CDP Research Update -- May 2, 2013

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http://onlinelibrary.wiley.com/doi/10.1002/jpoc.21088/abstract

Survival–Recovery Effect: Military Wives With Soldier–Husbands Deployed to the Operation Iraqi Freedom Conflict.

Chambers, J. E.

Journal of Psychological Issues in Organizational Culture

Volume 4, Issue 1, pages 29–49, April 2013

Typical stressful emotions for wartime military wives have not changed since the Vietnam War. Given the catastrophic nature of the Operation Iraqi Freedom (OIF) war of the 21st century, growing concerns have emerged from the public regarding this population's psychological and physical health. A qualitative phenomenological analysis explored an in-depth OIF deployment separation on eight military wives' psychological, physical, and spiritual well-being with soldier-husbands' indefinite deployment. From the dominant thematic findings emerged an overall experience for this population, named a "survival-recovery effect." Results strikingly mirrored previous empirical research that confirmed the military wives have been unprepared to manage war-induced deployment separations. Implications suggested a critical need to develop intervention support services and programs aimed at addressing the unique wartime stressors for this population. Insights from these women have the potential to guide future military wives through a wartime crisis. Findings have wide benefits for the military wife population vital to soldier retention, segments of the military and civilian scientific communities, and the field of psychology. Future recommendations and limitations are outlined.

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http://journals.lww.com/jinvestigativemed/Abstract/publishahead/Mind_Body_Practices_for_Posttraumatic_Stress.99699.aspx

Mind-Body Practices for Posttraumatic Stress Disorder.

Kim, Sang Hwan PhD; Schneider, Suzanne M. PhD; Kravitz, Len PhD; Mermier, Christine PhD; Burge, Mark R. MD

Journal of Investigative Medicine:

POST AUTHOR CORRECTIONS, 19 April 2013

Background:
Mind-body practices are increasingly used to provide stress reduction for posttraumatic stress disorder (PTSD). Mind-body practice encompasses activities with the intent to use the mind to impact physical functioning and improve health.

Methods:
This is a literature review using PubMed, PsycINFO, and Published International Literature on Traumatic Stress to identify the effects of mind-body intervention modalities, such as yoga, tai chi, qigong, mindfulness-based stress reduction, meditation, and deep breathing, as interventions for PTSD.

Results:
The literature search identified 92 articles, only 16 of which were suitable for inclusion in this review. We reviewed only original, full text articles that met the inclusion criteria. Most of the studies have small sample size, but findings from the 16 publications reviewed here suggest that mind-body practices are associated with positive impacts on PTSD symptoms. Mind-body practices incorporate numerous therapeutic effects on stress responses, including reductions in anxiety, depression, and anger, and increases in pain tolerance, self-esteem, energy levels, ability to relax, and ability to cope with stressful situations. In general, mind-body practices were found to be a viable intervention to improve the constellation of PTSD symptoms such as intrusive memories, avoidance, and increased emotional arousal.

Conclusions:
Mind-body practices are increasingly used in the treatment of PTSD and are associated with positive impacts on stress-induced illnesses such as depression and PTSD in most existing studies. Knowledge about the diverse modalities of mind-body practices may provide clinicians and patients with the opportunity to explore an individualized and effective treatment plan enhanced by mind-body interventions as part of ongoing self-care.

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http://www.sciencedirect.com/science/article/pii/S0005789413000439

Emotion Differentiation as a Protective Factor Against Nonsuicidal Self-injury in Borderline Personality Disorder.

Landon F. Zaki, Karin G. Coifman, Eshkol Rafaeli, Kathy R. Berenson, Geraldine Downey

Behavior Therapy

Available online 23 April 2013

Evidence that nonsuicidal self-injury (NSSI) serves a maladaptive emotion regulation function in borderline personality disorder (BPD) has drawn attention to processes that may increase risk for NSSI by exacerbating negative emotion, such as rumination. However, more adaptive forms of emotion processing, including differentiating broad emotional experiences into nuanced emotion categories, might serve as a protective factor against NSSI. Using an experience-sampling diary, the present study tested whether differentiation of negative emotion was associated with lower frequency of NSSI acts and urges in 38 individuals with BPD who reported histories of NSSI. Participants completed a dispositional measure of rumination and a 21-day experience-sampling diary, which yielded an index of negative emotion differentiation and frequency of NSSI acts and urges. A significant rumination by

negative emotion differentiation interaction revealed that rumination predicted higher rates of NSSI acts and urges in participants with difficulty differentiating their negative emotions. The results extend research on emotion differentiation into the clinical literature and provide empirical support for clinical theories that suggest emotion identification and labeling underlie strategies for adaptive self-regulation and decreased NSSI risk in BPD.

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http://annals.org/article.aspx?articleid=1681063

Screening for and Treatment of Suicide Risk Relevant to Primary Care: A Systematic Review for the U.S. Preventive Services Task Force.

Elizabeth O'Connor, PhD; Bradley N. Gaynes, MD, MPH; Brittany U. Burda, MPH; Clara Soh, MPA; and Evelyn P. Whitlock, MD, MPH

Annals of Internal Medicine

Published online 23 April 2013

Background:
In 2009, suicide accounted for 36 897 deaths in the United States.

Purpose:
To review the accuracy of screening instruments and the efficacy and safety of screening for and treatment of suicide risk in populations and settings relevant to primary care.

Data Sources:
Citations from MEDLINE, PsycINFO, the Cochrane Central Register of Controlled Trials, and CINAHL (2002 to 17 July 2012); gray literature; and a surveillance search of MEDLINE for additional screening trials (July to December 2012).

Study Selection:
Fair- or good-quality English-language studies that assessed the accuracy of screening instruments in primary care or similar populations and trials of suicide prevention interventions in primary or mental health care settings.

Data Extraction:
One investigator abstracted data; a second checked the abstraction. Two investigators rated study quality.

Data Synthesis:
Evidence was insufficient to determine the benefits of screening in primary care populations; very limited evidence identified no serious harms. Minimal evidence suggested that screening tools can identify some adults at increased risk for suicide in primary care, but accuracy was lower in studies of older adults. Minimal evidence limited to high-risk populations suggested poor performance of

screening instruments in adolescents. Trial evidence showed that psychotherapy reduced suicide attempts in high-risk adults but not adolescents. Most trials were insufficiently powered to detect effects on deaths.

Limitation:
Treatment evidence was derived from high-risk rather than screen-detected populations. Evidence relevant to adolescents, older adults, and racial or ethnic minorities was limited.

Conclusion:
Primary care–feasible screening tools might help to identify some adults at increased risk for suicide but have limited ability to detect suicide risk in adolescents. Psychotherapy may reduce suicide attempts in some high-risk adults, but effective interventions for high-risk adolescents are not yet proven.

Primary Funding Source:
Agency for Healthcare Research and Quality.

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http://www.ncbi.nlm.nih.gov/pubmed/23620193

Depress Anxiety. 2013 May;30(5):497-502. doi: 10.1002/da.22115.

Dwelling on potential threat cues: an eye movement marker for combat-related PTSD.

Armstrong T, Bilsky SA, Zhao M, Olatunji BO.

Source: Department of Psychology, Vanderbilt University, Nashville, Tennessee.

BACKGROUND:
Although several studies have documented an attentional bias toward threat in posttraumatic stress disorder (PTSD), the nature of this bias has not been clearly delineated. The present study utilized eye tracking technology to delineate the time course and components of attentional bias for threat cues in combat-related PTSD.

METHODS:
Veterans with PTSD (n = 21), combat-exposed veterans without PTSD (n = 16), and nonveteran controls (n = 21) viewed emotional expressions (fearful, disgusted, happy) paired with neutral expressions for 3 s presentations.

RESULTS:
Veterans with PTSD maintained attention longer on the fearful and disgusted expressions relative to the happy expression. This negativity bias was sustained over the course of the 3 s trials, and robustly distinguished veterans with PTSD from both veterans without PTSD and nonveteran controls.

CONCLUSIONS:
Dwelling on potential threat cues may reflect current PTSD symptoms, or it could reflect a cognitive vulnerability factor for PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23619614

Curr Psychiatry Rep. 2013 May;15(5):358. doi: 10.1007/s11920-013-0358-3.

Neural, Psychophysiological, and Behavioral Markers of Fear Processing in PTSD: A Review of the Literature.

Shvil E, Rusch HL, Sullivan GM, Neria Y.

Source: Department of Psychiatry, College of Physicians and Surgeons, Columbia University, 1051 Riverside Drive, Unit # 69, New York, NY, 10032, USA, es2297@columbia.edu.

As presently defined, post-traumatic stress disorder (PTSD) is an amalgam of symptoms falling into: re-experiencing of the trauma, avoidance of reminders of it, emotional numbing and hyperarousal. PTSD has a well-known proximate cause, commonly occurring after a life-threatening event that induces a response of intense fear, horror, and helplessness. Much of the advancement in understanding of the neurobiology of PTSD has emerged from conceptualizing the disorder as one that involves substantial dysfunction in fear processing. This article reviews recent knowledge of fear processing markers in PTSD. A systematic search was performed of reports within the specific three-year publication time period of January 2010 to December 2012. We identified a total of 31 studies reporting fear processing markers in PTSD. We further categorized them according to the following classification: (1) neural-activation markers (n = 10), (2) psychophysiological markers (n = 14), and (3) behavioral markers (n = 7). Across most studies reviewed here, significant differences between individuals with PTSD and healthy controls were shown. Methodological, theoretical and clinical implications were discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/23617872

Am J Addict. 2013 May;22(3):277-84. doi: 10.1111/j.1521-0391.2012.12018.x.

Posttraumatic Stress Disorder and Cannabis Use Characteristics among Military Veterans with Cannabis Dependence.

Boden MT, Babson KA, Vujanovic AA, Short NA, Bonn-Miller MO.

Source: Center for Health Care Evaluation, VA Palo Alto Health Care System, Menlo Park, California.

BACKGROUND AND OBJECTIVES:
The present study is the first to explore links between PTSD and cannabis use characteristics immediately prior to a cannabis quit attempt, including motives, use problems, withdrawal, and craving.

METHODS:
Measures of PTSD diagnosis, symptom severity, and cannabis use characteristics were administered to a sample of cannabis dependent military veterans (n = 94). Hypotheses were tested with a series of analyses of variance and covariance and hierarchical multiple regressions with Bonferroni corrections. Analyses were conducted with and without adjusting for variance shared with substance use (cannabis, alcohol, tobacco) in the previous 90 days, and co-occurring mood, anxiety, and substance use diagnoses.

RESULTS AND CONCLUSIONS:
Compared to participants without PTSD, participants with PTSD reported significantly increased: (a) use of cannabis to cope, (b) severity of cannabis withdrawal, and (c) experiences of craving related to compulsivity, emotionality, and anticipation, with findings regarding coping and craving remaining significant after adjusting for covariates. Among the total sample, PTSD symptom severity was positively associated with (a) use of cannabis to cope, (b) cannabis use problems, (c) severity of cannabis withdrawal, and (d) experiences of craving related to compulsivity and emotionality, with findings regarding withdrawal and emotion-related craving remaining significant after adjusting for covariates. Thus, links between PTSD and using cannabis to cope, severity of cannabis withdrawal, and especially craving appear robust across measures of PTSD and analytical method.

SCIENTIFIC SIGNIFICANCE:
The results of this study provide support for models that posit a pernicious feedback loop between PTSD symptomatology and cannabis use. (Am J Addict 2013; 22:277-284).

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http://www.ncbi.nlm.nih.gov/pubmed/23617870

Am J Addict. 2013 May;22(3):266-70. doi: 10.1111/j.1521-0391.2012.12009.x.

Insomnia in alcohol dependence: predictors of symptoms in a sample of veterans referred from primary care.

Chakravorty S, Grandner MA, Kranzler HR, Mavandadi S, Kling MA, Perlis ML, Oslin DW.

Source: MIRECC VISN-4, Philadelphia Veterans Affairs Medical Center, Philadelphia, Pennsylvania; Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania.

OBJECTIVE:
Patients with alcohol dependence presenting for treatment may have multiple associated co-morbid conditions and limited social supports, which complicate treatment. Each of these factors has been

independently associated with complaints of insomnia. In this preliminary study, we investigated the relations between insomnia complaints and socio-demographic factors and psychiatric co-morbidity in treatment-seeking patients with alcohol dependence.

METHOD:
We conducted a retrospective chart review on 84 consecutive patients referred to the Behavioral Health Laboratory of the Philadelphia Veterans Affairs Medical Center for evaluation of psychiatric and substance use disorders. Patients met DSM-IV diagnostic criteria for alcohol dependence and completed a series of self-assessments of sleep. Univariate and multivariable analyses were used to examine the relations amongst the variables of interest.

RESULTS:
In multivariable models, Sleep Latency was significantly greater in individuals without partners ($p = .01$), those with psychiatric disorders ($p = .03$) and smokers ($p = .01$), with a non-significant trend for those with past-year suicidal ideation. No significant predictor of Wake Time After Sleep Onset was seen. Poor Sleep Quality was predicted by younger age (OR = .93 [.88, .98], $p = .004$) and the presence of a psychiatric disorder (OR = 20.80 [4, 102], $p = .0002$), with a non-significant trend for suicidal ideation.

CONCLUSIONS:
Insomnia symptoms in treatment-seeking alcohol dependent patients should prompt consideration of the individuals' psychiatric and psychosocial features. (Am J Addict 2013; 22:266-270).

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http://www.ncbi.nlm.nih.gov/pubmed/23616234

Adm Policy Ment Health. 2013 Apr 25. [Epub ahead of print]

An Examination of Behavioral Rehearsal During Consultation as a Predictor of Training Outcomes.

Edmunds JM, Kendall PC, Ringle VA, Read KL, Brodman DM, Pimentel SS, Beidas RS.

Source: Department of Psychology, Temple University, 1701 North 13th Street, Philadelphia, PA, 19122, USA, julie.edmunds@temple.edu.

The training literature suggests that ongoing support following initial therapist training enhances training outcomes, yet little is known about what occurs during ongoing support and what accounts for its effectiveness. The present study examined consultation sessions provided to 99 clinicians following training in cognitive-behavioral therapy for youth anxiety. Recorded consultation sessions (N = 104) were coded for content and consultative methods. It was hypothesized that behavioral rehearsal (an active learning technique) would predict therapist adherence, skill, self-efficacy, and satisfaction at post-consultation. Regression analyses found no significant relation, however, clinician involvement during

consultation sessions positively moderated the relationship between behavioral rehearsals and skill. Implications, limitations, and future directions are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/23614484

Arch Suicide Res. 2013;17(2):106-22. doi: 10.1080/13811118.2013.776445.

Exploration of the influence of childhood trauma, combat exposure, and the resilience construct on depression and suicidal ideation among u.s. Iraq/Afghanistan era military personnel and veterans.

Youssef NA, Green KT, Dedert EA, Hertzberg JS, Calhoun PS, Dennis MF, Research Education And Clinical Center Workgroup MA, Beckham JC.

Source: Durham VA Medical Center; Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), Durham VA Medical Center.

This study evaluated the effect of childhood trauma exposure and the role of resilience on both depressive symptoms and suicidal ideation. The study evaluated 1,488 military personnel and veterans, who served after September 2001, for depressive, suicidal, and PTSD symptoms, combat exposure, childhood trauma exposure, and resiliency. Participants were enrolled as part of an ongoing multicenter study. Outcome measures were depressive symptoms and suicidal ideation. After controlling for the effects of combat exposure and PTSD, results revealed that childhood trauma exposures were significantly associated with depressive symptoms and suicidal ideation. In addition, resilience was negatively associated with depressive symptoms and suicidal ideation, suggesting a potential protective effect. These findings suggest that evaluation of childhood trauma is important in the clinical assessment and treatment of depressive symptoms and suicidal ideation among military personnel and veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23611074

Behav Ther. 2013 Jun;44(2):234-48. doi: 10.1016/j.beth.2013.02.004. Epub 2013 Mar 4.

United we stand: emphasizing commonalities across cognitive-behavioral therapies.

Mennin DS, Ellard KK, Fresco DM, Gross JJ.

Source: Hunter College and the Graduate Center, City University of New York. Electronic address: dmennin@hunter.cuny.edu.

Cognitive behavioral therapy (CBT) has a rich history of alleviating the suffering associated with mental disorders. Recently, there have been exciting new developments, including multicomponent approaches, incorporated alternative therapies (e.g., meditation), targeted and cost-effective technologies, and integrated biological and behavioral frameworks. These field-wide changes have led

some to emphasize the differences among variants of CBT. Here, we draw attention to commonalities across cognitive-behavioral therapies, including shared goals, change principles, and therapeutic processes. Specifically, we offer a framework for examining common CBT characteristics that emphasizes behavioral adaptation as a unifying goal and three core change principles, namely (a) context engagement to promote adaptive imagining and enacting of new experiences; (b) attention change to promote adaptive sustaining, shifting, and broadening of attention; and (c) cognitive change to promote adaptive perspective taking on events so as to alter verbal meanings. Further, we argue that specific intervention components, including behavioral exposure/activation, attention training, acceptance/tolerance, decentering/defusion, and cognitive reframing, may be emphasized to a greater or lesser degree by different treatment packages but are still fundamentally common therapeutic processes that are present across approaches and are best understood by their relationships to these core CBT change principles. We conclude by arguing for shared methodological and design frameworks for investigating unique and common characteristics to advance a unified and strong voice for CBT in a widening, increasingly multimodal and interdisciplinary, intervention science.

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http://www.sciencedirect.com/science/article/pii/S221315821300048X

Reduced cortical thickness with increased lifetime burden of PTSD in OEF/OIF Veterans and the impact of comorbid TBI.

Emily R. Lindemer, David H. Salat, Elizabeth C. Leritz, Regina McGlinchey, William P. Milberg

NeuroImage: Clinical

Available online 22 April 2013

Posttraumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI) in military personnel is increasing dramatically following the OEF/OIF conflicts and is associated with alterations to brain structure. The present study examined the relationship between PTSD and cortical thickness, and its possible modification by mTBI, in a 104-subject OEF/OIF veteran cohort ranging in age from 20 to 62 years. For each participant, two T1-weighted scans were averaged to create high-resolution images for calculation of regional cortical thickness. PTSD symptoms were assessed using the Clinician Administered PTSD Scale (CAPS) and scores were derived based on the previous month's symptoms ("current") and a cumulative lifetime burden of PTSD (CLB-P) reflecting the integral of CAPS scores across the lifetime. Mild TBI was diagnosed using the Boston Assessment of TBI-Lifetime (BAT-L). Results demonstrated a clear negative relationship between current PTSD severity and thickness in both postcentral gyri and middle temporal gyri. This relationship was stronger and more extensive when considering lifetime burden (CLB-P), demonstrating the importance of looking at trauma in the context of an individual's lifetime, rather than only at their current symptoms. Finally, interactions with current

PTSD only and comorbid current PTSD and mTBI were found in several regions, implying an additive effect of lifetime PTSD and mTBI on cortical thickness.

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http://cpx.sagepub.com/content/early/2013/02/25/2167702612469355

The Roles of Combat Exposure, Personal Vulnerability, and Involvement in Harm to Civilians or Prisoners in Vietnam War–Related Posttraumatic Stress Disorder.

Bruce P. Dohrenwend, Thomas J. Yager, Melanie M. Wall, and Ben G. Adams

Clinical Psychological Science 2167702612469355, first published on February 15, 2013

The diagnosis posttraumatic stress disorder was introduced in 1980 amid debate about the psychiatric toll of the Vietnam War. There is controversy, however, about its central assumption that potentially traumatic stressors are more important than personal vulnerability in causing the disorder. We tested this assumption with data from a rigorously diagnosed male subsample (n = 260) from the National Vietnam Veterans Readjustment Study. Combat exposure, prewar vulnerability, and involvement in harming civilians or prisoners were examined, with only combat exposure proving necessary for disorder onset. Although none of the three factors proved sufficient, estimated onset reached 97% for veterans high on all three, with harm to civilians or prisoners showing the largest independent contribution. Severity of combat exposure proved more important than prewar vulnerability in onset; prewar vulnerability was at least as important in long-term persistence. Implications for the primacy of the stressor assumption, further research, and policy are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/23611072

Behav Ther. 2013 Jun;44(2):224-7. doi: 10.1016/j.beth.2009.08.003. Epub 2011 Jun 6.

The Science of CBT: Toward a Metacognitive Model of Change?

Dobson KS.

Source: University of Calgary. Electronic address: ksdobson@ucalgary.ca.

This article supports several aspects of the arguments by Hofmann, Asmundson, and Beck (2013--this issue) about the scientific basis of cognitive-behavioral therapy (CBT), for example, that CBT has a strong evidence base, and that studies of the mechanisms of change are warranted. This response discusses growth within the broad field of CBT, as well as the diverse research methods that are needed to explore both clinical efficacy and treatment mechanism questions. It is suggested that the field of CBT may be approaching a shift in emphasis from cognitive to metacognitive assessment and interventions. The article concludes with a statement of general support for further development of the field of CBT.

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http://www.sciencedirect.com/science/article/pii/S1529943013003021

Prevention of low back pain in the military cluster randomized trial: effects of brief psychosocial education on total and low back pain–related health care costs.

John D. Childs, PT, PhD, MBA, Samuel S. Wu, PhD, Deydre S. Teyhen, PT, PhD, Michael E. Robinson, PhD, Steven Z. George, PT, PhD

The Spine Journal, Available online 19 April 2013

Background context
Effective strategies for preventing low back pain (LBP) have remained elusive, despite annual direct health care costs exceeding $85 billion dollars annually. In our recently completed Prevention of Low Back Pain in the Military (POLM) trial, a brief psychosocial education program (PSEP) that reduced fear and threat of LBP reduced the incidence of health care–seeking for LBP.

Purpose
The purpose of this cost analysis was to determine if soldiers who received psychosocial education experienced lower health care costs compared with soldiers who did not receive psychosocial education.

Study design/Setting
The POLM trial was a cluster randomized trial with four intervention arms and a 2-year follow-up. Consecutive subjects (n=4,295) entering a 16-week training program at Fort Sam Houston, TX, to become a combat medic in the U.S. Army were considered for participation.

Methods
In addition to an assigned exercise program, soldiers were cluster randomized to receive or not receive a brief psychosocial education program delivered in a group setting. The Military Health System Management Analysis and Reporting Tool was used to extract total and LBP-related health care costs associated with LBP incidence over a 2-year follow-up period.

Results
After adjusting for postrandomization differences between the groups, the median total LBP-related health care costs for soldiers who received PSEP and incurred LBP-related costs during the 2-year follow-up period were $26 per soldier lower than for those who did not receive PSEP ($60 vs. $86, respectively, p=.034). The adjusted median total health care costs for soldiers who received PSEP and incurred at least some health care costs during the 2-year follow-up period were estimated at $2 per soldier lower than for those who did not receive PSEP ($2,439 vs. $2,441, respectively, p=.242). The results from this analysis demonstrate that a brief psychosocial education program was only marginally effective in reducing LBP-related health care costs and was not effective in reducing total health care costs. Had the 1,995 soldiers in the PSEP group not received PSEP, we would estimate that 16.7% of them would incur an adjusted median LBP-related health care cost of $517 compared with the current 15.0% soldiers

incurring an adjusted median cost of $399, which translates into an actual LBP-related health care cost savings of $52,846 during the POLM trial. However, it is likely that the unaccounted for direct and indirect costs might erase even these small cost savings.

Conclusion
The results of this study will help to inform policy- and decision-making regarding the feasibility of implementing psychosocial education in military training environments across the services. It would be interesting to explore in future research whether cost savings from psychosocial education could be enhanced given a more individualized delivery method tailored to an individual's specific psychosocial risk factors.

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http://www.dsm.psychiatryonline.org/data/Journals/AJP/926716/RJ_April_2013_final.pdf

The Residents' Journal – April 2013
Special Issue – Military Psychology

Volume 8, Issue 4

A Publication of the American Journal of Psychiatry

This issue of the Residents' Journal focuses on the theme of military psychiatry. The issue begins with an article by the Guest Section Editor, George Loeffler, M.D., on the emerging concept of moral injury. In a case report, Daniel G. Allen, M.D., Wander S. Segura M.D., and Rebecca R. Burson, D.O., describe the effects of methylenedioxypyrovalerone use in an active-duty service member, as well as the unique challenges use of this substance presents to both service members and military health care providers. Philip Y.T. Liu, M.D., and Dr. Burson present a case report of first-episode substance-induced mania with psychotic features in a decorated soldier evacuated from a combat-stressed environment. Ryan Richmond, B.S., discusses virtual reality exposure therapy for treatment of combat posttraumatic stress disorder. Last, Nicole Garber, M.D., presents data on the effects of military deployment on children.

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http://www.sciencedirect.com/science/article/pii/S088761851300073X

Posttraumatic stress disorder in OEF/OIF veterans with and without traumatic brain injury.

Katie A. Ragsdale, Sandra M. Neer, Deborah C. Beidel, B. Christopher Frueh, Jeremy W. Stout

Journal of Anxiety Disorders

Available online 25 April 2013

Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) are presenting with high rates of co-occurring posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). The purpose of this study was to compare the clinical presentations of combat-veterans with PTSD and TBI

(N = 40) to those with PTSD only (N = 56). Results suggest that the groups present two distinct clinical profiles, with the PTSD + TBI group endorsing significantly higher PTSD scores, higher overall anxiety, and more functional limitations. The higher PTSD scores found for the PTSD + TBI group appeared to be due to higher symptom intensity, but not higher frequency, across PTSD clusters and symptoms. Groups did not differ on additional psychopathology or self-report of PTSD symptoms or executive functioning. Further analysis indicated PTSD severity, and not TBI, was responsible for group differences, suggesting that treatments implicated for PTSD would likely be effective for this population.

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http://www.rehab.research.va.gov/jour/2013/502/pdf/rauh502.pdf

Effect of traumatic brain injury among U.S. servicemembers with amputation.

Mitchell J. Rauh, PhD, PT, MPH; Hilary J. Aralis, MS; Ted Melcer, PhD; Caroline A. Macera, PhD; Pinata Sessoms, PhD; Jamie Bartlett, PhD; Michael R. Galarneau, MS

Journal of Rehabilitative Research and Development (VA)

Volume 50, Number 2, 2013, pps 161-172

Servicemembers with combat-related limb loss often require substantial rehabilitative care. The prevalence of traumatic brain injury (TBI), which may impair cognitive and functional abilities, among servicemembers has increased. The primary objectives of this study were to determine the frequency of TBI among servicemembers with traumatic amputation and examine whether TBI status was associated with discharge to civilian status and medical and rehabilitative service use postamputation. U.S. servicemembers who had a combat-related amputation while deployed in Iraq or Afghanistan between 2001 and 2006 were followed for 2 yr postamputation. Data collected includes injury mechanism; postinjury complications; Injury Severity Score (ISS); and follow-up data, including military ser - vice discharge status and number of medical, physical, occupational therapy, and prosthetic-related visits. Of the 546 servicemembers with combat-related amputations, 127 (23.3%) had a TBI diagnosis. After adjusting for ISS and amputation location, those with TBI had a significantly greater mean number of medical and rehabilitative outpatient and inpatient visits combined ($p < 0.01$). Those with TBI were also at greater odds of developing certain postinjury complications. We recommend that providers treating servicemembers with limb loss should assess for TBI because those who sustained TBI required increased medical and rehabilitative care.

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http://onlinelibrary.wiley.com/doi/10.1111/sltb.12033/abstract

Influences on Call Outcomes among Veteran Callers to the National Veterans Crisis Line.

Britton, P. C., Bossarte, R. M., Thompson, C., Kemp, J. and Conner, K. R.

Suicide and Life-Threatening Behavior

Article first published online: 24 APR 2013

The association of caller and call characteristics with proximal outcomes of Veterans Crisis Line calls were examined. From October 1–7, 2010, 665 veterans with recent suicidal ideation or a history of attempted suicide called the Veterans Crisis Line; 646 had complete data and were included in the analyses. A multivariable multinomial logistic regression was conducted to identify correlates of a favorable outcome (a resolution or a referral) when compared to an unfavorable outcome (no resolution or referral). A multivariable logistic regression was used to identify correlates of responder-rated caller risk in a subset of calls. Approximately 84% of calls ended with a favorable outcome, 25% with a resolution, and 59% with a referral to a local health care provider. Calls from high-risk callers had greater odds of ending with a referral than without a resolution or referral, as did weekday calls (6:00 am to 5:59 pm EST, Monday through Friday). Responders used caller intent to die and the absence of future plans to determine caller risk. Findings suggest that the Veterans Crisis Line is a useful mechanism for generating referrals for high-risk veteran callers. Responders appeared to use known risk and protective factors to determine caller risk.

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http://www.tandfonline.com/doi/abs/10.1080/13811118.2013.776456

Marital Status, Life Stressor Precipitants, and Communications of Distress and Suicide Intent in a Sample of United States Air Force Suicide Decedents.

Jeffery S. Martin, Marjan Ghahramanlou-Holloway, David R. Englert, Jennifer L. Bakalar, Cara Olsen, Elicia M. Nademin, David A. Jobes, Shannon Branlund

Archives of Suicide Research

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Life stressor precipitants and communications of distress and suicide intent were examined among a sample of United States Air Force (USAF) married versus unmarried suicide decedents. A total of 100 death investigations conducted by the Office of Special Investigations on active duty USAF suicides occurring between 1996 and 2006 were retrospectively reviewed. Married decedents were twice as likely 1) to have documented interpersonal conflict 24 hours prior to suicide and 2) to have communicated suicide intent to peers or professionals. Themes of distress communication for all decedents were intrapersonal (perceived stress, depression, psychological pain) and interpersonal (thwarted belongingness, rejection, loneliness). Suicide prevention programs and policies are encouraged to adapt efforts to the unique needs of married and unmarried individuals.

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http://bjp.sagepub.com/content/early/2013/04/25/2049463713487515.abstract

Trauma pain – a military perspective.

Mark Wyldbore and Dominic Aldington

British Journal of Pain 2049463713487515, first published on April 25, 2013

This paper outlines the system developed by the United Kingdom's Defence Medical Services to manage the pain associated with combat trauma from the point of wounding, through repatriation back home to rehabilitation and eventual discharge from the Forces, whenever that may be. The system is founded upon the principles of integration and sustainability and this article includes discussion of both clinical and non-clinical components.

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http://www.healio.com/psychiatry/journals/PsycAnn/%7B6F639C98-C014-41C7-ABBF-F7728C88C4C3%7D/Integrative-Medical-Practices-for-Combat-Related-Posttraumatic-Stress-Disorder

Integrative Medical Practices for Combat-Related Posttraumatic Stress Disorder.

Paul D. Sargent, MD; Justin S. Campbell, PhD; Kenneth E. Richter, DO; Robert N. McLay, MD, PhD; Robert L. Koffman, MD, MPH

Psychiatric Annals

April 2013 - Volume 43 · Issue 4: 181-187

The discrepancy between military and civilian prevalence rates of posttraumatic stress disorder (PTSD) indicates that military service, in particular combat duty, carries with it an increased risk for the development of PTSD, thereby representing one of the key challenges to military mental health care. The US Department of Defense (DoD) has experimented with incorporating integrative medicine practices into a variety of PTSD treatment centers. Much of the pioneering work started with the Warrior Resilience Center in Fort Bliss, TX, during the early years of the war in Iraq. Though it is an outpatient program, the Warrior Resilience Center should be acknowledged as a model for the two intensive residential programs recently designed to support active duty service members diagnosed with PTSD.

The Overcoming Adversity and Stress Injury Support (OASIS) and National Intrepid Center of Excellence (NICoE) have embraced the truly dynamic challenge of treating PTSD in active duty service members by augmenting traditional evidence-based exposure therapies for PTSD with a variety of integrative approaches. This strategy is due in no small part to demands from patients who seek alternatives to standard treatments that in some cases are perceived to be ineffective or incomplete. What follows is a discussion of these practices and how they might be practically configured to support evidence-based mainstream therapies.

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http://link.springer.com/article/10.1007/s11414-013-9338-y

Healthcare Utilization and Symptom Variation Among Veterans Using Behavioral Telehealth Center Services.

Kyle Possemato PhD, Todd M. Bishop MS, Matthew A. Willis MA, Larry J. Lantinga PhD

The Journal of Behavioral Health Services & Research

April 2013

Substance use and mental health problems are often underdiagnosed and undertreated in primary care. Veterans affairs facilities are using the Behavioral Telehealth Center (BTC) to provide evidence-based assessments for primary care patients via telephone. Whether participation in BTC services is associated with (1) increases in healthcare utilization and (2) decreases in symptoms based on behavioral health screening instruments, post-BTC services compared with pre-BTC services were investigated. Retrospective data were extracted for 1,820 patients who were referred to the BTC. Differences in utilization rates and symptom scores pre- and post-BTC services were tested using repeated measures analysis of covariance while controlling for relevant sociodemographic variables. Participants (1) utilized significantly more substance use and mental health treatment services and (2) had significantly lower alcohol and depression screening scores post-BTC services compared with pre-BTC services. This initial evaluation provides support that BTC services are associated with increased healthcare utilization and decreased alcohol and depressive symptoms.

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http://www.ncbi.nlm.nih.gov/pubmed/23630646

Innov Clin Neurosci. 2013 Mar;10(3):12-22.

Improving Quality of Life for Patients with Major Depressive Disorder by Increasing Hope and Positive Expectations with Future Directed Therapy (FDT).

Vilhauer JS, Cortes J, Moali N, Chung S, Mirocha J, Ishak WW.

Source: All authors are from Cedars-Sinai Medical Center, Los Angeles, California.

Objective:
Impaired quality of life is a significant problem for people with major depressive disorder and is often not addressed through symptom remediation alone. This study examines a new therapy for the treatment for depression that focuses on reducing hopelessness and increasing positive future anticipation, which are factors posited to contribute to quality of life. The new treatment was compared to depressed patients in the same setting treated with group cognitive behavioral therapy.

Design:
This study used a quasi-experimental design to examine the differences between future directed

therapy and cognitive behavioral therapy on improving quality of life in patients with major depressive disorder. The main variables assessed at pre and post-treatment were quality of life, depressive symptoms, and hopelessness.

Setting:
Outpatient Department of Psychiatry Cedars-Sinai Medical Center Participants: Twenty-two patients completed the future directed therapy intervention and 20 patients completed the cognitive behavioral therapy intervention.

Measurements:
Patient-reported outcomes were collected using the Quick Inventory of Depressive Symptoms, the Beck Hopelessness Scale, and the Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form.

Results:
Though both treatments were effective at improving depression, hopelessness and positive future anticipation, those patients treated with future directed therapy demonstrated significant improvements in quality of life (p=0.002) while those treated in the cognitive behavioral therapy group did not (p=0.463). The magnitude of change for the main variables was significantly larger in the future directed therapy group and change in hopelessness and change in positive anticipation predicted change in quality of life in the future directed therapy group but not the cognitive behavioral therapy group. Conclusions: Future directed therapy is a useful treatment for patients with major depressive disorder and quality of life impairment.

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http://www.ncbi.nlm.nih.gov/pubmed/23629959

J Clin Psychol. 2013 Apr 29. doi: 10.1002/jclp.21970. [Epub ahead of print]

Efficacy of a Cognitive-Behavioral Treatment for Insomnia and Nightmares in Afghanistan and Iraq Veterans With PTSD.

Margolies SO, Rybarczyk B, Vrana SR, Leszczyszyn DJ, Lynch J.

Source: Eastern Virginia Medical School.

OBJECTIVE:
Sleep disturbances are a core and salient feature of posttraumatic stress disorder (PTSD). Pilot studies have indicated that combined cognitive-behavioral therapy for insomnia (CBT-I) and imagery rehearsal therapy (IRT) for nightmares improves sleep as well as PTSD symptoms.

METHOD:
The present study randomized 40 combat veterans (mean age 37.7 years; 90% male and 60% African American) who served in Afghanistan and/or Iraq (Operation Enduring Freedom [OEF] / Operation Iraqi

Freedom [OIF]) to 4 sessions of CBT-I with adjunctive IRT or a waitlist control group. Two thirds of participants had nightmares at least once per week and received the optional IRT module.

RESULTS:
At posttreatment, veterans who participated in CBT-I/IRT reported improved subjectively and objectively measured sleep, a reduction in PTSD symptom severity and PTSD-related nighttime symptoms, and a reduction in depression and distressed mood compared to the waitlist control group.

CONCLUSION:
The findings from this first controlled study with OEF/OIF veterans suggest that CBT-I combined with adjunctive IRT may hold promise for reducing both insomnia and PTSD symptoms. Given the fact that only half of the patients with nightmares fully implemented the brief IRT protocol, future studies should determine if this supplement adds differential efficacy to CBT-I alone.

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http://www.ncbi.nlm.nih.gov/pubmed/23629992

J Orthop Surg (Hong Kong). 2013 Apr;21(1):68-70.

Prevalence of insomnia in patients with chronic back pain.

Purushothaman B, Singh A, Lingutla K, Bhatia C, Pollock R, Krishna M.

Source: Spinal Unit, University Hospital of North Tees, Stockton on Tees, United Kingdom.

PURPOSE.
To estimate the prevalence of insomnia in patients with chronic back pain, and to correlate insomnia with severity of back pain and disability.

METHODS.
63 women and 57 men aged 24 to 83 (mean, 55) years who presented with chronic back pain for >6 months were asked to complete a selfadministered questionnaire to evaluate the Insomnia Severity Index (ISI), Oswestry Disability Index (ODI), and Numerical Rating Scale (NRS) for back pain.

RESULTS.
Of the 120 patients, 25 had no insomnia, 39 had sub-threshold insomnia, and 56 had clinically significant insomnia. According to the ODI, disability was minimal in 12 patients, moderate in 38, severe in 43, bed-binding in 26, and crippling in one. Of the 120 patients, 91 rated their NRS for back pain as 5 to 10 and 29 rated it as 1 to 4. Correlation was stronger between ISI and ODI than between ISI and NRS for back pain (r=0.59 vs. r=0.38).

CONCLUSION.
47% of patients with chronic back pain had insomnia. The ODI was more reliable than the NRS for back

pain to detect insomnia. Back pain should be treated early to avoid serious health problems associated with insomnia.

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http://www.ncbi.nlm.nih.gov/pubmed/23330799

J Psychosoc Nurs Ment Health Serv. 2013 Feb;51(2):20-6. doi: 10.3928/02793695-20130109-03. Epub 2013 Jan 18.

Military sexual trauma: a silent syndrome.

Burgess AW, Slattery DM, Herlihy PA.

Source: William F Connell, School of Nursing, Boston College, Chestnut Hill, Massachusetts 02467, USA. burges@bc.edu

This article examines an age-old problem-sexual assault-through the lens of its occurrence within the military culture. Specific cases as well as U.S. Department of Defense responses to better handle these issues are offered to educate psychiatric-mental health nurses of the potential differences in symptomatology and presentation of military sexual trauma (MST). This appears to be an increasing problem with the predicted cohort of returning veterans appearing both in the U.S. Department of Veterans Affairs system as well as in civilian locations, hospitals, community centers, and especially the workplace. It will be critical to develop training materials and pursue further research to identify this silent syndrome of MST to better meet the needs of our returning veterans.

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http://www.ncbi.nlm.nih.gov/pubmed/23624314

J Behav Ther Exp Psychiatry. 2013 Apr 15;44(4):368-375. doi: 10.1016/j.jbtep.2013.03.003. [Epub ahead of print]

Wounds that can't be seen: Implicit Trauma Associations predict posttraumatic stress disorder symptoms.

Lindgren KP, Kaysen D, Werntz AJ, Gasser ML, Teachman BA.

Source: University of Washington, Department of Psychiatry & Behavioral Sciences, 1100 NE 45th St, Suite 300, Seattle, WA 98105, USA. Electronic address: KPL9716@uw.edu.

BACKGROUND AND OBJECTIVES:
Prominent theories suggest that explicit and implicit cognitive biases are critical in the development and maintenance of posttraumatic stress disorder (PTSD). However, studies evaluating implicit PTSD-related cognitive biases are rare, and findings are mixed. We developed two adaptions of the Implicit

Association Test (IAT), the "traumatized self" IAT (evaluations of the self as traumatized vs. healthy) and the "dangerous memory" IAT (evaluations of remembering as dangerous vs. safe), and investigated their psychometric properties and relations to PTSD symptoms and trauma exposure.

METHODS:
Participants were visitors to the Project Implicit research website (Study 1: N = 347, Study 2: N = 501). They completed the IATs (Study 1: both IATs; Study 2: traumatized self IAT only), a trauma exposure measure, a PTSD symptom inventory, and explicit cognitive bias measures (Study 2 only).

RESULTS:
Both IATs had good internal consistency, but only the traumatized self IAT was correlated with PSTD symptoms and identified participants meeting clinical cutoffs for PTSD symptoms. Study 2 focused on the traumatized self IAT and included explicit cognitive bias measures. The IAT correlated with PTSD symptoms and explicit cognitions, and predicted variance in PSTD symptoms above and beyond trauma exposure and explicit cognitions.

LIMITATIONS:
Study designs were cross-sectional; samples were unselected; and PTSD symptoms were self-reported.

CONCLUSIONS:
Despite these limitations, these studies provide preliminary validation of an implicit measure of PTSD-related cognitive bias - the traumatized self IAT - that is consistent with PTSD theories and may ultimately improve the identification and treatment of individuals with PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23611070

Behav Ther. 2013 Jun;44(2):213-7. doi: 10.1016/j.beth.2010.07.007. Epub 2011 May 25.

Acceptance and commitment therapy: empirical considerations.

Rector NA.

Source: University of Toronto. Electronic address: neil.rector@sunnybrook.ca.

Cognitive-behavioral therapy (CBT), including behavior therapy, cognitive therapy, and their integration, has evolved over the past four decades to become the most empirically supported psychological treatment for a range of psychiatric conditions, spanning the preponderance of Axis I disorders, selected Axis II disorders, and a range of associated clinical-health problems. The evolution of cognitive-behavioral theory and treatment has followed a coherent scientific framework, first introduced in the cognitive-behavioral modeling and treatment of depression, to include: (a) systematic clinical observations, (b) definition and psychometric operationalization of key disorder-specific cognitive, emotional and behavioral constructs, (c) laboratory investigation of operationalized disorder-specific

processes, (d) development of comprehensive CBT treatment interventions to target the processes of empirically tested disorder-specific models, (e) progression from early noncontrolled clinical outcome studies to the development of sophisticated, large-scale randomized controlled trials testing disorder-specific CBT interventions, (f) examination of disorder-specific moderators and mediators of change in CBT treatment, and (g) openness to refinements and elaborations based on empirical updates from experimental and clinical investigations.

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http://www.ncbi.nlm.nih.gov/pubmed/23611176

J Psychiatry Neurosci. 2013 Apr 23;38(3):120129. doi: 10.1503/jpn.120129. [Epub ahead of print]

Inhibition of fear is differentially associated with cycling estrogen levels in women.

Glover EM, Mercer KB, Norrholm SD, Davis M, Duncan E, Bradley B, Ressler KJ, Jovanovic T.

Source: Department of Psychiatry & Behavioral Sciences, Emory University School of Medicine, Atlanta, Ga., United States.

Background:
Although the prevalence of posttraumatic stress disorder (PTSD) is twice as high in women as it is in men, the role of estrogen in the risk for PTSD is not well understood. Deficits in fear inhibition and impaired safety signal learning may be biomarkers for PTSD. We examined menstrual cycle phase and serum estradiol levels in naturally cycling women while they were undergoing a novel conditioned inhibition procedure that measured their ability to discriminate between cues representing danger versus safety and to inhibit fear in the presence of safety cues.

Methods:
Sample 1 included healthy participants in whom we compared inhibition of fearpotentiated startle during the follicular (lower estrogen) and luteal (higher estrogen) phases of the menstrual cycle. We used the same paradigm in a traumatized clinical population (sample 2) in whom we compared low versus high estradiol levels.

Results:
In both samples, we found that lower estrogen in cycling women was associated with impaired fear inhibition. Limitations: In the clinical sample, the low estradiol group was on average older than the high estradiol group owing to the random recruitment approach; we did not exclude participants based on hormonal status or menopause.

Conclusion:
Our results suggest that the lower estrogen state during normal menstrual cycling may contribute to risk for anxiety disorders through dysregulated fear responses.

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http://www.ncbi.nlm.nih.gov/pubmed/23561242

J Clin Psychiatry. 2013 Mar;74(3):e212-8. doi: 10.4088/JCP.12m07844.

Co-occurrence of major depressive episode and posttraumatic stress disorder among survivors of war: how is it different from either condition alone?

Morina N, Ajdukovic D, Bogic M, Franciskovic T, Kucukalic A, Lecic-Tosevski D, Morina L, Popovski M, Priebe S.

Source: Department of Clinical Psychology, University of Amsterdam, Weesperplein 4, 1018 XA Amsterdam, The Netherlands n.morina@uva.nl.

OBJECTIVE:
Major depressive episode (MDE) and posttraumatic stress disorder (PTSD) have been shown to be the most common mental disorders following traumatic war experiences and have been found to frequently co-occur. This study, designed as a randomized cross-sectional interview survey, aimed to identify whether the co-occurence of MDE and PTSD following exposure to war-related experiences is associated with different demographics, exposure to previous traumatic events, and clinical characteristics than either condition alone.

METHOD:
After a random-walk technique was used to randomly select participants, face-to-face interviews were conducted among war-affected community samples in 5 Balkan countries (N = 3,313) in the years 2006 and 2007. The mean age of participants was 42.3 years, and all participants had experienced potentially traumatic events during war in the countries of the former Yugoslavia. Current prevalence rates of MDE and PTSD and suicide risk were assessed using the Mini-International Neuropsychiatric Interview. Levels of general psychological distress, posttraumatic stress, and quality of life were assessed with self-reports.

RESULTS:
30.5% of the sample met DSM-IV diagnostic criteria for either MDE or PTSD, and 9.1% had both disorders. Participants with concomitant MDE and PTSD reported significantly higher numbers of prewar and postwar traumatic events than participants with PTSD only and higher numbers of war-related events than those with MDE only (all P values < .001). Participants with both MDE and PTSD had significantly higher levels of general psychological and posttraumatic stress symptoms, a higher suicide risk, and lower levels of quality of life than participants with either condition alone (all P values < .001).

CONCLUSIONS:
Concomitant MDE and PTSD are associated with the experience of different traumatic events and are characterized by more general psychological distress than either condition alone. The assessment of concomitant MDE and PTSD can facilitate better identification of individuals with severe

psychopathology and poor quality of life. People with co-occurrence of MDE and PTSD may require specific health care programs following war.

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http://www.ncbi.nlm.nih.gov/pubmed/22956588

Behav Modif. 2012 Nov;36(6):897-923. doi: 10.1177/0145445512450733. Epub 2012 Sep 5.

Technological advances in the treatment of trauma: a review of promising practices.

Paul LA, Hassija CM, Clapp JD.

Source: Medical University of South Carolina, Charleston, SC, USA. lpaul1@niu.edu

Given the availability of empirically supported practices for addressing posttraumatic stress disorder and other forms of trauma-related distress, the development and implementation of new technology to deliver these treatments is exciting. Technological innovations in this literature aim to expand availability of empirically based intervention, increase treatment adherence and acceptability, and overcome barriers commonly encountered with conventional trauma-focused treatment. Much of the current research on these technological developments consists of brief reviews and case studies of the separate therapy modalities. Although this work serves to document the appeal and utility of these innovations, it does not provide comprehensive information about the host of options available. To that end, the three general categories of technological advances in trauma therapy (i.e., videoconferencing, e-Health, virtual reality) are reviewed here, including information regarding their empirical support and suggestions for future research and clinical practice.

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http://www.ncbi.nlm.nih.gov/pubmed/22679239

Behav Modif. 2012 Nov;36(6):787-807. doi: 10.1177/0145445512446945. Epub 2012 Jun 7.

A scheme for categorizing traumatic military events.

Stein NR, Mills MA, Arditte K, Mendoza C, Borah AM, Resick PA, Litz BT; STRONG STAR Consortium.

Collaborators (12)

Source: VA Boston Healthcare System, MA, USA. nathan.stein@va.gov

A common assumption among clinicians and researchers is that war trauma primarily involves fear-based reactions to life-threatening situations. However, the authors believe that there are multiple types of trauma in the military context, each with unique perievent and postevent response patterns. To test this hypothesis, they reviewed structured clinical interviews of 122 active duty service members and

assigned the reported index (principal, most currently distressing) events to one or more of the following categories: Life Threat to Self, Life Threat to Others, Aftermath of Violence, Traumatic Loss, Moral Injury by Self, and Moral Injury by Others. They found high interrater reliability for the coding scheme and support for the construct validity of the categorizations. In addition, they discovered that certain categories were related to psychiatric symptoms (e.g., reexperiencing of the traumatic event, guilt, anger) and negative thoughts about the world. Their study provides tentative support for use of these event categories.

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http://digitalcommons.iwu.edu/psych_honproj/157/

Potential Factors Influencing Leniency toward Veterans who Commit Crimes.

Amanda Larsen

Illinois Wesleyan University

2013

Posttraumatic stress disorder (PTSD) is an anxiety disorder that occurs following a traumatic experience and has symptoms that can severely impair functioning. Military personnel are particularly likely to experience trauma, and thus are commonly diagnosed with PTSD. Importantly, because PTSD is correlated with expressions of anger and aggression, military veterans are at an increased risk of committing crimes upon returning from deployment. Although legal records have shown that veterans with PTSD are often charged with lighter crimes and/or given lighter sentences compared to people not diagnosed with PTSD, to date no psychological research has directly investigated if jurors truly are inclined to give veterans with PTSD lighter sentences than veterans without PTSD. It also remains unclear how various factors related to PTSD may influence jurors' sentencing recommendations. The purpose of the present research was to compare judgments of guilt for veterans with PTSD to civilians and to investigate whether various factors lead to increased leniency from jurors. Participants read fictional court documents describing a crime and reported perceptions of guilt, responsibility, and feelings toward the defendant. Results indicated that the diagnosis of PTSD, timing of diagnosis, and type of combat experienced influenced various perceptions of the defendant and his sentencing. Future directions are discussed.

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http://ajhpcontents.org/doi/abs/10.4278/ajhp.120727-QUAN-366

The Association of Predeployment and Deployment-Related Factors on Dimensions of Postdeployment Wellness in US Military Service Members.

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American Journal of Health Promotion

Purpose.
To assess the effects of predeployment and deployment-related factors on dimensions of wellness following deployment.

Design.
Prospective longitudinal study. The dependent variable was dimensions of wellness. Independent variables were measured in terms of modifiable, nonmodifiable, and military factors, such as sex, race/ethnicity, service branch, smoking status, and combat experience.

Setting.
A large military cohort participating in the Millennium Cohort Study.

Subjects.
Included 10,228 participants who deployed in support of the operations in Iraq and Afghanistan.

Measures.
Dimensions of wellness were measured by using standardized instruments assessing self-reported physical health, mental health, and stress. Covariates were measured by using self-reported and electronic data.

Analysis.
Factors of postdeployment wellness were assessed by using ordinal logistic regression.

Results.
Most participants (78.7%) were categorized as “moderately well” post deployment. Significant modifiable predeployment predictors of postdeployment wellness included normal/underweight body mass index (odds ratio [OR] = 1.72, $p < .05$). Military factors significantly associated with wellness included not experiencing combat *(OR* = .56, $p < .05$), member of Air Force (OR = 2.02, $p < .05$) or Navy/Coast Guard (OR = 1.47, $p < .05$), and combat specialist occupation (OR = 1.22, $p < .05$).

Conclusion.
Multiple modifiable factors associated with postdeployment wellness were identified, which may help inform medical and military leadership on potential strategies to ensure a well force. Those trained in combat roles were more likely to be well post deployment though this apparent benefit was not conferred onto those reporting combat experiences.included not experiencing combat (OR = .56, $p < .05$), member of Air Force (OR = 2.02, $p < .05$) or Navy/Coast Guard (OR = 1.47, $p < .05$), and combat specialist occupation (OR = 1.22, $p < .05$).

Conclusion.
Multiple modifiable factors associated with postdeployment wellness were identified, which may help inform medical and military leadership on potential strategies to ensure a well force. Those trained in combat roles were more likely to be well post deployment though this apparent benefit was not conferred onto those reporting combat experiences.

Links of Interest

Should Gun Restrictions Be Placed on Veterans With PTSD?
http://atwar.blogs.nytimes.com/2013/04/26/should-gun-restrictions-be-placed-on-veterans-with-ptsd/

National summit melds citizen-Soldier needs with civilian support
http://www.army.mil/article/102042/National_summit_melds_citizen_Soldier_needs_with_civilian_support/

Service Members Surpass Most Federal Health Goals
http://www.health.mil/News_And_Multimedia/News/detail/13-04-26/Service_Members_Surpass_Most_Federal_Health_Goals.aspx

Next Steps on Military Sexual Assaults
http://www.nytimes.com/2013/04/29/opinion/next-steps-on-military-sexual-assaults.html

Study classifies depression risk factor as contagious
http://www.ndsmcobserver.com/news/study-classifies-depression-risk-factor-as-contagious-1.3039246

Free Advice May Lead Insomniacs to Make Unhelpful Changes
http://www.huffingtonpost.com/stanford-center-for-sleep-sciences-and-medicine/sleep-problems_b_3129574.html

Sex Lives Often an Overlooked Casualty of Traumatic Brain Injury
http://www.nlm.nih.gov/medlineplus/news/fullstory_136340.html

Cleveland Clinic research shows Internet-based program effective in reducing stress
http://www.eurekalert.org/pub_releases/2013-04/cc-ccr042913.php

National summit melds citizen-Soldier needs with civilian support
http://www.army.mil/article/102042/National_summit_melds_citizen_Soldier_needs_with_civilian_support/

Google searches about mental illness follow seasonal patterns
http://www.eurekalert.org/pub_releases/2013-04/ehs-gsa040713.php

Parents' Military Deployment Takes Toll on Kids, Study Finds
http://www.nlm.nih.gov/medlineplus/news/fullstory_135627.html

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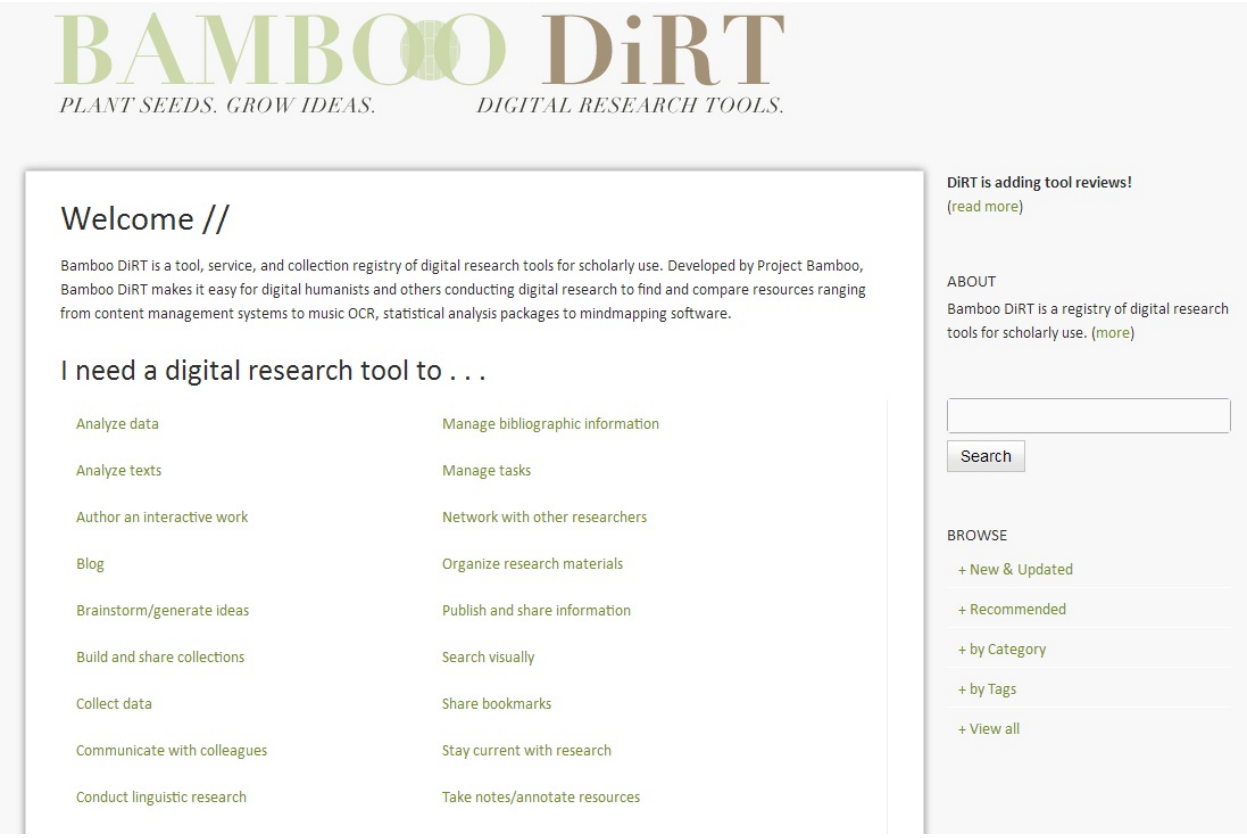
Research Tip of the Week -- Bamboo Dirt: Digital Research Tools

> Bamboo DiRT is a tool, service, and collection registry of digital research tools for scholarly use…. Project Bamboo makes it easy for digital humanists and others conducting digital research to

find and compare resources ranging from content management systems to music OCR, statistical analysis packages to mindmapping software.



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