



CDP Research Update -- February 28, 2013

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<http://www.ncbi.nlm.nih.gov/pubmed/23430237?dopt=Abstract>

Eur J Appl Physiol. 2013 Feb 22. [Epub ahead of print]

Physiological Employment Standards III: physiological challenges and consequences encountered during international military deployments.

Nindl BC, Castellani JW, Warr BJ, Sharp MA, Henning PC, Spiering BA, Scofield DE.

Source: Army Institute of Public Health, Army Public Health Command, Aberdeen Proving Ground, Aberdeen, MD, 21010-5403, USA, bradley.nindl@us.army.mil.

Modern international military deployments in austere environments (i.e., Iraq and Afghanistan) place considerable physiological demands on soldiers. Significant physiological challenges exist: maintenance of physical fitness and body composition, rigors of external load carriage, environmental extremes (heat, cold, and altitude), medical illnesses, musculoskeletal injuries, traumatic brain injuries, post-traumatic stress disorder, and environmental exposure hazards (i.e., burn pits, vehicle exhaust, etc.). To date there is very little published research and no comprehensive reviews on the physiological effects of deployments. The purpose of this paper is to overview what is currently known from the literature related mainly to current military conflicts with regard to the challenges and consequences from deployments. Summary findings include: (1) aerobic capacity declines while muscle strength, power and muscular endurance appear to be maintained, (2) load carriage continues to tax the physical capacities of the Soldier, (3) musculoskeletal injuries comprise the highest proportion of all injury categories, (4) environmental insults occur from both terrestrial extremes and pollutant exposure, and (5) post-deployment concerns linger for traumatic brain injury and post-traumatic stress disorder. A full understanding of these responses will assist in identifying the most effective risk mitigation strategies to ensure deployment readiness and to assist in establishment of military employment standards.

<http://www.ncbi.nlm.nih.gov/pubmed/23429886?dopt=Abstract>

Am J Psychiatry. 2013 Feb 22. doi: 10.1176/appi.ajp.2012.12010126. [Epub ahead of print]

Risk for Addiction-Related Disorders Following Mild Traumatic Brain Injury in a Large Cohort of Active-Duty U.S. Airmen.

Miller SC, Baktash SH, Webb TS, Whitehead CR, Maynard C, Wells TS, Otte CN, Gore RK.

Abstract

OBJECTIVE

Military personnel are at increased risk for traumatic brain injury (TBI) from combat and noncombat exposures. The sequelae of moderate to severe TBI are well described, but little is known regarding long-term performance decrements associated with mild TBI. Furthermore, while alcohol and drug use are well known to increase risk for TBI, little is known regarding the reverse pattern. The authors sought to assess possible associations between mild TBI and addiction-related disorders in active-duty U.S. military personnel.

METHOD

A historical prospective study was conducted using electronically recorded demographic, medical, and military data for more than a half million active-duty U.S. Air Force service members. Cases were identified by ICD-9-CM codes considered by an expert panel to be indicative of mild TBI. Outcomes included ICD-9-CM diagnoses of selected addiction-related disorders. Cox proportional hazards modeling was used to calculate hazard ratios while controlling for varying lengths of follow-up and potential confounding variables.

RESULTS

Airmen with mild TBI were at increased risk for certain addiction-related disorders compared with a similarly injured non-mild TBI comparison group. Hazards for alcohol dependence, nicotine dependence, and nondependent abuse of drugs or alcohol were significantly elevated, with a consistent decrease over time.

CONCLUSIONS

A novel finding of this study was the initial increased risk for addiction-related disorders that decreased with time, thus eroding war fighter performance in a military population. Moreover, these results suggest that mild TBI is distinguished from moderate to severe TBI in terms of timing of the risk, indicating that there is a need for screening and prevention of addiction-related disorders in mild TBI. Screening may be warranted in military troops as well as civilians at both short- and long-term milestones following mild TBI.

<http://www.ncbi.nlm.nih.gov/pubmed/23426853?dopt=Abstract>

JAMA Psychiatry. 2013 Feb 20;1-9. doi: 10.1001/jamapsychiatry.2013.878. [Epub ahead of print]

Neural Network Modulation by Trauma as a Marker of Resilience: Differences Between Veterans With Posttraumatic Stress Disorder and Resilient Controls.

James LM, Engdahl BE, Leuthold AC, Lewis SM, Van Kampen E, Georgopoulos AP.

Abstract

IMPORTANCE

Posttraumatic stress disorder (PTSD) and resilience reflect 2 distinct outcomes after exposure to potentially traumatic events. The neural mechanisms underlying these different outcomes are not well understood.

OBJECTIVE

To examine the effect of trauma on synchronous neural interactions for veterans with PTSD and resilient controls using magnetoencephalography.

DESIGN

Participants underwent diagnostic interviews, a measure of exposure to potentially traumatic events, and magnetoencephalography.

SETTING

US Department of Veterans Affairs medical center.

PARTICIPANTS

Eighty-six veterans with PTSD and 113 resilient control veterans recruited from a large Midwestern medical center.

MAIN OUTCOME MEASURES

Multiple regression analyses were performed to examine the effect of lifetime trauma on global and local synchronous neural interactions. In analyses examining the local synchronous neural interactions, the partial regression coefficient indicates the strength and direction of the effect of trauma on the synchronous interactions between the 2 neural signals recorded by a pair of sensors. The partial regression coefficient, or slope, is the primary outcome measure for these analyses.

RESULTS

Global synchronous neural interactions were significantly modulated downward with increasing lifetime trauma scores in resilient control veterans ($P = .003$) but not in veterans with PTSD ($P = .91$). This effect, which was primarily characterized by negative slopes (ie, decorrelations) in small neural networks, was strongest in the right superior temporal gyrus. Significant negative slopes were more common, stronger, and observed between sensors at shorter distances than positive slopes in both hemispheres ($P < .001$ for all) for controls but not for veterans with PTSD.

CONCLUSIONS

Neural modulation involving decorrelation of neural networks in the right superior temporal gyrus and, to a lesser extent, other areas distinguishes resilient veterans from those with PTSD and is postulated to have an important role in healthy response to trauma.

<http://www.ncbi.nlm.nih.gov/pubmed/23423416?dopt=Abstract>

JAMA. 2013 Feb 20;309(7):706-16. doi: 10.1001/jama.2013.193.

Insomnia.

Buyse DJ.

Source: Neuroscience Clinical and Translational Research Center, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA. buyssedj@upmc.edu

Abstract

IMPORTANCE:

Insomnia is one of the most prevalent health concerns in the population and in clinical practice. Clinicians may be reluctant to address insomnia because of its many potential causes, unfamiliarity with behavioral treatments, and concerns about pharmacologic treatments.

OBJECTIVE:

To review the assessment, diagnosis, and treatment of insomnia in adults.

EVIDENCE REVIEW:

Systematic review to identify and summarize previously published quantitative reviews (meta-analyses) of behavioral and pharmacologic treatments for insomnia.

FINDINGS:

Insomnia is a common clinical condition characterized by difficulty initiating or maintaining sleep, accompanied by symptoms such as irritability or fatigue during wakefulness. The prevalence of insomnia disorder is approximately 10% to 20%, with approximately 50% having a chronic course. Insomnia is a risk factor for impaired function, development of other medical and mental disorders, and increased health care costs. The etiology and pathophysiology of insomnia involve genetic, environmental, behavioral, and physiological factors culminating in hyperarousal. The diagnosis of insomnia is established by a thorough history of sleep behaviors, medical and psychiatric problems, and medications, supplemented by a prospective record of sleep patterns (sleep diary). Quantitative literature reviews (meta-analyses) support the efficacy of behavioral, cognitive, and pharmacologic interventions for insomnia. Brief behavioral interventions and Internet-based cognitive-behavioral therapy both show promise for use in primary care settings. Among pharmacologic interventions, the most evidence exists for benzodiazepine receptor agonist drugs, although persistent concerns focus on

their safety relative to modest efficacy. Behavioral treatments should be used whenever possible, and medications should be limited to the lowest necessary dose and shortest necessary duration.

CONCLUSIONS AND RELEVANCE:

Clinicians should recognize insomnia because of its effects on function and health. A thorough clinical history is often sufficient to identify factors that contribute to insomnia. Behavioral treatments should be used when possible. Hypnotic medications are also efficacious but must be carefully monitored for adverse effects.

<http://www.ncbi.nlm.nih.gov/pubmed/23421581?dopt=Abstract>

J Womens Health (Larchmt). 2013 Feb 19. [Epub ahead of print]

Deployment-Related Traumatic Brain Injury Among Operation Enduring Freedom/Operation Iraqi Freedom Veterans: Associations with Mental and Physical Health by Gender.

Iverson KM, Pogoda TK, Gradus JL, Street AE.

Source: Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts.

Abstract

Background:

Traumatic brain injury (TBI) research among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans has focused primarily on men. We examine associations between probable deployment-related TBI and postdeployment mental and physical health symptoms separately by gender. To identify unique associations of probable TBI with health symptoms, analyses were also conducted separately for veterans with and without probable posttraumatic stress disorder (PTSD).

Methods:

A mail survey, including self-report measures of probable deployment-related TBI and mental and physical health symptoms, was completed by 2348 OEF/OIF veterans (51% female), sampled randomly within gender from a national roster. We conducted logistic regressions stratified by gender and probable PTSD status to evaluate associations between probable TBI and health symptoms.

Results:

Of the respondents, 10.7% of women and 19.7% of men screened positive for probable deployment-related TBI. Probable TBI was significantly associated with increased risk of mental and physical health symptoms for both genders, even after adjusting for potential confounders. Odds ratios for the associations of probable TBI with health symptoms ranged between 2.63 and 9.20 for women and between 1.94 and 7.44 for men. Among veterans with probable PTSD, symptomatic anxiety and symptomatic physical health remained associated with probable TBI. Among veterans without probable

PTSD, TBI remained strongly associated with all health symptoms for women and symptomatic anxiety and physical health for men, suggesting an association between TBI and some health symptoms independent of PTSD.

Conclusions:

Strong associations between probable TBI and health symptoms for women and men confirm the importance of screening for TBI and treatment of associated health symptoms for all OEF/OIF veterans.

<http://www.ncbi.nlm.nih.gov/pubmed/23422934?dopt=Abstract>

Front Behav Neurosci. 2013;7:10. doi: 10.3389/fnbeh.2013.00010. Epub 2013 Feb 15.

Understanding resilience.

Wu G, Feder A, Cohen H, Kim JJ, Calderon S, Charney DS, Mathé AA.

Source: Department of Psychiatry, Icahn School of Medicine at Mount Sinai NY, USA.

Abstract

Resilience is the ability to adapt successfully in the face of stress and adversity. Stressful life events, trauma, and chronic adversity can have a substantial impact on brain function and structure, and can result in the development of posttraumatic stress disorder (PTSD), depression and other psychiatric disorders. However, most individuals do not develop such illnesses after experiencing stressful life events, and are thus thought to be resilient. Resilience as successful adaptation relies on effective responses to environmental challenges and ultimate resistance to the deleterious effects of stress, therefore a greater understanding of the factors that promote such effects is of great relevance. This review focuses on recent findings regarding genetic, epigenetic, developmental, psychosocial, and neurochemical factors that are considered essential contributors to the development of resilience. Neural circuits and pathways involved in mediating resilience are also discussed. The growing understanding of resilience factors will hopefully lead to the development of new pharmacological and psychological interventions for enhancing resilience and mitigating the untoward consequences.

<http://www.ncbi.nlm.nih.gov/pubmed/23421778?dopt=Abstract>

J Couns Psychol. 2013 Feb 18. [Epub ahead of print]

If You Get Better, Will I? An Actor-Partner Analysis of the Mutual Influence of Group Therapy Outcomes.

Paquin JD, Kivlighan DM, Drogosz LM.

Abstract

The effectiveness of group psychotherapy has been empirically studied and supported over several decades; however, there remains much to understand regarding the specific factors contributing to effective group psychotherapy. The current study uses Kashy and Kenny's (2000) actor-partner interdependence model (APIM) to examine the relationship between an individual group member's outcome and the outcomes of the other group members. This is the first study to examine the effects of the outcomes of other therapy group members on those of individual members. Specifically, we examined the relationship between an individual group member's presymptom score, the aggregated presymptom scores of the other group members, and the aggregated pre- to postsymptom change of the other group members on an individual group member's pre- to postsymptom change. We analyzed the change in pre-post posttraumatic stress disorder (PTSD) symptoms of 105 women in 16 trauma-informed groups in a women's correctional facility. As hypothesized, an individual's presymptom measure (actor effect) and the aggregated presymptom measures of the other group members (partner effect) were positively related to the individual's change in PTSD symptoms. Contrary to our hypothesis, the aggregated pre-post change in PTSD symptom measures of the other group members (partner effect) was negatively associated with the pre-post change in PTSD symptom measures of an individual group member. Social comparison theory is discussed as an explanation for why a group member would report lowered amounts of change when in a group with others who are reporting a higher amount of change. Implications for research and practice are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.biomedcentral.com/1471-244X/13/64/abstract>

Expectations, experiences, and attitudes of patients and primary care health professionals regarding online psychotherapeutic interventions for depression: protocol for a qualitative study.

Jesús Montero-Marín, José Miguel Carrasco, Miquel Roca, Antoni Serrano-Blanco, Margalida Gili, Fermin Mayoral, Juan V Luciano, Yolanda Lopez-del-Hoyo, Barbara Olivan, Francisco Collazo, Ricardo Araya, Rosa Baños, Cristina Botella and Javier García-Campayo

Background

In the year 2020, depression will cause the second highest amount of disability worldwide. One quarter of the population will suffer from depression symptoms at some point in their lives. Mental health services in Western countries are overburdened. Therefore, cost-effective interventions that do not involve mental health services, such as online psychotherapy programs, have been proposed. These programs demonstrate satisfactory outcomes, but the completion rate for patients is low. Health professionals' attitudes towards this type of psychotherapy are more negative than the attitudes of depressed patients themselves. The aim of this study is to describe the profile of depressed patients who would benefit most from online psychotherapy and to identify expectations, experiences, and attitudes about online psychotherapy among both patients and health professionals that can facilitate or hinder its effects.

Methods

A parallel qualitative design will be used in a randomised controlled trial on the efficiency of online psychotherapeutic treatment for depression. Through interviews and focus groups, the experiences of treated patients, their reasons for abandoning the program, the expectations of untreated patients, and the attitudes of health professionals will be examined. Questions will be asked about training in new technologies, opinions of online psychotherapy, adjustment to therapy within the daily routine, the virtual and anonymous relationship with the therapist, the process of online communication, information necessary to make progress in therapy, process of working with the program, motivations and attitudes about treatment, expected consequences, normalisation of this type of therapy in primary care, changes in the physician-patient relationship, and resources and risks. A thematic content analysis from the grounded theory for interviews and an analysis of the discursive positions of participants based on the sociological model for focus groups will be performed.

Discussion

Knowledge of the expectations, experiences, and attitudes of both patients and medical personnel regarding online interventions for depression can facilitate the implementation of this new psychotherapeutic tool. This qualitative investigation will provide thorough knowledge of the perceptions, beliefs, and values of patients and clinicians, which will be very useful for understanding how to implement this intervention method for depression.

<http://www.ncbi.nlm.nih.gov/pubmed/23419077?dopt=Abstract>

Cogn Behav Ther. 2013 Feb 18. [Epub ahead of print]

Homework Compliance Counts in Cognitive-Behavioral Therapy.

Lebeau RT, Davies CD, Culver NC, Craske MG.

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

Abstract

Background: Prior research has demonstrated that there is some association between treatment engagement and treatment outcome in behavioral therapy for anxiety disorders. However, many of these investigations have been limited by weak measurement of treatment engagement variables, failure to control for potentially important baseline variables, and failure to consider various treatment engagement variables simultaneously. The purpose of the present study is to examine the relationship between two treatment engagement variables (treatment expectancy and homework compliance) and the extent to which they predict improvement from cognitive-behavioral therapy (CBT) for anxiety disorders. **Methods:** 84 adults with a DSM-IV-defined principal anxiety disorder took part in up to 12 sessions of CBT or acceptance and commitment therapy. Pre- and post-treatment disorder severity was assessed using clinical severity ratings from a semi-structured diagnostic interview. Participants made ratings of treatment expectancy after the first session. Homework compliance was assessed each

session by the treating clinician. Results: Contrary to hypotheses, treatment expectancy and homework compliance were poorly correlated. Regression analyses revealed that homework compliance, but not treatment expectancy, predicted a significant portion of the variance in treatment outcome (10%). Conclusions: The present research suggests that although treatment expectation and homework compliance likely represent unique constructs of treatment engagement, homework compliance may be the more important treatment engagement variable for outcomes. The present research suggests that improvement of homework compliance has the potential to be a highly practical and effective way to improve clinical outcomes in CBT targeting anxiety disorders.

<http://www.ncbi.nlm.nih.gov/pubmed/23419741?dopt=Abstract>

Sleep Med Rev. 2013 Feb 15. pii: S1087-0792(12)00104-9. doi: 10.1016/j.smr.2012.09.005. [Epub ahead of print]

Insomnia with objective short sleep duration: The most biologically severe phenotype of the disorder.

Vgontzas AN, Fernandez-Mendoza J, Liao D, Bixler EO.

Source: Sleep Research & Treatment Center, Department of Psychiatry, Pennsylvania State University College of Medicine, Hershey, PA, USA. Electronic address: avgontzas@psu.edu.

Abstract

Until recently, the association of chronic insomnia with significant medical morbidity was not established and its diagnosis was based solely on subjective complaints. We present evidence that insomnia with objective short sleep duration is the most biologically severe phenotype of the disorder, as it is associated with cognitive-emotional and cortical arousal, activation of both limbs of the stress system, and a higher risk for hypertension, impaired heart rate variability, diabetes, neurocognitive impairment, and mortality. Also, it appears that objective short sleep duration is a biological marker of genetic predisposition to chronic insomnia. In contrast, insomnia with objective normal sleep duration is associated with cognitive-emotional and cortical arousal and sleep misperception but not with signs of activation of both limbs of the stress system or medical complications. Furthermore, the first phenotype is associated with unremitting course, whereas the latter is more likely to remit. We propose that short sleep duration in insomnia is a reliable marker of the biological severity and medical impact of the disorder. Objective measures of sleep obtained in the home environment of the patient would become part of the routine assessment of insomnia patients in a clinician's office setting. We speculate that insomnia with objective short sleep duration has primarily biological roots and may respond better to biological treatments, whereas insomnia with objective normal sleep duration has primarily psychological roots and may respond better to psychological interventions alone.

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<http://www.ncbi.nlm.nih.gov/pubmed/23417876>

J Trauma Stress. 2013 Feb;26(1):64-70. doi: 10.1002/jts.21777.

Posttraumatic Stress Disorder, Depression, and HIV Risk Behavior Among Ohio Army National Guard Soldiers.

Marshall BD, Prescott MR, Liberzon I, Tamburrino MB, Calabrese JR, Galea S.

Source: Department of Epidemiology, Columbia University Mailman School of Public Health, New York, New York, USA; Department of Epidemiology, Brown University, Providence, Rhode Island, USA.

Abstract

We examined the relationship between posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and human immunodeficiency virus (HIV) risk behavior among the Ohio Army National Guard (OHARNG). We analyzed data collected from a sample of OHARNG enlisted between June 2008 and February 2009. Participants completed interviews assessing HIV risk activities defined by the Behavioral Risk Factor Surveillance System, and were screened for PTSD and MDD based on DSM-IV criteria according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994). Logistic regression was used to examine the independent and combined effects of PTSD and MDD on past-year HIV risk behavior. Of 2,259 participants, 142 (6.3%) reported at least 1 past-year HIV risk behavior. In adjusted models, relative to soldiers with neither disorder, screening positive for MDD only was associated with HIV risk behavior (adjusted odds ratio [AOR] = 2.33, 95% CI = [1.15, 4.71]), whereas PTSD was not significant (AOR = 1.60, 95% CI = [0.80, 3.20]). Participants with both PTSD and depression were most likely to report HIV risk behavior (AOR = 2.75, 95% CI = [1.06, 7.11]). Soldiers with PTSD and MDD may be at greater risk for HIV infection due to increased engagement in HIV risk behavior. Integrated interventions to address mental health problems and reduce HIV risk behavior are in need of development and evaluation.

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<http://www.tandfonline.com/toc/wjhm20/60/2-3>

Journal of Homosexuality

Volume 60, Issue 2-3, 2013

Special Issue: Evolution of Government Policy Toward Homosexuality in the U.S. Military

The repeal of Don't Ask, Don't Tell (DADT) marked the end of another era in the ongoing social evolution of the U.S. armed forces. So, when the editor of the Journal of Homosexuality, John Elia, asked us to guest edit a special issue to commemorate it, not only were we honored by the invitation, but we also recognized the importance this issue would likely have for researchers in the decades to come.

We approached our task of creating a definitive collection of leading thought on homosexuality in the U.S. military in much the same way we approached our previous volume, *Attitudes Aren't Free* (Air University Press, 2010) (prior to DADT repeal). In that book, we sought to showcase the complexity of contemporary social issues by bringing the brightest voices from both sides of the debates. Likewise, in this special issue, we have brought together leading advocates, scholars, and experts analyzing the history, context, issues, and challenges that came to define government policies toward gay and lesbian service members during the latter half of the twentieth century up through early post-DADT repeal.

We've organized this issue into three primary sections: "Agents for Change," "Policy Evolution," and "Organizational Implications." In "Agents for Change," we offer key perspectives from some of the most prominent advocates of policy change over the previous decade. As the American political system grappled with the issue of open homosexuality in the U.S. military, these advocates played key roles in the efforts to align government policy with evolving societal attitudes and achieve social justice for lesbian, gay, bisexual, and queer (LGBTQ) service members. In the following paragraphs, we provide a brief overview of the articles, authors, and key ideas contained in this special issue.

<http://www.alabamacounseling.org/pdf/journal/specialedition/special.pdf>

Alabama Counseling Association Journal

Special Edition: Suicide Prevention, Intervention, and Postvention with Youth, Adults and the Elderly

Volume 38, Number 2

Nationally, we lost 36,909 individuals to suicide in 2009. Both nationally and statewide, this is much higher than lives lost to homicide. The rate of suicide has increased while concurrently we have suffered through many natural and human-made disasters such as multiple hurricanes, flooding along the Gulf Coast and inbound, the Gulf Oil Spill, the economic recession, and the devastating losses due to the April 27th tornadoes. The rate of suicide compared to the national average has been on the rise and has exceeded the national rate of suicide for several years. Alabamians die from suicide at a rate of 14.2 per 100,000 compared to the 2009 national average, now 12 per 100,000. Suicide has gone from being the 11th cause of death to the 10th cause of death (Hodges & Coombs, 2011; American Association of Suicidology, 2012).

Additionally, the effects of suicide loss, bereavement, and trauma on the directly impacted family members and loved ones is staggering. Every 14.2 minutes, someone in the nation dies from suicide, thus newly identifying no less than 6 individuals who become survivors of suicide loss, a conservative estimate (Knieper, 1999). In 2009, this number would have been 4,002 Alabamians, and nationally, 221,454 persons who, as a result of suicide loss, experience more protracted depression, longer bereavement, post traumatic stress, suffer health and wellness setbacks, and increased risk for suicide themselves. If this number was steady, then every ten years, this number would mean 40,020 in Alabama and 2,214,540 are accommodating the aftermath of suicide and its complications. Grief experts

and survivors alike say survivors of loss never really recover from loss; they merely accommodate the tragedy into a new self-concept and family narrative. It is somewhat indiscernible what this means in terms of healing and restored wellness for survivors' return to "normalcy." Additionally, there is much concern about first responders and their exposure to suicide and the cumulative vicarious trauma that may place them at risk.

<http://www.ncbi.nlm.nih.gov/pubmed/22897939>

BMC Psychiatry. 2012 Aug 16;12:112. doi: 10.1186/1471-244X-12-112.

Cannabis use and depression: a longitudinal study of a national cohort of Swedish conscripts.

Manrique-Garcia E, Zammit S, Dalman C, Hemmingsson T, Allebeck P.

Source: Department of Public Health Sciences, Division of Social Medicine, Karolinska Institutet, Norrbacka floor 6, Stockholm, S-17176, Sweden. edison.manrique-garcia@ki.se

Abstract

BACKGROUND:

While there is increasing evidence on the association between cannabis use and psychotic outcomes, it is still unclear whether this also applies to depression. We aim to assess whether risk of depression and other affective outcomes is increased among cannabis users.

METHODS:

A cohort study of 45 087 Swedish men with data on cannabis use at ages 18-20. Diagnoses of unipolar disorder, bipolar disorder, affective psychosis and schizoaffective disorder were identified from inpatient care records over a 35-year follow-up period. Cox proportional hazard modeling was used to assess the hazard ratio (HR) of developing these disorders in relation to cannabis exposure.

RESULTS:

Only subjects with the highest level of cannabis use had an increased crude hazard ratio for depression (HR 1.5, 95% confidence interval (CI), 1.0-2.2), but the association disappeared after adjustment for confounders. There was a strong graded association between cannabis use and schizoaffective disorder, even after control for confounders, although the numbers were small (HR 7.4, 95% CI, 1.0-54.3).

CONCLUSION:

We did not find evidence for an increased risk of depression among those who used cannabis. Our finding of an increased risk of schizoaffective disorder is consistent with previous findings on the relation between cannabis use and psychosis.

<http://www.sciencedirect.com/science/article/pii/S037687161300029X>

Use of naltrexone for alcohol use disorders in the Veterans' Health Administration: A national study.

Theddeus Iheanacho, Mohammed Issa, Carla Marienfeld, Robert Rosenheck

Drug and Alcohol Dependence

Available online 22 February 2013

Background

This study aimed to determine the proportion of patients with alcohol use disorders who were prescribed naltrexone in Veterans Administration (VA) Healthcare system for fiscal year (FY) 2010 and socio-demographic and clinical factors associated with its use.

Methods

VA national administrative data were used to identify all veterans who had an alcohol use disorder diagnosis (ICD-9-CM codes 303.9x or 305.0x) in fiscal year (FY 2010) and were not prescribed any opioids (n = 224,319). Patients in this group who filled a naltrexone prescription during this period were identified. Bivariate analysis was used to evaluate differences between veterans who received naltrexone prescription and those who did not on baseline characteristics and diagnoses. Multivariate logistic regression analysis identified measures that were independently related to receipt of naltrexone.

Results

6172 (2.75%) of the 224,319 patients with a diagnosis of alcohol use disorder who did not receive a prescription for opioid medications received naltrexone prescription. Bivariate analyses showed that patients taking naltrexone were 69 times more likely to have a co-morbid axis I diagnosis. Multivariate logistic regression analysis showed that a history of any substance abuse outpatient visit, any psychiatric outpatient visit or any mental health inpatient hospitalization, were significantly related to filling a prescription for naltrexone.

Conclusions

The rate of use of naltrexone by clinicians and patients remains low and having a co-morbid axis I diagnosis and receiving specialty mental health care were strong predictors of receiving a naltrexone prescription. Understanding the reasons for these findings may further naltrexone's clinical usefulness.

<http://www.studentpulse.com/articles/727/from-nostalgia-to-post-traumatic-stress-disorder-a-mass-society-theory-of-psychological-reactions-to-combat>

From Nostalgia to Post-Traumatic Stress Disorder: A Mass Society Theory of Psychological Reactions to Combat.

Jones, Joshua A.

Student Pulse, 5(02).

This paper analyzes the evolution of the construct known as Post-Traumatic Stress Disorder. Specifically, it examines the ways in which its name has changed over millennia and how soldiers suffering from this mental condition were treated by society during different eras of human history up until it was accepted by the mental health community in 1980. Moreover, it identifies certain social factors that have influenced public perception of the disorder through the application of mass society theory. In some respects, its analysis bears resemblance to Foucault's (1961/1965) examination of insanity and conveys that changes in culture are illustrative of changes in social structure. It is important to understand how soldiers suffering from Post-Traumatic Stress Disorder are perceived in order to ascertain the proper role of society and government in the treatment and re-assimilation of the current generation of veterans.

http://www.pacfa.org.au/sb/modules/news/attachments/258/PACFASubmission_VeteransAffairs_Feb2013.pdf

AU -- Submission on the Veterans' Affairs Draft Mental Health Strategy 2013

Psychotherapy and Counselling Federation of Australia

Submission to: Department of Veterans' Affairs

15 February 2013

Recommendations

1. Specialist therapy modalities such as family therapy, relationship counselling, art therapy and body-focussed psychotherapy should be made available to veterans and their families and provided by suitably qualified PACFA-registered counsellors or psychotherapists.
2. The Veterans and Veterans Families Counselling Service should incorporate counsellors and psychotherapists in its workforce to widen the skills and interventions available to the Counselling Service and its clients.
3. The DVA should develop evidence-based purchasing guidelines to ensure veterans have access to evidence-based interventions delivered by appropriately qualified professionals from a range of professions including PACFA-registered counsellors and psychotherapists.
4. New online workforce training programs should be developed to train counsellors and psychotherapists to better understand the needs of the veterans client group and their families, and to build specialist skills to work with posttraumatic stress disorder and concurrent conditions such as alcohol and other drug dependence.

5. The DVA should consult PACFA as the peak body for counselling and psychotherapy with research expertise to help build the evidence base for effective mental health care.

6. The DVA should include PACFA as a strategic partner to enable feedback, support continuous improvement of service systems and enhance coordination and communication.

<http://www.apm.org/library/monographs/ptsd/ptsd.pdf>

Traumatic Stress Disorders in Medically Ill Patients: An Evidence-Based Medicine (EBM) Monograph for Psychosomatic Medicine Practice.

Academy of Psychosomatic Medicine

Published jointly by The Guidelines and Evidence-Based Medicine Subcommittee of the Clinical Practice Committee, Academy of Psychosomatic Medicine (APM) and The European Association of Psychosomatic Medicine (EAPM)

Version 10 December 2012

This monograph summarizes current knowledge related to the diagnosis, epidemiology, etiology, and management of Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). The monograph is based on systematic reviews and pivotal trials. Readers are encouraged to consult the recommended readings for more detailed information (Appendix A). The quality of the evidence discussed in this monograph is graded as 'high', 'moderate', 'low' or 'very low', following the 'Grading of Recommendations Assessment, Development and Evaluation' (GRADE) system, which was developed by the Cochrane Center (http://www.cebm-institute.org/fileadmin/upload/refman/J_Clin_Epidemiol_2011_64_4_401_Balshem.pdf). Appendix A is a list of additional readings to supplement information in this monograph or to explore clinical issues that are beyond the scope of this document.

<http://tmt.sagepub.com/content/early/2013/02/19/1534765613476099.abstract>

Moral Injury Themes in Combat Veterans' Narrative Responses From the National Vietnam Veterans' Readjustment Study.

Alison Flipse Vargas, Thomas Hanson, Douglas Kraus, Kent Drescher, and David Foy

Traumatology 1534765613476099, first published on February 21, 2013

Spiritual changes, or "soul wounds," have long been described as expectable consequences of combat, useful in understanding the profound changes in many surviving warriors. However, moral injury as a research construct has only recently been introduced into the combat trauma literature (Drescher et al., 2011), and it is in the early stages of construct validation. To extend validation efforts, the current study

examined National Vietnam Veterans' Readjustment Study (NVVRS) veterans' narrative responses to questions about the lingering effects of their combat participation for themes consistent with moral injury as reported by combat trauma experts in the Drescher et al., (2011) study. Findings confirmed key experiences involving civilian deaths and betrayal as themes among NVVRS participants' responses about their troublesome combat experiences.

<http://tmt.sagepub.com/content/early/2013/01/09/1534765612471144.abstract>

Compassion Satisfaction, Compassion Fatigue, Work Life Conditions, and Burnout Among Frontline Mental Health Care Professionals.

Susan L. Ray, Carol Wong, Dawn White, and Kimberly Heaslip

Traumatology 1534765612471144, first published on January 9, 2013

Frontline mental health care professionals (FMHPs) in a variety of roles such as nursing, social work, psychology, psychiatry, case managers and mental health workers are often required to provide a high degree of care to clients over time which can result in physical and psychological complaints often referred to as compassion fatigue (CF). The aim of this nonexperimental, cross sectional study was to determine the relationships among compassion satisfaction (CS), compassion fatigue (CF), work life conditions and burnout among FMHPs. The Professional Quality of Life Revision IV (ProQOL), the Areas of Work Life Survey, Maslach Burnout Inventory-General Survey and a Demographic Data sheet were completed by 169 FMHPs. Consistent with our hypothesis, higher levels of compassion satisfaction, lower levels of compassion fatigue, and higher overall degree of fit in the six areas of work life were predictive of lower burnout in FMHPs.

<http://tmt.sagepub.com/content/early/2013/01/03/1534765612466151.abstract>

Conceptualizing Police Complex Spiral Trauma and its Applications in the Police Field.

Konstantinos Papazoglou

Traumatology 1534765612466151, first published on January 6, 2013

The study of police officers' trauma through the police culture perspective reveals a unique form of trauma with biological, psychological, and sociocultural implications. The author presents an inclusive and dimensional theoretical conceptualization of police trauma, termed Police Complex Spiral Trauma (PCST), which constitutes a symbolic representation of the cumulative and complex form of police trauma that often expands as a unified process and form through time, tension, and frequency of police officers' multiple and potentially traumatic exposure during their life-long career. This perspective of police trauma will help us better understand its distinct nature, inspire the formulation of research questions for an exploration of multifaceted evidence-based treatments that correspond to the

challenges of police work, and develop relevant curricula for police trainees and preventive intervention policy programs.

<http://tmt.sagepub.com/content/early/2012/10/11/1534765612459891.abstract>

Is Virtual Reality Exposure Therapy Effective for Service Members and Veterans Experiencing Combat-Related PTSD?

Rebekah J. Nelson

Purpose:

Exposure therapy has been identified as an effective treatment for anxiety disorders, including posttraumatic stress disorder (PTSD). The use of virtual reality exposure therapy (VRET) in the past decade has increased due to improvements in virtual reality technology. VRET has been used to treat active duty service members and veterans experiencing posttraumatic stress symptoms by exposing them to a virtual environment patterned after the real-world environment in which the trauma occurred. This article is a systematic review of the effectiveness of using VRET with these two populations.

Method:

A search of 14 databases yielded 6 studies with experimental or quasi-experimental designs where VRET was used with active duty service members or veterans diagnosed with combat-related PTSD. Results: Studies show positive results for the use of VRET in treating combat-related PTSD, though more trials are needed with both active duty service members and veterans.

Conclusions:

VRET is an effective treatment, however more studies including random assignment are needed in order to show whether it is more effective than other treatments. There are still many barriers that the use of VRET with military populations would need to overcome in order to be widely used, including helping veterans become accustomed to the technology; assisting veterans who have spent a longer period of time avoiding anxiety-inducing stimuli in accepting an initial increase in anxiety; clinician concerns about the technology interfering with the therapeutic alliance, and clinician biases against the use of exposure therapy in general; and high treatment dropout rates.

<http://tmt.sagepub.com/content/early/2012/08/21/1534765612455228.abstract>

Posttraumatic Stress Disorder in the U.S. Warfighter: Sensitivity to Punishment and Antidepressant Use Contribute to Decision-Making Performance.

Michael N. Dretsch, Kenneth J. Thiel, Jeremy R. Athy, Sandra Born, and Kathy Prue-Owens

Traumatology 1534765612455228, first published on August 23, 2012

Little research has been done to explore the integrity of emotion-based decision-making performance in individuals with posttraumatic stress disorder (PTSD). In the current study, performance on two decision-making tasks with both positive and negative reinforcement, the standard Iowa Gambling Task (IGT) and the variant Iowa Gambling Task (vIGT), and measures of mood symptoms, were compared between U.S. active-duty soldiers diagnosed with PTSD (n = 23) and soldiers with no PTSD (n = 23). The results revealed that the PTSD group, when compared to controls, reported significantly higher anxiety and depression symptoms. The PTSD group showed similar behavioral performance as controls on the standard IGT but failed to choose advantageously on the vIGT, which has been shown to reflect hypersensitivity to punishment. Medicated participants, being treated with antidepressants, showed significantly better overall performance on the IGT but not on the vIGT compared to nonmedicated participants. The results suggest that soldiers being treated for PTSD have a unique decision-making pattern that may be attributed to difficulty in processing delayed reward when presented with immediate punishment.

<http://tmt.sagepub.com/content/early/2012/08/16/1534765612455227.abstract>

Stigmas and Attitudes Toward Seeking Mental Health Treatment in a Sample of Veterans and Active Duty Service Members.

Philip Held and Gina P. Owens

Traumatology 1534765612455227, first published on August 16, 2012

Although mental health problems are relatively prevalent among service members, research related to treatment-seeking attitudes suggests that a significant number of service members are unwilling to receive treatment for deployment-related mental health problems. The present study examined the relationships between public stigma, self-stigma, and attitudes toward seeking mental health treatment with a sample of 126 active and retired U.S. military service members using an online survey. The results of the present study indicate that self-stigma mediated the relationship between public stigma and attitudes toward seeking mental health treatment.

<http://www.sciencedirect.com/science/article/pii/S0272735813000263>

Effects of Relationship Education on Maintenance of Couple Relationship Satisfaction.

W. Kim Halford, Guy Bodenmann

Clinical Psychology Review, Available online 19 February 2013

Couple relationship education (RE) is the provision of structured education intended to promote healthy couple relationships, and prevent future relationship distress. There is a well-replicated finding that 9-20 hours of curriculum-based RE produces short-term improvements in couple communication and

relationship satisfaction, but that established finding does not test whether RE helps couples maintain high relationship satisfaction. The current paper summarizes 17 published studies evaluating RE that have follow up assessments of at least 1 year, of which 14 studies found RE helped maintenance of relationship satisfaction. Couples with elevations of modifiable risk factors benefit substantially from RE, while benefits for couples with low risk have not yet been reliably demonstrated. Couples with elevations on risk factors not readily modified by current forms of RE are likely to show little or no benefit. Future research needs to clarify the mediators of RE effects, and how those mediators are moderated by couple risk profiles.

<http://psycnet.apa.org/journals/fam/27/1/165/>

A randomized clinical trial of the effectiveness of premarital intervention: Moderators of divorce outcomes.

Markman, Howard J.; Rhoades, Galena K.; Stanley, Scott M.; Peterson, Kristina M.

Journal of Family Psychology, Vol 27(1), Feb 2013, 165-172.

This study examined the effects of premarital relationship intervention on divorce during the first 8 years of first marriage. Religious organizations were randomly assigned to have couples marrying through them complete the Prevention and Relationship Education Program (PREP) or their naturally occurring premarital services. Results indicated no differences in overall divorce rates between naturally occurring services (n = 44), PREP delivered by clergy at religious organizations (n = 66), or PREP delivered by professionals at a university (n = 83). Three moderators were also tested. Measured premaritally and before intervention, the level of negativity of couples' interactions moderated effects. Specifically, couples observed to have higher levels of negative communication in a video task were more likely to divorce if they received PREP than if they received naturally occurring services; couples with lower levels of premarital negative communication were more likely to remain married if they received PREP. A history of physical aggression in the current relationship before marriage and before intervention showed a similar pattern as a moderator, but the effect was only marginally significant. Family-of-origin background (parental divorce and/or aggression) was not a significant moderator of prevention effects across the two kinds of services. Implications for defining risk, considering divorce as a positive versus negative outcome, the practice of premarital relationship education, and social policy are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1111/jsm.12084/abstract>

Assessment and Documentation of Sexual Health Issues of Recent Combat Veterans Seeking VHA Care.

Drew A. Helmer, Gregory R. Beaulieu, Cheryl Houlette, David Latini, Heather H. Goltz, Samuel Etienne and Michael Kauth

The Journal of Sexual Medicine

Article first published online: 19 FEB 2013 | DOI: 10.1111/jsm.12084

Introduction

Sexual health is an important aspect of human existence associated with disease and overall health. Despite these associations and the existence of medical treatments to improve sexual function, sexual health is often overlooked in health care. Recent combat veterans may be particularly vulnerable to sexual health issues due to their deployment-related health issues such as mental health conditions, prescription medications use, and psychosocial challenges.

Aim

This study assesses the sexual health issues of recent combat veterans seeking care at a Veterans Affairs Medical Center (VAMC) documented in the primary care and mental health notes from the first 6 months of care.

Main Outcome Measures

Documentation of sexual health issues in the progress notes (coded into categories), primary care vs. mental health care visit note, initial vs. follow-up visit notes, and templated vs. non-templated text.

Methods

This is a retrospective chart review of the first 158 consecutive patients seen for an initial assessment in the VAMC post-deployment clinic. Medical records were reviewed and text of sexual health issues and relevant patient and care characteristics were abstracted and coded into variables.

Results

Almost 25% of patients had documented sexual health issues in the first 6 months of care. We coded 52 separate sexual health issues into 13 distinct categories. Overall, most sexual health issues were documented in mental health care notes, in non-templated text, and at follow-up visits. The use of templated text appeared to drive the documentation of low libido (the most common sexual health issue) in mental health care notes.

Conclusions

Sexual health issues are prevalent in recent combat veterans seeking care at a VAMC, but patterns of documentation suggest that they may be under-reported or incompletely addressed. A more systematic and provider-initiated approach to assessment of sexual health may promote fuller discussion of sexual health issues and optimize management.

<http://www.omicsonline.org/2155-6105/2155-6105-4-141.pdf>

This is your Brain on Drugs: SUD, Cognitive Impairment, and Mental Health Disorders.

Rose M. Garman

Student, Department of Psychology, Walden University, USA

J Addict Res Ther 2013, 4:1

“This is your brain (an egg). This is your brain on drugs (egg broken to fry in a hot pan).” This large-scale antinarcotics public service campaign was launched in 1987 in the United States by the Partnership for a Drug-Free America. Substance use is commonly utilized as a means to self-medicate cognitive impairments and mental health disorders, hence, the broken egg. Further, as substance use and subsequent abuse advances to substance use disorder (SUD), the potential rises for the activation of predisposed conditions, the exacerbation of existing difficulties, and the onset of additional pathologies, for example; anxiety, depression, mood disturbances, memory loss, attention deficits, and impaired conditional reasoning. A tremendous problem arises with assessment, evaluation, and treatment of co-occurring disorders. “Which came first, the chicken? Or the egg ?” How can comprehensive and integrated treatment regimens be developed and navigated with so many variables and dynamics, interrelated cognitive factors, functions, as well as neurological and affective processes to consider, decipher, and address? It is the opinion of this researcher that greater recognition regarding the interwoven tapestry of these dynamics needs to be met with conviction of willingness toward collaboration and diligence on the behalf of scholars, theorists, researchers, and practitioners to share expertise. The combined benefits of multiple theoretical models and methods of treatment to address disorders concurrently have the potential to create more effective modalities, shorten treatment timelines, and even cut costs. It has become imperative that progressive action be taken by all psychological professionals and specialists in openminded and respectful ways to catalyze healing the human condition and save lives.

<http://cp.neurology.org/content/3/1/30.abstract>

Neurology and the military: Five new things.

Jack W. Tsao, MD, DPhil, FAAN, Aimee L. Alphonso, BS, Sarah C. Griffin, BAsC, Ilana R. Yurkiewicz, BA and Geoffrey S.F. Ling, MD, PhD

Neurol Clin Pract February 2013 vol. 3 no. 1 30-38

The current Iraq and Afghanistan conflicts have seen the highest survival rates in US service members ever, despite staggering numbers of traumatic brain injury and limb loss cases. The improvement in survival can be attributed at least in part to advances in far-forward, rapid medical treatment, including the administration of hypertonic saline solutions and decompressive craniectomies to manage elevated

intracranial pressure. After evacuation to military hospitals in the continental United States, service members who have had limb loss face extensive rehabilitation. The growing amputee population has led to a burgeoning interest in the treatment of phantom limb pain and in the development of advanced prostheses.

<http://www.ncbi.nlm.nih.gov/pubmed/23437998?dopt=Abstract>

Rehabil Psychol. 2013 Feb;58(1):36-42. doi: 10.1037/a0031525.

Treatment adherence in cognitive processing therapy for combat-related PTSD with history of mild TBI.

Davis JJ, Walter KH, Chard KM, Parkinson RB, Houston WS.

Source: Mental Health Care Line, Cincinnati VA Medical Center.

Abstract

Objective:

This retrospective study examined treatment adherence in Cognitive Processing Therapy (CPT) for combat-related posttraumatic stress disorder (PTSD) in Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) with and without history of mild traumatic brain injury (mTBI).

Method:

Medical record review of consecutive referrals to an outpatient PTSD clinic identified veterans diagnosed with combat-related PTSD who began treatment with CPT. The sample (N = 136) was grouped according to positive (n = 44) and negative (n = 92) mTBI history. Groups were compared in terms of presenting symptoms and treatment adherence.

Results:

The groups were not different on a pretreatment measure of depression, but self-reported and clinician-rated PTSD symptoms were higher in veterans with history of mTBI. The treatment completion rate was greater than 61% in both groups. The number of sessions attended averaged 9.6 for the PTSD group and 7.9 for the mTBI/PTSD group ($p = .05$). Implications: Given the lack of marked group differences in treatment adherence, these initial findings suggest that standard CPT for PTSD may be a tolerable treatment for OEF/OIF veterans with a history of PTSD and mTBI as well as veterans with PTSD alone. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

<http://www.ncbi.nlm.nih.gov/pubmed/23438728?dopt=Abstract>

Curr Clin Pharmacol. 2013 Feb 4. [Epub ahead of print]

Non-Antidepressant Long-Term Treatment in Post-Traumatic Stress Disorder (PTSD).

Kerbage H, Richa S.

Source: Department of Psychiatry, Hôtel-Dieu de France Hospital, Alfred-Naccache street, Beyrouth, Lebanon. samiric@idm.net.lb.

Abstract

Introduction:

Post-traumatic stress disorder (PTSD) is a frequent and disabling condition that occurs after exposure to a traumatic event, and Selective Serotonin Reuptake Inhibitors (SSRIs) are considered the first-line treatment approach for this disorder. However, a large proportion of patients remain symptomatic and other pharmacological agents have been investigated, based on the understanding of the underlying biological dysfunctions of PTSD.

Methods:

We conducted a review of the literature on the pharmacological options for PTSD other than the antidepressants, using MedLine and Web of Science databases, with search terms including the pharmacologic class of each agent plus PTSD, or pharmacotherapy, or fear conditioning. The literature review covered articles published until august 2012, including reviews and original articles.

Results:

Agents like antipsychotics, anticonvulsants, benzodiazepines, anti-adrenergic agents, have been studied in randomized clinical trials (RCTs), with general positive results for antipsychotics, especially as adjunct therapy, and for prazosin for sleep-related disturbances. However, one important target for novel medications is the modulation of the fear conditioning process, through the alteration of retrieval/reconsolidation or enhancement of fear extinction. This is traditionally targeted in prolonged exposure therapy, but pre-clinical findings from studies investigating agents like propranolol, clonidine, N-Methyl-D-aspartic Acid Receptor (NMDAR) compounds, 3,4-methylenedioxy-N-methylamphetamine (MDMA) and cannabinoids, indicate promising results in affecting the fear conditioning process and thus improving PTSD core symptoms.

Discussion:

Antipsychotics can be considered a reasonable alternative option to PTSD, with the largest body of evidence for risperidone, even though larger RCTs are warranted. Prazosin is also a promising agent, especially for sleep-related disturbances, while anticonvulsants and benzodiazepines lack empirical support. However, the most promising area for pharmacotherapy in PTSD is the modulation of the fear conditioning process, through agents used in adjunct to exposure therapy.

<http://www.ncbi.nlm.nih.gov/pubmed/23066828?dopt=Abstract>

J Psychosoc Nurs Ment Health Serv. 2012 Nov;50(11):20-9. doi: 10.3928/02793695-20121003-02. Epub 2012 Oct 15.

Operation restoration: couples reunification retreats for veterans of operations Enduring and Iraqi Freedom.

Davis LW, Paul R, Tarr D, Eicher AC, Allinger J, Knock H.

Source: Roudebush VA Medical Center, Indianapolis, IN 46202, USA. lwdavis@iupui.edu

Abstract

Couples interventions are promising approaches to help veterans successfully reintegrate into civilian life and recover from combat-related trauma. However, few programs are available to address these needs. This article describes a weekend retreat program we developed called Operation Restoration, which focuses on strengthening the relationships of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans and their partners. We also report results from program evaluations completed by participants of the initial two retreats, aimed at further developing and refining Operation Restoration. The program evaluations explored participants' perceptions of the retreat, including benefits gained, suggestions for improvement, and mental health treatment interests. Information gathered from 43 couples suggests that such retreats may be a useful approach for strengthening the intimate relationships of OEF/OIF veterans and gives direction for future programs.

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<http://www.ncbi.nlm.nih.gov/pubmed/23435765?dopt=Abstract>

J Gen Intern Med. 2013 Feb 23. [Epub ahead of print]

PTSD Risk and Mental Health Care Engagement in a Multi-War Era Community Sample of Women Veterans.

Washington DL, Davis TD, Der-Martirosian C, Yano EM.

Source: VA Greater Los Angeles Health Services Research and Development (HSR&D) Center of Excellence for the Study of Healthcare Provider Behavior, Sepulveda, Sepulveda, CA, USA, Donna.washington@va.gov.

Abstract

BACKGROUND:

Post-traumatic stress disorder (PTSD) is common in women veterans (WVs), and associated with significant co-morbidity. Effective treatment is available; however, PTSD is often unrecognized.

OBJECTIVES:

Identify PTSD prevalence and mental healthcare (MHC) use in a representative national WV sample.

DESIGN AND PARTICIPANTS:

Cross-sectional, population-based 2008-2009 national survey of 3,611 WVs, weighted to the population.

MAIN MEASURES:

We screened for PTSD using a validated instrument, and also assessed demographic characteristics, health characteristics, and MHC use in the prior 12 months. Among those screening positive, we conducted multivariate logistic regression to identify independent predictors of MHC use.

KEY RESULTS:

Overall, 13.0 % (95 % confidence interval [CI] 9.8-16.2) of WVs screened PTSD-positive. Veterans Health Administration (VA) healthcare was used by 31.1 % of PTSD-positives and 11.4 % of PTSD-negatives ($p < 0.001$). Among those screening positive, 48.7 % (95 % CI 35.9-61.6) used MHC services (66.3 % of VA-users, 40.8 % of VA-nonusers; $p < 0.001$). Having a diagnosis of depression (OR = 8.6; 95 % CI 1.5-48.9) and VA healthcare use (OR = 2.7; 95 % CI 1.1-7.0) predicted MHC use, whereas lacking a regular provider for health care (OR = 0.2; 95 % CI 0.1-0.4) and household income below the federal poverty level (OR = 0.2; 95 % CI 0.1-0.5) predicted nonuse.

CONCLUSIONS:

More than one in eight WVs screened positive for PTSD. Though a majority of VA-users received MHC, low income predicted nonuse. Only a minority of VA-nonusers received MHC. The majority of WVs use non-VA healthcare providers, who may be unaware of their veteran status and PTSD risk. VA outreach to educate VA-nonusers and their healthcare providers about WVs' PTSD risk and available evidence-based VA treatment options is one approach to extend the reach of VA MHC. Research to characterize barriers to VA MHC use for VA-nonusers and low income VA-users is warranted to better understand low service utilization, and to inform program development to engage more WVs in needed MHC.

<http://www.ncbi.nlm.nih.gov/pubmed/23432958?dopt=Abstract>

Pain Med. 2013 Feb 22. doi: 10.1111/pme.12045. [Epub ahead of print]

Health Care Utilization Among Veterans with Pain and Posttraumatic Stress Symptoms.

Outcalt SD, Yu Z, Hoen HM, Pennington TM, Krebs EE.

Source: Center of Excellence on Implementing Evidence-Based Practice, Roudebush VA Medical Center, Indianapolis, Indiana, USA; Department of Psychiatry, Indiana University School of Medicine, Indianapolis, Indiana, USA.

Abstract

OBJECTIVE.:

To examine health care utilization among veterans with both chronic pain and posttraumatic stress symptoms.

METHODS.:

Retrospective cohort study of 40,716 veterans in a VA regional network from January 1, 2002 to January 1, 2007. Veterans were categorized into pain-only, posttraumatic stress disorder symptoms (PTSD)-only, and pain plus PTSD (pain+PTSD) comparison groups. Negative binomial models were used to compare adjusted rates of primary care, mental health, and specialty pain service use, as well as opioids, benzodiazepines, nonopioid analgesics, and antidepressant prescriptions. Rates of clinic visits were calculated by days per year, and rates of medication use were calculated by prescription months per year. Participants were followed for a mean duration of 47 months.

RESULTS.:

Participants were 94.7% men and had a mean age of 58.9 years. Nearly all used primary care (99.2%), 37.1% used pain-related specialty care, and 33.8% used mental health services. Nonopioid and opioid analgesics were the most commonly used medications (63.7% and 53.8%, respectively). Except for mental health visits, which did not differ between PTSD-only and pain+PTSD groups, the pain+PTSD group used significantly more of all categories of health care services than the pain-only and PTSD-only groups. For example, the pain+PTSD group had 7% more primary care visits (rate ratio [RR] = 1.07; 95% confidence interval [CI]: 1.05, 1.09) than the pain-only group and 46% more primary care visits than the PTSD-only group (RR = 1.46; 95% CI: 1.40, 1.52). Adjusted rates of opioid, benzodiazepine, nonopioid analgesic, and antidepressant prescriptions were higher for the pain+PTSD group than either of the comparison groups.

CONCLUSIONS.:

Our findings support our expectation that veterans with both pain and PTSD symptoms use more health care services than those with pain or PTSD symptoms alone. Research is needed to assess the health care costs associated with increases in health care utilization among these veterans.

Wiley Periodicals, Inc.

<http://www.ncbi.nlm.nih.gov/pubmed/23002951?dopt=Abstract>

Chronobiol Int. 2012 Nov;29(9):1249-57. doi: 10.3109/07420528.2012.719957. Epub 2012 Sep 24.

Post-sleep inertia performance benefits of longer naps in simulated nightwork and extended operations.

Mulrine HM, Signal TL, van den Berg MJ, Gander PH.

Source: Sleep/Wake Research Centre, Massey University, Wellington, New Zealand.

Abstract

Operational settings involving shiftwork or extended operations require periods of prolonged wakefulness, which in conjunction with sleep loss and circadian factors, can have a negative impact on performance, alertness, and workplace safety. Napping has been shown to improve performance and alertness after periods of prolonged wakefulness and sleep loss. Longer naps may not only result in longer-lasting benefits but also increase the risk of sleep inertia immediately upon waking. The time course of performance after naps of differing durations is thus an important consideration in weighing the benefits and risks of napping in workplace settings. The objective of this study was to evaluate the effectiveness of nap opportunities of 20, 40, or 60 min for maintaining alertness and performance 1.5-6 h post-nap in simulated nightwork (P1) or extended operations (P2). Each protocol included 12 participants in a within-subjects design in a controlled laboratory environment. After a baseline 8 h time-in-bed, healthy young males (P1 mean age 25.1 yr; P2 mean age 23.2 yr) underwent either \approx 20 h (P1) or \approx 30 h (P2) of sleep deprivation on four separate occasions, followed by nap opportunities of 0, 20, 40, and 60 min. Sleep on the baseline night and during the naps was recorded polysomnographically. During the nap opportunities, sleep onset latency was short and sleep efficiency was high. A greater proportion of slow-wave sleep (SWS) was obtained in nap opportunities of 40 and 60 min compared with 20 min. Rapid eye movement (REM) sleep occurred infrequently. A subjective sleepiness rating (Karolinska Sleepiness Scale, KSS), 2-Back Working Memory Task (WMT), and Psychomotor Vigilance Task (PVT) were completed 1.5, 2, 2.5, 3, 4, 5, and 6 h post-nap. The slowest 10% of PVT responses were significantly faster after 40 and 60 min naps compared with a 20 min (P1) or no (P2) nap. There were significantly fewer PVT lapses after 40 and 60 min naps compared with no nap (P2), and after 60 min naps compared with 20 min naps (P1). Participants felt significantly less sleepy and made more correct responses and fewer omissions on the WMT after 60 min naps compared with no nap (P2). Subjective sleepiness and WMT performance were not related to the amount of nap-time spent in SWS. However, PVT response speed was significantly slower when time in SWS was <10 min compared with 20-29.9 min. In conclusion, in operationally relevant scenarios, nap opportunities of 40 and 60 min show more prolonged benefits 1.5-6 h post-nap, than a 20 min or no nap opportunity. Benefits were more apparent when the homeostatic pressure for sleep was high and post-nap performance testing occurred across the afternoon (P2). For sustained improvement in cognitive performance, naps of 40-60 min are recommended.

Links of Interest

New study examines the factors underlying suicides in the Army National Guard

http://www.eurekalert.org/pub_releases/2013-02/sp-nse022013.php

Why Some Soldiers Develop PTSD While Others Don't

<http://www.sciencedaily.com/releases/2013/02/130221194237.htm>

Drone Pilots Are Found to Get Stress Disorders Much as Those in Combat Do

<http://www.nytimes.com/2013/02/23/us/drone-pilots-found-to-get-stress-disorders-much-as-those-in-combat-do.html>

Stress and anxiety linked to sperm quality

http://www.nlm.nih.gov/medlineplus/news/fullstory_134219.html

PTSD sufferers are not all ticking time bombs: Column

<http://www.usatoday.com/story/opinion/2013/02/24/ptsd-sufferers-are-not-all-ticking-time-bombs-column/1943463/>

On Keeping On

<http://www.nytimes.com/2013/02/25/opinion/keller-on-keeping-on.html>

("Borling's poems were tapped out in code, letter by letter, on the walls of a wretched cell in Hanoi during his six and a half years as a prisoner of war. Borling and his fellow captives committed the verses to memory and, 40 years after his release, they have been compiled in a book.")

Army Releases January 2013 Suicide Information

<http://www.defense.gov/releases/release.aspx?releaseid=15828>

Pain from the Brain: Diseases Formerly Known as 'Hysterical' Illnesses

<http://www.sciencedaily.com/releases/2013/02/130225092250.htm>

MOVING FORWARD: Medical professionals working with veterans to unlock Post Traumatic Stress Disorder

<http://www.sourcenewspapers.com/articles/2013/02/25/news/doc512b7d21316bf715742758.txt>

Herschel Walker shares his battle against mental illness with Fort Drum Soldiers

http://www.army.mil/article/96846/Herschel_Walker_shares_his_battle_against_mental_illness_with_Fort_Drum_Soldiers/

Preventing Chronic Pain With Stress Management

<http://www.sciencedaily.com/releases/2013/02/130225092038.htm>

Army Post Sets Example in Curbing Suicides, Preventable Deaths

http://www.health.mil/News_And_Multimedia/News/detail/13-02-20/Army_Post_Sets_Example_in_Curbing_Suicides_Preventable_Deaths.aspx

DSM-5—The Future Arrived

<http://jama.jamanetwork.com/article.aspx?articleid=1656312>

Gene associated with high anxiety can have protective effect on the battlefield

http://www.eurekalert.org/pub_releases/2013-02/afot-gaw021313.php

Threat bias interacts with combat, gene to boost PTSD risk

http://www.eurekalert.org/pub_releases/2013-02/niom-tbi021113.php

Deployment Health News (daily electronic newsletter)

http://www.pdhealth.mil/Data/pd_signup.asp

(The Deployment Health Clinical Center publishes an on-line newsletter, the Deployment Health News, each business day. This electronic newsletter, offered as a public service, covers health issues related to military service, deployments, homeland security, and the War on Terrorism. Drawing from publicly available sources, it includes topics such as environmental and occupational health, medications, immunizations, biological and chemical warfare, and medically unexplained symptoms.)

The soldier as sexual aggressor

http://www.eurekalert.org/pub_releases/2013-02/trco-tsa022613.php

Attacked at 19 by an Air Force Trainer, and Speaking Out

<http://www.nytimes.com/2013/02/27/us/former-air-force-recruit-speaks-out-about-rape-by-her-sergeant-at-lackland.html>

("Identified by the news media during her assailant's court-martial only as 'Airman 7,' Ms. Messick suffers from post-traumatic stress disorder. She said she decided to speak out because she believes doing so will be therapeutic, and she hopes to help change how the military deals with victims of sex-related crimes. 'I don't want anyone else to go through this,' she said.")

Therapy Questions: What People Ask Couples Therapists

http://www.huffingtonpost.com/2013/02/25/therapy-questions-ask-couples-therapists_n_2736934.html

"Territorial Army soldier, Jake Wood, describes his distinct and brutally taxing tours of duty in Iraq and Afghanistan; how he is haunted by his part in the killing of a Taliban; his suicidal tendencies that ultimately led him to seek treatment for PTSD; why he released his "helmet-cam" footage to dispute one of his critics; and how after his military service he just cherishes the simple things in life."

<http://www.londonreal.tv/episodes/jake-wood-post-traumatic-stress-disorder-ptsd/>

Self Help Books and Websites Can Benefit Severely Depressed Patients

<http://www.sciencedaily.com/releases/2013/02/130226194010.htm>

Persistent Negative Attitude Can Undo Effectiveness of Exposure Therapy for Phobias

<http://www.sciencedaily.com/releases/2013/02/130226135154.htm>

Police and firefighters at higher risk for mental disorders following traumatic events

http://www.eurekalert.org/pub_releases/2013-02/jhub-paf022613.php

Too many Americans still drink too much: study

http://www.nlm.nih.gov/medlineplus/news/fullstory_134308.html

Research tip of the week: [How to Conduct Scientific Research on the Internet \(Without Getting Duped\)](#)

Anyone who does any kind of serious research on the web knows that the problem is not finding information. The problem is finding good information, and that requires putting some effort into sourcing what you find.

This recent article from the (highly useful) website [Lifehacker](#) pretty much nails the basics of good internet research:

Recognize Your Two Biggest Research Enemies (confirmation bias and questionable information sources)

Fire Up Your Critical Thinking Skills and Start Searching (using quality websites such as Google Scholar, Scirus, PLoS and the Library of Congress)

Learn to Differentiate Good Sources from Questionable Ones

“Is the paper from a real, actively published scholarly journal?”

“Is the paper from a known lab, institution, university, and/or author(s)?”

“Can you find references to the paper and its authors in multiple places?”

“Is the paper itself well-cited? Can you actually find the citations it uses?”

“Can you easily see who funded the study the paper is based on?”

“Can you read the whole paper?”

Learn to Read and Understand Journal Articles

How to Access to Journals, Research Papers, and Well-Sourced Reference Information

“Visit your local library.”

“Talk to a Reference Librarian,”

“Reach out to scientists and science advocates.”



HOW TO

How to Conduct Scientific Research On the Internet (Without Getting Duped)

Alan Henry

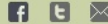
You know how to tell if something controversial is actually true, but what if you want to read up on something without stumbling into half-truths and pseudoscience? Here's how to use the internet as a powerful research tool without being led astray.

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I'm Ryan North, Creator of Dinosaur Comics, and This Is How I Work



JOB

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Know When to Quit Your Job by Watching for These Signals

Shirl Kennedy
Web Content Strategist
Center for Deployment Psychology
www.deploymentpsych.org
skennedy@deploymentpsych.org
301-816-4749