and blurry vision, and syndromes that can be classified as somatoform disorders (DSM-IV-TR); and (2) a range of medical conditions, with a preponderance of cardiovascular, respiratory, musculoskeletal, neurological, and gastrointestinal disorders, diabetes, chronic pain, sleep disorders and other immune-mediated disorders in various studies. Frequently reported medical co-morbidities with PTSD across various studies include cardiovascular disease, especially hypertension, and immune-mediated disorders. PTSD is associated with limbic instability and alterations in both the hypothalamic- pituitary-adrenal and sympatho-adrenal medullary axes, which affect neuroendocrine and immune functions, have central nervous system effects resulting in pseudo-neurological symptoms and disorders of sleep-wake regulation, and result in autonomic nervous system dysregulation. Hypervigilance, a central feature of PTSD, can lead to 'local sleep' or regional arousal states, when the patient is partially asleep and partially awake, and manifests as complex motor and/or verbal behaviours in a partially conscious state. The few studies of the effects of standard PTSD treatments (medications, CBT) on PTSD-associated somatic syndromes report a reduction in the severity of ill-defined and autonomically mediated somatic symptoms, self-reported physical health problems, and some chronic pain syndromes.

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<http://www.biomedcentral.com/1471-244X/13/49/abstract>

### **CBT for depression: a pilot RCT comparing mobile phone vs. computer.**

Sarah Watts, Anna Mackenzie, Cherian Thomas, Al Griskaitis, Louise Mewton, Alishia Williams and Gavin Andrews

BMC Psychiatry 2013, 13:49

#### Background

This paper reports the results of a pilot randomized controlled trial comparing the delivery modality (mobile phone/tablet or fixed computer) of a cognitive behavioural therapy intervention for the treatment of depression. The aim was to establish whether a previously validated computerized program (The Sadness Program) remained efficacious when delivered via a mobile application.

#### Method

35 participants were recruited with Major Depression (80% female) and randomly allocated to access the program using a mobile app (on either a mobile phone or iPad) or a computer. Participants completed 6 lessons, weekly homework assignments, and received weekly email contact from a clinical psychologist or psychiatrist until completion of lesson 2. After lesson 2 email contact was only provided in response to participant request, or in response to a deterioration in psychological distress scores. The primary outcome measure was the Patient Health Questionnaire 9 (PHQ-9). Of the 35 participants

recruited, 68.6% completed 6 lessons and 65.7% completed the 3-months follow up. Attrition was handled using mixed-model repeated-measures ANOVA.

#### Results

Both the Mobile and Computer Groups were associated with statistically significant benefits in the PHQ-9 at post-test. At 3 months follow up, the reduction seen for both groups remained significant.

#### Conclusions

These results provide evidence to indicate that delivering a CBT program using a mobile application, can result in clinically significant improvements in outcomes for patients with depression.

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<http://www.ncbi.nlm.nih.gov/pubmed/23394102?dopt=Abstract>

Behav Sleep Med. 2012 Sep 11. [Epub ahead of print]

#### **Actigraphic Assessment of Sleep Disturbances following Traumatic Brain Injury.**

Sinclair KL, Ponsford J, Rajaratnam SM.

Source: School of Psychology and Psychiatry, Monash University, Australia.

The current study examined the use of actigraphy in measurement of sleep following traumatic brain injury (TBI). Twenty-one patients with TBI and self-reported sleep and/or fatigue problems and 21 non-injured controls were studied over seven days using actigraphy and sleep diary reports. Although strong associations between diary and actigraphic assessment of sleep duration were observed in both participant groups, agreement between these methods appeared to weaken in patients with TBI. Associations between sleep diary and actigraphic assessments of sleep disturbance, i.e., wake after sleep onset (WASO) and sleep onset latency (SOL) were not apparent in either group, although weaker agreement between methods for WASO was again observed in patients with TBI. Actigraphy may prove useful to supplement self-report measures of sleep following TBI. More work is required to understand the accuracy of these measures in this population.

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<http://www.ncbi.nlm.nih.gov/pubmed/23396174?dopt=Abstract>

Addict Behav. 2012 Dec 21;38(4):2074-2079. doi: 10.1016/j.addbeh.2012.12.010. [Epub ahead of print]

#### **Prior substance abuse and related treatment history reported by recent victims of sexual assault.**

Resnick HS, Walsh K, Schumacher JA, Kilpatrick DG, Acierno R.

Source: National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC, United States.

To inform intervention approaches, the current study examined prevalence and comorbidity of recent use and history of abuse of alcohol, marijuana, and other illicit drugs as well as history of substance treatment among a sample of female victims of sexual assault seeking post-assault medical care. Demographic variables and prior history of assault were also examined to further identify factors relevant to treatment or prevention approaches. Participants were 255 women and adolescent girls seeking post sexual assault medical services who completed an initial follow-up assessment on average within 3 months post-assault. The majority (72.9%) reported recent substance use prior to assault, approximately 40% reported prior substance abuse history, and 12.2% reported prior substance treatment history. Prior history of assault was associated with recent drug use and history of drug abuse as well as substance treatment. Among those with prior histories of substance abuse and assault, assault preceded substance abuse onset in the majority of cases. Almost all those with prior treatment history reported recent drug or alcohol use. A portion of sexual assault survivors seen for acute medical services may benefit from facilitated referral for substance abuse treatment in addition to counseling at the time of screening. Assessment and intervention approaches should target alcohol, marijuana, and other illicit drug use and abuse. Substance use and associated impairment may serve as a rape tactic by perpetrators of assault. Substance use at the time of assault does not imply blame on the part of assault victims. Previous findings indicate that rape poses high risk of PTSD particularly among women with prior history of assault. Screening and intervention related to substance abuse should be done with recognition of the increased vulnerability it may pose with regard to assault and the high risk of PTSD within this population.

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<http://psycnet.apa.org/psycinfo/2013-03649-001/>

### **An Assessment of Suicide-Related Knowledge and Skills Among Health Professionals.**

Smith, April R.; Silva, Caroline; Covington, David W.; Joiner Jr., Thomas E.

Health Psychology, Feb 4, 2013

#### **Objective:**

The present studies sought to examine the association between gatekeeper training and suicide knowledge among a diverse set of health care workers (case managers, clinicians, administrators, nurses, physicians, support staff). An additional aim of the current studies was to investigate knowledge about suicide among health care workers as well as their confidence in their training and skills.

#### **Method:**

A naturalistic and uncontrolled group comparison study of two large groups ( $n = 1,336$  and  $1,507$ ) of community health workers was conducted by having participants complete a brief online survey that assessed suicide-related knowledge, as well as confidence in training, skills, and support.

#### **Results:**

In Study 1, participants with Applied Suicide Intervention Skills Training (ASIST) outperformed those



without ASIST training in terms of their knowledge about suicidal behavior and their confidence in their skills. In Study 2, participants with Question, Persuade, and Refer (QPR) training outperformed those with Essential Learning's Suicide Prevention (Online) training and those with No Training on suicide knowledge items; both QPR and Online trained workers reported greater confidence in their skills than workers with No Training. Across both studies, physicians and clinicians tended to score the highest on suicide knowledge and skills items.

#### Conclusions:

Overall, health care workers appear to be knowledgeable about suicidal behavior, but there are some specific gaps in their knowledge, such as the rates of suicide in special populations. Participants with ASIST and QPR training demonstrated greater knowledge and skills related to suicidal behavior as compared with participants without gatekeeper training. (PsychINFO Database Record (c) 2013 APA, all rights reserved)

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<http://www.ncbi.nlm.nih.gov/pubmed/23387405?dopt=Abstract>

Arch Suicide Res. 2013 Jan;17(1):75-87. doi: 10.1080/13811118.2013.748418.

#### **Chances and limits of method restriction: a detailed analysis of suicide methods in Switzerland.**

Habenstein A, Steffen T, Bartsch C, Michaud K, Reisch T.

Source: University Hospital of Psychiatry Bern , Bern , Switzerland.

The objective of this study was to estimate the potential of method restriction as a public health strategy in suicide prevention. Data from the Swiss Federal Statistical Office and the Swiss Institutes of Forensic Medicine from 2004 were gathered and categorized into suicide submethods according to accessibility to restriction of means. Of suicides in Switzerland, 39.2% are accessible to method restriction. The highest proportions were found in private weapons (13.2%), army weapons (10.4%), and jumps from hot-spots (4.6%). The presented method permits the estimation of the suicide prevention potential of a country by method restriction and the comparison of restriction potentials between suicide methods. In Switzerland, reduction of firearm suicides has the highest potential to reduce the total number of suicides.

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<http://www.ncbi.nlm.nih.gov/pubmed/23398908>

Psychosomatics. 2013 Feb 8. pii: S0033-3182(13)00003-0. doi: 10.1016/j.psych.2013.01.002. [Epub ahead of print]

#### **Ask Suicide-Screening Questions to Everyone in Medical Settings: The asQ'em Quality Improvement Project.**

Horowitz LM, Snyder D, Ludi E, Rosenstein DL, Kohn-Godbout J, Lee L, Cartledge T, Farrar A, Pao M.

Source: Office of the Clinical Director, National Institute of Mental Health, National Institutes of Health, Bethesda, MD. Electronic address: horowitzl@mail.nih.gov.

#### BACKGROUND:

Suicide in hospital settings is a frequently reported sentinel event to the Joint Commission (JC). Since 1995, over 1,000 inpatient deaths by suicide have been reported to the JC; 25% occurred in non-behavioral health settings. Lack of proper "assessment" was the leading root cause for 80% of hospital suicides. This paper describes the "Ask Suicide-Screening Questions to Everyone in Medical Settings (asQ'em)" Quality Improvement Project. We aimed to pilot a suicide screening tool and determine feasibility of screening in terms of prevalence, impact on unit workflow, impact on mental health resources, and patient/nurse acceptance.

#### METHODS:

We piloted the asQ'em two-item screening instrument that assesses suicidal thoughts and behaviors, designed specifically for nurses to administer to medical patients. Educational in-services were conducted. A convenience sample of adult patients, 18 years or older, from three selected inpatient units in the National Institutes of Health Clinical Center, participated.

#### RESULTS:

A total of 331 patients were screened; 13 (4%) patients screened "positive" for suicide risk and received further evaluation. No patient had acute suicidal thoughts or required an observational monitor. Screening took approximately 2 minutes; 87% of patients reported feeling comfortable with screening; 81% of patients, 75% of nurses, and 100% of social workers agreed that all patients in hospitals should be screened for suicide risk.

#### DISCUSSION:

Nurses can feasibly screen hospitalized medical/surgical patients for suicide risk with a two-item screening instrument. Patients, nurses, and social workers rated their experience of screening as positive and supported the idea of universal suicide screening in the hospital.

Published by Elsevier Inc.

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<http://swr.oxfordjournals.org/content/early/2013/02/08/swr.svs019.abstract>

#### **Enhanced Case Management versus Substance Abuse Treatment Alone among Substance Abusers with Depression.**

Catherine W. Striley, Prasanthi Nattala, Arbi Ben Abdallah, Michael L. Dennis, and Linda B. Cottler

Social Work Research first published online February 8, 2013

This pilot study evaluated the effectiveness of enhanced case management for substance abusers with comorbid major depression, which was an integrated approach to care. One hundred and 20 participants admitted to drug treatment who also met Computerized Diagnostic Interview Schedule criteria for major depression at baseline were randomized to enhanced case management (ECM) (n = 64) or treatment as usual (TAU) (n = 56). Both groups were followed up at six and 12 months. Participants' current clinical status across a broad range of domains in the past 90 days was assessed using the Global Appraisal of Individual Needs and included their Depressive Symptom Scale, Homicidal–Suicidal Thought Index, and Mental Health Treatment Index scores. The findings did not reveal any statistically significant effects of ECM on outcome measures. However, in view of the high rates of adverse treatment outcomes among comorbid groups, including suicide, the finding of a clinically significant reduction in homicidal and suicidal thoughts warrants further research; the comprehensive approach to treatment tested may be especially helpful to depressed substance abusers with such ideations.

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[http://www.thepharmajournal.com/vol1Issue12/Issue\\_feb\\_2013/5.1.pdf](http://www.thepharmajournal.com/vol1Issue12/Issue_feb_2013/5.1.pdf)

#### **A Social Problem: Soldiers' Attitude And Motivational State.**

Abimbola Farinde

The Pharma Journal

The widespread growth of soldiers becoming more and more exposed to the physical and mental implications of war is escalating at an alarming rate, and one of the major problem/issue that has emerged as a result of this is the lack of close attention being paid to the changes that can occur with soldiers' motivational states and attitude which can have significant effects on their social, occupational, and behavioral functioning. With multiple deployments into different combat zones, many soldiers begin to accept the belief that they may not ever regain the same level of motivation and attitudes, and are unable to think positively about their participation in the army and this starts transform with time. The current literature has not critically analyzed the particular changes that occur with soldiers' motivation and attitude because more attention has typically be given to the more recognized mental disorders and physical injuries that can be serious consequences of their combat exposure. The predominant problem of soldiers experiencing changes in their motivation and attitude which can cause them to be defenseless while engaged in combat can originate from their multiple combat exposure and quick turnaround times for deployments, the inability of mental health providers to properly identify the existence of an issue with their motivation and attitude, the deplorable living condition they are subjected to while deployed, and soldiers' inability to adopt healthy lifestyle behavior that assist them with carrying out their daily tasks that are required during combat. The effects that can be observed from this factors that can cause changes in soldiers' motivational state and attitude is impaired functional ability while in combat and soldiers can become susceptible to enemy fire as a result of not being on guard due to the lack of the initiative to do so. One of the most effective resolutions for this problem is to attempt to decrease the number of deployments for soldiers within a given year as

increase the amount of time that soldiers have to recuperate in between their deployments into combat because this serves as a significant contributor to the growing prevalence of the problem. Additionally, mental health providers should be adequately trained to identify this problem in its early phases of development so that appropriate interventions can be implemented. It is important that both health care providers and society take necessary steps to address this growing issue in order to maintain the health and functionality of its soldiers for years to come.

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[http://journals.lww.com/jinvestigativemed/Abstract/publishahead/Design\\_of\\_Neuropsychological\\_and\\_Mental\\_Health.99709.aspx](http://journals.lww.com/jinvestigativemed/Abstract/publishahead/Design_of_Neuropsychological_and_Mental_Health.99709.aspx)

### **Design of "Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study."**

Aslan, Mihaela PhD; Concato, John MD, MS, MPH; Peduzzi, Peter N. PhD; Proctor, Susan P. DSc; Schnurr, Paula P. PhD; Marx, Brian P. PhD; McFall, Miles PhD; Gleason, Theresa PhD; Huang, Grant D. PhD; Vasterling, Jennifer J. PhD

Journal of Investigative Medicine: POST AUTHOR CORRECTIONS, 6 February 2013

#### **Objective:**

This study aimed to describe methodological challenges encountered in designing a follow-up assessment of US Army Soldiers who served in Operation Iraqi Freedom.

#### **Study Design and Setting:**

The Neurocognition Deployment Health Study (NDHS) enrolled 1595 soldiers at 2 military installations, starting in 2003. Prior work compared predeployment and postdeployment assessments among Iraq-deployed and nondeployed soldiers. The current phase, as VA Cooperative Studies Program #566, is collecting follow-up data on participants who were deployed to Iraq or Afghanistan. Specific aims include evaluating the prevalence and course of posttraumatic stress disorder (PTSD), the persistence of previously observed neuropsychological changes, and the relationship of these changes-and traumatic brain injury-to subsequent PTSD. The target sample size is 817 participants, with 200 participants also receiving performance-based neuropsychological assessments.

**Results:** We describe 6 methodological challenges and their implications for longitudinal research among a "closed," young, mobile study population: transitioning from cluster-based (battalion) sampling to individual-level sampling; overcoming practical barriers (such as location searches); selecting exposure and outcome measures that combine previously collected and current study data; accounting for loss of an exposed (deployed) versus (nonexposed) nondeployed comparison; determining timing of assessments; and developing a complex statistical analysis plan. Enrollment is ongoing.

#### **Conclusions:**

The study provides unique insights regarding elements of study design and analysis that are relevant to longitudinal research. In particular, the dynamic "real-life" context of military deployment provides a

basis for applying observational methodology to characterize mental health disorders associated with exposure to war-zone deployment and other contexts associated with exposure to extreme stress.

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[http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/journal\\_of\\_the\\_society\\_of\\_christian\\_ethics/v032/32.2.kinghorn.html](http://muse.jhu.edu/login?auth=0&type=summary&url=/journals/journal_of_the_society_of_christian_ethics/v032/32.2.kinghorn.html)

### **Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury.**

Warren Kinghorn

Journal of the Society of Christian Ethics

Volume 32, Number 2, Fall/Winter 2012, pp. 57-74

Moral injury, the experience of having acted (or consented to others acting) incommensurably with one's most deeply held moral conceptions, is increasingly recognized by the mental health disciplines to be associated with postcombat traumatic stress. In this essay I argue that moral injury is an important and useful clinical construct but that the phenomenon of moral injury beckons beyond the structural constraints of contemporary psychology toward something like moral theology. This something, embodied in specific communal practices, can rescue moral injury from the medical model and the means–end logic of techne and can allow for truthful, contextualized narration of and healing from morally fragmenting combat experiences.

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### **Links of Interest**

Veterans With Mild TBI Have Brain Abnormalities

<http://www.sciencedaily.com/releases/2013/02/130207114610.htm>

Free Mobile App Offers Tools to Enhance PTSD Treatment

<http://www.usmedicine.com/psychiatry/free-mobile-app-offers-tools-to-enhance-ptsd-treatment.html>

Male sexual assault victims slam Oscar-nominated filmmakers over focus on women

<http://ohnotheydidnt.livejournal.com/75364683.html>

Missing former soldier with PTSD found

<http://www.wyff4.com/news/local-news/oconee-pickens-news/Missing-former-soldier-with-PTSD-found/-/9654906/18435744/-/bcyuni/-/index.html>

Soldier Hard's hip hop lyrics reveal PTSD's rough edges

<http://usnews.nbcnews.com/news/2013/02/08/16900427-soldier-hards-hip-hop-lyrics-reveal-ptsds-rough-edges>

Uninsured Veterans and Family Members: Who are they and where do they live?

<http://www.rwjf.org/content/rwjf/en/research-publications/find-rwjf-research/2012/05/uninsured-veterans-and-family-members.html>

Few Effective Evidence-Based Interventions for Children Exposed to Traumatic Events

<http://www.sciencedaily.com/releases/2013/02/130211090740.htm>

Avatars May Reduce Depression in Young Adults

<http://www.sciencedaily.com/releases/2013/02/130211090738.htm>

Warrior Voices: Veterans learn to write the words they could not speak

<http://www.nytimes.com/2013/02/03/education/edlife/veterans-learn-to-write-and-heal.html>

Alcohol Abusers' Depression Often Related to Drinking

<http://www.sciencedaily.com/releases/2013/02/130212075432.htm>

tDCS - Promising Depression Therapy

<http://well.blogs.nytimes.com/2013/02/11/promising-depression-therapy/>

Traumatic brain injury complications common among U.S. combat soldiers

<http://newsroom.heart.org/news/traumatic-brain-injury-complications-common-among-u-s-combat-soldiers>

Defense Secretary Urges DoD to 'Operate on Every Front' to End Suicide

[http://www.health.mil/News\\_And\\_Multimedia/News/detail/13-02-08/Defense\\_Secretary\\_Urges\\_DoD\\_to\\_%E2%80%98Operate\\_on\\_Every\\_Front\\_to\\_End\\_Suicide.aspx](http://www.health.mil/News_And_Multimedia/News/detail/13-02-08/Defense_Secretary_Urges_DoD_to_%E2%80%98Operate_on_Every_Front_to_End_Suicide.aspx)

SecArmy reviews new tools to improve behavioral health

[http://www.army.mil/article/95806/SecArmy\\_reviews\\_new\\_tools\\_to\\_improve\\_behavioral\\_health/](http://www.army.mil/article/95806/SecArmy_reviews_new_tools_to_improve_behavioral_health/)

Military Clears Claims Over Raped Veterans

<http://www.courthousenews.com/2013/02/12/54800.htm>

By Guessing, Clinicians May Miss 3/4 of Alcohol Problems

<http://www.sciencedaily.com/releases/2013/02/130213132425.htm>

Threat Bias Interacts With Combat, Gene to Boost PTSD Risk

<http://www.sciencedaily.com/releases/2013/02/130213165714.htm>

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**Research Tip of the Week:** [RadioReference.com](http://RadioReference.com)

So, there you sit...watching TV, surfing the web, reading...and all of a sudden, you hear a *bunch* of sirens outside...and you look out the window, but you can't really tell where the emergency vehicles are going. Still, you're curious. Might be a good time to head back to your computer and try RadioReference.com.

RadioReference.com is the world's largest radio communications data provider, featuring a complete frequency database, trunked radio system information, and FCC license data. RadioReference is also the largest broadcaster of public safety live audio communications feeds, hosting thousands of live audio broadcasts of Police, Fire, EMS, Railroad, and aircraft communications.

You can find audio feeds from all over the world here, although what's available in any given location does vary. You can browse by [geographic location](#) or [type of feed](#). No special software is necessary to listen; the site has built-in web players.

The screenshot shows the RadioReference.com website interface. At the top, there is a navigation bar with links for LOGIN, REGISTER, MOBILE, and HELP, along with social media icons for Facebook, Twitter, and YouTube, and a search bar. Below this is the RadioReference.com logo and tagline "Your Complete Reference Source". A secondary navigation bar contains links for Home, Databases, Live Audio, Forums, Wiki, Classifieds, Submit Info, and About. The main content area is titled "Browse RadioReference Live Audio Feeds (United States)" and includes a "Choose Country:" dropdown menu set to "United States". Below the title, it displays "Feeds Online: 3,318" and "Total Listeners: 20,386", with a "Top Feed: Cuerpo de Bomberos de Valparaiso (564 listeners)". A map of the United States is shown, with a legend indicating "States with Live Online Scanners". Below the map are three search filters: "Retrieve by State" (set to Alabama), "Search for a US City/Location" (with an input field for "Enter City or Location"), and "Retrieve by US Zipcode" (with an input field for "Zip").

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