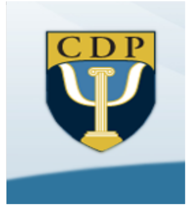

CDP Research Update -- June 6, 2013

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- Veterans administration health care utilization among sexual minority veterans.

- Barriers to care for women veterans with posttraumatic stress disorder and depressive symptoms.
- Perceived military organizational support and peacekeeper distress: A longitudinal investigation.
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- Predictors of mental health care use among male and female veterans deployed in support of the wars in Afghanistan and Iraq.
- Trauma Exposure in Anxious Primary Care Patients.
- Using the Suicide Index Score to Predict Treatment Outcomes among Psychiatric Inpatients.
- Assessing Motivations for Suicide Attempts: Development and Psychometric Properties of the Inventory of Motivations for Suicide Attempts.
- Maintenance Cognitive-Behavioral Therapy and Manualized Psychoeducation in the Treatment of Recurrent Depression: A Multicenter Prospective Randomized Controlled Trial.
- Conceptualizing and Treating Comorbid Chronic Pain and PTSD.
- Health Care Utilization Prior to Loss to Care Among Veterans With Serious Mental Illness.
- Links of Interest
- Research Tip of the Week – Domestic Violence Research Group

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http://www.ncbi.nlm.nih.gov/pubmed/22098413

Anxiety Stress Coping. 2013;26(1):52-69. doi: 10.1080/10615806.2011.634001. Epub 2011 Nov 21.

Main and interactive effects of social support in predicting mental health symptoms in men and women following military stressor exposure.

Smith BN, Vaughn RA, Vogt D, King DW, King LA, Shipherd JC.

Source: Women's Health Sciences Division, National Center for PTSD, VA, Boston Healthcare System, 150 South Huntington Avenue, 116B-3, Boston, MA, USA. Brian.Smith12@va.gov

Evidence across a multitude of contexts indicates that social support is associated with reduced risk for mental health symptoms. More information is needed on the effectiveness of different sources of support, as well as sex differences in support. Associations between social support from two sources - the military unit and friends and family - and mental health symptoms were examined in a study of 1571 Marine recruits assessed at the beginning and end of a highly stressful 13-week training program.

Military social support buffered the stressor exposure-posttraumatic stress symptomatology (PTSS) relationship, whereas the relationship between stressor exposure and PTSS was highest when civilian social support was high. Further inspection of the interactions revealed that military support was most important at high levels of stressor exposure. Sex differences in the relationship between social support and symptoms were found, such that support from military peers was associated with lower levels of PTSS for men, whereas civilian support was associated with lower PTSS for women. While civilian social support was associated with lower levels of depression symptom severity in both women and men, the relationship was stronger for women. Reviewed implications focus on the importance of considering the recipient, source, and context of social support.

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http://www.ncbi.nlm.nih.gov/pubmed/23184276

J Clin Psychol Med Settings. 2012 Dec;19(4):376-92. doi: 10.1007/s10880-012-9345-9.

Managing behavioral health needs of veterans with traumatic brain injury (TBI) in primary care.

King PR, Wray LO.

Source: Center for Integrated Healthcare (116N), VA Western New York Healthcare System, 3495 Bailey Ave., Buffalo, NY 14215, USA. Paul.King2@va.gov

Traumatic brain injury (TBI) is a frequent occurrence in the United States, and has been given particular attention in the veteran population. Recent accounts have estimated TBI incidence rates as high as 20 % among US veterans who served in Afghanistan or Iraq, and many of these veterans experience a host of co-morbid concerns, including psychiatric complaints (such as depression and post-traumatic stress disorder), sleep disturbance, and substance abuse which may warrant referral to behavioral health specialists working in primary care settings. This paper reviews many common behavioral health concerns co-morbid with TBI, and suggests areas in which behavioral health specialists may assess, intervene, and help to facilitate holistic patient care beyond the acute phase of injury. The primary focus is on sequelae common to mild and moderate TBI which may more readily present in primary care clinics.

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http://www.ncbi.nlm.nih.gov/pubmed/23729938

Sleep. 2013 Jun 1;36(6):941-6. doi: 10.5665/sleep.2730.

Repetitive Traumatic Brain Injury (or Concussion) Increases Severity of Sleep Disturbance among Deployed Military Personnel.

Bryan CJ.

Source: National Center for Veterans Studies, Salt Lake City, UT.

STUDY OBJECTIVES:
Considerable research indicates that sleep disturbances and insomnia are more common and severe among individuals following a traumatic brain injury (TBI). It remains unclear, however, how the experience of multiple TBIs affect sleep disturbances and insomnia. The current study investigated the incidence and severity of insomnia and sleep complaints among active-duty military personnel who have sustained multiple TBIs.

DESIGN AND SETTING:
Upon intake at a military TBI clinic located in Iraq, 150 male military patients completed standardized self-report measures and clinical interviews.

MEASUREMENTS AND RESULTS:
PATIENTS WERE CATEGORIZED INTO THREE GROUPS ACCORDING TO HISTORY OF TBI: zero TBIs (n = 18), single TBI (n = 54), multiple TBIs (n = 78). Rates of clinical insomnia significantly increased across TBI groups ($P < 0.001$):- 5.6% for no TBIs, 20.4% for single TBI, and 50.0% for multiple TBIs. Insomnia severity significantly increased across TBI groups even when controlling for depression, posttraumatic stress disorder, and concussion symptom severity ($B = 1.134$, standard error = 0.577, $P = 0.049$).

CONCLUSIONS:
Multiple TBIs are associated with increased risk for and severity of sleep disturbance among male military personnel. CITATION: Bryan CJ. Repetitive traumatic brain injury (or concussion) increases severity of sleep disturbance among deployed military personnel. SLEEP 2013;36(6):941-946.

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http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009329.pub2/abstract

Pharmacological interventions for smoking cessation: an overview and network meta-analysis.

Cahill K, Stevens S, Perera R, Lancaster T.

The Cochrane Library

Published Online: 31 MAY 2013

NRT, bupropion, varenicline and cytisine have been shown to improve the chances of quitting. Combination NRT and varenicline are equally effective as quitting aids. Nortriptyline also improves the chances of quitting. On current evidence, none of the treatments appear to have an incidence of adverse events that would mitigate their use.

Further research is warranted into the safety of varenicline and into cytisine's potential as an effective and affordable treatment, but not into the efficacy and safety of NRT.

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http://www.ncbi.nlm.nih.gov/pubmed/23724356

Prim Care Companion CNS Disord. 2013;15(1). pii: PCC.12m01440. doi: 10.4088/PCC.12m01440. Epub 2013 Feb 14.

Effect of sleep skills education on sleep quality in patients attending a psychiatry partial hospitalization program.

Khawaja IS, Dieperink ME, Thuras P, Kunisaki KM, Schumacher MM, Germain A, Amborn B, Hurwitz TD.

Source: Departments of Psychiatry (Drs Khawaja, Dieperink, Thuras, and Hurwitz) and Medicine (Dr Kunisaki), Minneapolis VA Health Care System, University of Minnesota; VA Medical Center, Minneapolis, Minnesota (Dr Shumacher and Ms Amborn); and Pittsburgh Mind-Body Center, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania (Dr Germain).

Objective:
To evaluate the effectiveness of cognitive-behavioral therapy for insomnia (CBT-I)-informed sleep skills education on sleep quality and initial sleep latency in patients attending a psychiatry partial hospitalization program.

Method:
This retrospective chart review was conducted in a psychiatry partial hospitalization program of a teaching Veterans Affairs medical center located in Minneapolis, Minnesota. Patients typically attend the program for 1 month. Data were collected from a continuous improvement project from November 2007 to March 2009. The Pittsburgh Sleep Quality Index (PSQI) was administered to the patients at the time of entry into the program and at their discharge. Patients who completed both PSQI assessments were included in the study.

Results:
A total of 183 patients completed both PSQI assessments. Of those, 106 patients attended CBT-I-informed sleep skills education and 77 did not (all patients completed the psychiatry partial hospitalization program). For all patients, the mean ± SD baseline PSQI score was 12.5 ± 4.8. PSQI scores improved by a mean of 3.14 points (95% CI, 2.5-3.8; $P < .001$) in all patients who completed the psychiatry partial hospitalization program. For all patients, there were significant reductions in sleep latency (17.6 minutes) ($t_{183} = 6.58$, $P < .001$) and significant increases in overall sleep time, from 6.1 to 6.7 hours ($t_{183} = 4.72$, $P < .001$). There was no statistically significant difference in PSQI scores of patients who attended CBT-I-informed sleep skills education and those who did not during their stay in the partial hospitalization program.

Conclusions:
The quality of sleep and initial sleep latency improved in patients who completed the psychiatry partial hospitalization program regardless of whether they attended CBT-I-informed sleep skills education or not. In this study, a structured psychiatry partial hospitalization program improved perceived sleep

quality and initial sleep latency. Additional randomized controlled trials with a higher intensity of CBT-I-informed sleep skills education are needed.

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http://www.ncbi.nlm.nih.gov/pubmed/23721933

J Surg Res. 2013 May 16. pii: S0022-4804(13)00431-9. doi: 10.1016/j.jss.2013.04.058. [Epub ahead of print]

Preinjury alcohol exposure attenuates the neuroinflammatory response to traumatic brain injury.

Goodman MD, Makley AT, Campion EM, Friend LA, Lentsch AB, Pritts TA.

Source: Department of Surgery, Institute for Military Medicine, University of Cincinnati College of Medicine, Cincinnati, Ohio. Electronic address: md-goodman@hotmail.com.

BACKGROUND:
Traumatic brain injury (TBI) initiates a neuroinflammatory response that increases the risk of TBI-related mortality. Acute alcohol intoxication at the time of TBI is associated with improved survival. Ethanol is recognized as a systemic immunomodulator that may also impart neuroprotection. The effects of alcohol on TBI-induced neuroinflammation, however, are unknown. We hypothesized that ethanol treatment prior to TBI may provide neuroprotection by diminishing the neuroinflammatory response to injury.

MATERIALS AND METHODS:
Mice underwent gavage with ethanol (EtOH) or water (H2O) prior to TBI. Animals were subjected to blunt TBI or sham injury (Sham). Posttraumatic rapid righting reflex (RRR) and apnea times were assessed. Cerebral and serum samples were analyzed by ELISA for inflammatory cytokine levels. Serum neuron-specific enolase (NSE), a biomarker of injury severity, was also measured.

RESULTS:
Neurologic recovery from TBI was more rapid in H2O-treated mice compared with EtOH-treated mice. However, EtOH/TBI mice had a 4-fold increase in RRR time compared with EtOH/Sham, whereas H2O/TBI mice had a 15-fold increase in RRR time compared with H2O/Sham. Ethanol intoxication at the time of TBI significantly increased posttraumatic apnea time. Preinjury EtOH treatment was associated with reduced levels of proinflammatory cytokines IL-6, KC, MCP-1, and MIP-1α post TBI. NSE was significantly increased post injury in the H2O/TBI group compared with H2O/Sham but was not significantly reduced by EtOH pretreatment.

CONCLUSIONS:
Alcohol treatment prior to TBI reduces the local neuroinflammatory response to injury. The decreased

neurologic and inflammatory impact of TBI in acutely intoxicated patients may be responsible for improved clinical outcomes.

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http://www.ncbi.nlm.nih.gov/pubmed/23721355

Neuropsychol Rehabil. 2013 May 30. [Epub ahead of print]

Correlates of persistent sleep complaints after traumatic brain injury.

Huang W, Bliwise DL, Johnson TM, Long Q, Kutner N, Stringer AY.

Source: Physical Medicine and Rehabilitation , Atlanta VA Medical Center , Decatur , GA , USA.

The objective of the study was to examine factors associated with persistent sleep complaint (SC) after traumatic brain injury. The study design consisted of a retrospective chart review case series, with longitudinal follow-up data. Subjects were identified from Georgia Model Brain Injury System with sleep data post-injury. Twenty three (47.9%) had no sleep complaint at either 6 or 12 months post-injury or resolved sleep complaint at 12 months (Without Persistent SC group); 25 (52.1%) maintained a sleep complaint from 6 to 12 months or reported a sleep complaint at 12 months post-injury (With Persistent SC group). Demographic, premorbid and peri-injury characteristics and The Neurobehavioral Functioning Inventory (NFI) scores did not differentiate the two groups. The Without Persistent SC group had a slight improvement from 6 to 12 months post-injury in post-traumatic stress (PTS) symptoms and depression. Significant psychological patterns were identified in those with persistent SC at both 6 and 12 months post-injury, i.e., worse depression and worse PTS symptoms. This trend was apparent at 6 months and became significant at 12 months post-injury. However, subjects with newly emerging sleep complaints at 12 months had similar characteristics as the Without Persistent SC group. The observed psychological patterns associated with persistent sleep complaint in a specific time course after brain injury have important research and clinical implications that merit further study.

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http://www.ncbi.nlm.nih.gov/pubmed/23721236

Headache. 2013 Jun;53(6):881-900. doi: 10.1111/head.12123.

Post-traumatic headaches in civilians and military personnel: a comparative, clinical review.

Theeler B, Lucas S, Riechers RG 2nd, Ruff RL.

Source: Department of Neurology, Walter Reed National Military Medical Center, Bethesda, MD, USA.

Post-traumatic headache (PTH) is the most frequent symptom after traumatic brain injury (TBI). We review the epidemiology and characterization of PTH in military and civilian settings. PTH appears to be

more likely to develop following mild TBI (concussion) compared with moderate or severe TBI. PTH often clinically resembles primary headache disorders, usually migraine. For migraine-like PTH, individuals who had the most severe headache pain had the highest headache frequencies. Based on studies to date in both civilian and military settings, we recommend changes to the current definition of PTH. Anxiety disorders such as post-traumatic stress disorder (PTSD) are frequently associated with TBI, especially in military populations and in combat settings. PTSD can complicate treatment of PTH as a comorbid condition of post-concussion syndrome. PTH should not be treated as an isolated condition. Comorbid conditions such as PTSD and sleep disturbances also need to be treated. Double-blind placebo-controlled trials in PTH population are necessary to see whether similar phenotypes in the primary headache disorders and PTH will respond similarly to treatment. Until blinded treatment trials are completed, we suggest that, when possible, PTH be treated as one would treat the primary headache disorder(s) that the PTH most closely resembles.

© 2013 American Headache Society.

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http://www.ncbi.nlm.nih.gov/pubmed/23723703

Neuropsychiatr Dis Treat. 2013;9:517-27. doi: 10.2147/NDT.S42422. Epub 2013 Apr 15.

Predicting PTSD using the New York Risk Score with genotype data: potential clinical and research opportunities.

Boscarino JA, Kirchner HL, Hoffman SN, Erlich PM.

Source: Center for Health Research, Geisinger Clinic, Danville, PA, USA ; Department of Psychiatry, Temple University School of Medicine, Philadelphia, PA, USA.

BACKGROUND:
We previously developed a post-traumatic stress disorder (PTSD) screening instrument, ie, the New York PTSD Risk Score (NYPRS), that was effective in predicting PTSD. In the present study, we assessed a version of this risk score that also included genetic information.

METHODS:
Utilizing diagnostic testing methods, we hierarchically examined different prediction variables identified in previous NYPRS research, including genetic risk-allele information, to assess lifetime and current PTSD status among a population of trauma-exposed adults.

RESULTS:
We found that, in predicting lifetime PTSD, the area under the receiver operating characteristic curve (AUC) for the Primary Care PTSD Screen alone was 0.865. When we added psychosocial predictors from the original NYPRS to the model, including depression, sleep disturbance, and a measure of health care access, the AUC increased to 0.902, which was a significant improvement ($P = 0.0021$). When genetic information was added in the form of a count of PTSD risk alleles located within FKBP5, COMT, CHRNA5,

and CRHR1 genetic loci (coded 0-6), the AUC increased to 0.920, which was also a significant improvement (P = 0.0178). The results for current PTSD were similar. In the final model for current PTSD with the psychosocial risk factors included, genotype resulted in a prediction weight of 17 for each risk allele present, indicating that a person with six risk alleles or more would receive a PTSD risk score of 17 × 6 = 102, the highest risk score for any of the predictors studied.

CONCLUSION:
Genetic information added to the NYPRS helped improve the accuracy of prediction results for a screening instrument that already had high AUC test results. This improvement was achieved by increasing PTSD prediction specificity. Further research validation is advised.

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http://www.ncbi.nlm.nih.gov/pubmed/22862821

BMC Emerg Med. 2012 Aug 3;12:10. doi: 10.1186/1471-227X-12-10.

The critical incident inventory: characteristics of incidents which affect emergency medical technicians and paramedics.

Halpern J, Maunder RG, Schwartz B, Gurevich M.

Source: Department of Psychiatry, Mt, Sinai Hospital and University of Toronto, 244 Dupont Street, Toronto, ON M5R 1V7, Canada. Janice.halpern@utoronto.ca

BACKGROUND:
Emergency medical technicians (EMTs) and paramedics experience critical incidents which evoke distress and impaired functioning but it is unknown which aspects of incidents contribute to their impact. We sought to determine these specific characteristics by developing an inventory of critical incident characteristics and testing their relationship to protracted recovery from acute stress, and subsequent emotional symptoms.

METHODS:
EMT/paramedics (n = 223) completed a retrospective survey of reactions to an index critical incident, and current depressive, posttraumatic and burnout symptoms. Thirty-six potential event characteristics were evaluated; 22 were associated with peritraumatic distress and were retained. We assigned inventory items to one of three domains: situational, systemic or personal characteristics. We tested the relationships between (a) endorsing any domain item and (b) outcomes of the critical incident (peritraumatic dissociation, recovery from components of the Acute Stress Reaction and depressive, posttraumatic, and burnout symptoms). Analyses were repeated for the number of items endorsed.

RESULTS:
Personal and situational characteristics were most frequently endorsed. The personal domain had the strongest associations, particularly with peritraumatic dissociation, prolonged distressing feelings, and current posttraumatic symptoms. The situational domain was associated with peritraumatic

dissociation, prolonged social withdrawal, and current posttraumatic symptoms. The systemic domain was associated with peritraumatic dissociation and prolonged irritability. Endorsing multiple characteristics was related to peritraumatic, acute stress, and current posttraumatic symptoms. Relationships with outcome variables were as strong for a 14-item inventory (situational and personal characteristics only) as the 22-item inventory.

CONCLUSIONS:
Emotional sequelae are associated most strongly with EMT/paramedics' personal experience, and least with systemic characteristics. A14-item inventory identifies critical incident characteristics associated with emotional sequelae. This may be helpful in tailoring recovery support to individual provider needs.

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http://www.ncbi.nlm.nih.gov/pubmed/23238023

Clin Psychol Rev. 2013 Feb;33(1):182-95. doi: 10.1016/j.cpr.2012.11.001. Epub 2012 Nov 23.

Impact of support on the effectiveness of written cognitive behavioural self-help: a systematic review and meta-analysis of randomised controlled trials.

Farrand P, Woodford J.

Source: Mood Disorders Centre, Psychology, College of Life and Environmental Sciences, University of Exeter, UK. p.a.farrand@exeter.ac.uk

Cognitive behavioural therapy self-help is an effective intervention for a range of common mental health difficulties. However the extent to which effectiveness may vary by type of support--guided, minimal contact, self-administered--has not been extensively considered. This review identifies the impact of support on the effectiveness of written cognitive behavioural self-help and further explores the extent to which effectiveness varies across mental health condition by type of support provided. Randomised controlled trials were identified by searching relevant bibliographic databases, clinical trials registers, conference proceedings and expert contact. 38 studies were included in the meta-analysis yielding a statistically significant overall mean effect size (Hedges' g=-0.49). Overall effect size did not significantly differ by type of support (Q=0.85, df=2, p=0.65) (guided: Hedges' g=-0.53; minimal contact: Hedges' g=-0.55; self-administered: Hedges' g=-0.42). For guided and self-administered types of support, planned comparisons revealed a trend for effect size to vary by mental health condition and for guided CBT self-help the modality of support was significant (Q=6.32, df=2, p=0.04), with the largest effect size associated with telephone delivery (Hedges' g=-0.91). Additional moderator analysis was undertaken for depression given the number of available studies. Regardless of higher baseline levels of severity the effect size for minimal contact was greater than for guided support. Greater consideration should be given to the potential that type of support may be related to the effectiveness of written cognitive behavioural self-help and that this may vary across mental health condition. Findings from this systematic review make several recommendations to inform future research.

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http://www.ncbi.nlm.nih.gov/pubmed/23720383

Rehabil Nurs. 2013 May 29. doi: 10.1002/rnj.102. [Epub ahead of print]

Transitioning Home: Comprehensive Case Management for America's Heroes.

Perla LY, Jackson PD, Hopkins SL, Daggett MC, Van Horn LJ.

Source: Department of Veterans Affairs, Veterans Affairs Central Office, Washington, DC, USA.

PURPOSE:
The conflicts in Afghanistan and Iraq, also known as Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn, have created unique challenges for rehabilitation teams, including nurse and social work case managers. Active duty service members, National Guard and Reservists have deployed in large numbers and as many as 20% have been exposed to blast injury, which can result in polytrauma and traumatic brain injury, the "signature injury" of the war, as well as psychological trauma, and painful musculoskeletal injuries. In addition, there are also documented emotional injuries associated with the constant stress of war and the frequency of exposure to the graphic scenes of war.

FINDINGS/CONCLUSIONS:
The Departments of Defense and Veterans Affairs work closely to provide comprehensive care coordination and case management for service members and veterans who have honorably served our country. This article describes the case management collaborative between Veterans Affairs and the Department of Defense that ensures service members and veterans receive their entitled healthcare services.

CLINICAL RELEVANCE:
The complex care needs of these returning service members require astute case management in addition to clinical care. This collaboration ensures the best life-long outcomes and will be discussed in detail in this article.

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http://www.ncbi.nlm.nih.gov/pubmed/23720785

J Clin Endocrinol Metab. 2013 May 29. [Epub ahead of print]

PTSD Symptom Reduction With Mindfulness-Based Stretching and Deep Breathing Exercise: Randomized Controlled Clinical Trial of Efficacy.

Kim SH, Schneider SM, Bevans M, Kravitz L, Mermier C, Qualls C, Burge MR.

Source: National Institutes Of Health, Clinical Center (S.H.K., M.B.), Bethesda, Maryland 20892; Department of Health, Exercise, and Sports Sciences (S.M.S., L.K., C.M.), Clinical and Translational

Science Center (C.Q., M.R.B.), and Department of Internal Medicine, Endocrinology, and Metabolism (M.R.B.), University of New Mexico, Albuquerque, New Mexico 87131.

Context:
Abnormal cortisol levels are a key pathophysiological indicator of post-traumatic stress disorder (PTSD). Endogenous normalization of cortisol concentration through exercise may be associated with PTSD symptom reduction.

Objective:
The aim of the study was to determine whether mindfulness-based stretching and deep breathing exercise (MBX) normalizes cortisol levels and reduces PTSD symptom severity among individuals with subclinical features of PTSD.

Design and Setting:
A randomized controlled trial was conducted at the University of New Mexico Health Sciences Center.Participants:Twenty-nine nurses (28 female) aged 45-66 years participated in the study.

Intervention:
Sixty-minute MBX sessions were conducted semiweekly for 8 weeks.

Main Outcome Measures:
Serum cortisol was measured, and the PTSD Checklist-Civilian version (PCL-C) was performed at baseline and weeks 4, 8, and 16.

Results:
Twenty-nine participants completed the study procedures, 22 (79%) with PTSD symptoms (MBX, n = 11; control, n = 11), and 7 (21%) without PTSD (BASE group). Eight-week outcomes for the MBX group were superior to those for the control group (mean difference for PCL-C scores, -13.6; 95% confidence interval [CI], -25.6, -1.6; P = .01; mean difference for serum cortisol, 5.8; 95% CI, 0.83, 10.8; P = .01). No significant differences were identified between groups in any other items. The changes in the MBX group were maintained at the 16-week follow-up (P = .85 for PCL-C; P = .21 for cortisol). Our data show that improved PTSD scores were associated with normalization of cortisol levels (P < .05).

Conclusions:
The results suggest that MBX appears to reduce the prevalence of PTSD-like symptoms in individuals exhibiting subclinical features of PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23718805

Curationis. 2013 May 24;36(1):E1-7. doi: 10.4102/curationis.v36i1.122.

The role of social support in the relationship between mental health and posttraumatic stress disorder amongst orthopaedic patients.

Maselesele VM, Idemudia ES.

Source: Department of Psychology, North West University, Mafikeng. vmaselesele@gmail.com.

Background:
Some life-event experiences such as injuries in car accidents, gun shots and the like, can be life changing and traumatic. Objectives: The article investigated the relationship between mental health and posttraumatic stress disorder (PTSD) symptoms after orthopaedic trauma, and attempted to understand whether social support moderates the relationship between mental health and PTSD.

Method:
A cross-sectional research model was used. Two hundred participants were selected using simple randomisation within a hospital complex in Gauteng, South Africa. The sample consisted of 110 men and 90 women ($\bar{x}$ = 37.8 years, s.d. = 12.9 years). Data were collected using the Revised Civilian Mississippi Scale for PTSD, the Multidimensional Scale of Perceived Social Support (MSPSS), and the General Health Questionnaire version 28.

Results:
The findings of the study indicated that there is a statistically significant relationship between mental health and PTSD after orthopaedic trauma, and a positive correlation between poor mental health and PTSD (r = 0.52, n = 200, p < 0.05). However, perceived social support did not moderate mental health or PTSD, indicating that perceived social support did not significantly influence mental health or PTSD, (MSPSS B = 0.07, p = 0.66). Those with high scores on social support had a lower regression coefficient (B = 0.19) for mental health and PTSD than those who reported low social support (B = 0.26).Conclusion: There is a significant relationship between mental health and PTSD of orthopaedic patients, and social support did not moderate the relationship between mental health and PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23715969

Soc Psychiatry Psychiatr Epidemiol. 2013 May 29. [Epub ahead of print]

The role of stress sensitization in progression of posttraumatic distress following deployment.

Smid GE, Kleber RJ, Rademaker AR, van Zuiden M, Vermetten E.

Source: Foundation Centrum'45/Arq, Nienoord 5, 1112 XE, Diemen, The Netherlands, g.smid@centrum45.nl.

PURPOSE:
Military personnel exposed to combat are at risk for experiencing post-traumatic distress that can progress over time following deployment. We hypothesized that progression of post-traumatic distress may be related to enhanced susceptibility to post-deployment stressors. This study aimed at examining

the concept of stress sensitization prospectively in a sample of Dutch military personnel deployed in support of the conflicts in Afghanistan.

METHOD:
In a cohort of soldiers (N = 814), symptoms of post-traumatic stress disorder (PTSD) were assessed before deployment as well as 2, 7, 14, and 26 months (N = 433; 53 %) after their return. Data were analyzed using latent growth modeling. Using multiple group analysis, we examined whether high combat stress exposure during deployment moderated the relation between post-deployment stressors and linear change in post-traumatic distress after deployment.

RESULTS:
A higher baseline level of post-traumatic distress was associated with more early life stressors (standardized regression coefficient = 0.30, $p < 0.001$). In addition, a stronger increase in posttraumatic distress during deployment was associated with more deployment stressors (standardized coefficient = 0.21, $p < 0.001$). A steeper linear increase in posttraumatic distress post-deployment (from 2 to 26 months) was predicted by more post-deployment stressors (standardized coefficient = 0.29, $p < 0.001$) in high combat stress exposed soldiers, but not in a less combat stress exposed group. The group difference in the predictive effect of post-deployment stressors on progression of post-traumatic distress was significant ($\chi^2(1) = 7.85$, $p = 0.005$).

CONCLUSIONS:
Progression of post-traumatic distress following combat exposure may be related to sensitization to the effects of post-deployment stressors during the first year following return from deployment.

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http://www.ncbi.nlm.nih.gov/pubmed/23714206

Behav Cogn Psychother. 2013 May 29:1-12. [Epub ahead of print]

PTSD in Paramedics: Resilience and Sense of Coherence.

Streb M, Häller P, Michael T.

Source: Saarland University, Saarbrücken, Germany.

Background:
Paramedics are frequently subjected to traumatic experiences and have higher PTSD prevalence rates than people in the general population. However, the vast majority of paramedics do not develop PTSD. While several risk factors for PTSD have been established, little is known about protective factors. It has been suggested that a good sense of coherence (SOC) and high resilience lower the risk for developing PTSD.

Aims:
To examine whether SOC and resilience are associated with PTSD severity in paramedics. Method: A

cross-sectional study investigated SOC, resilience and PTSD in paramedics (N = 668). PTSD was assessed with the Posttraumatic Stress Diagnostic Scale (PDS); resilience and SOC were measured with the Resilience Scale (RS-11) and the Sense of Coherence Scale (SOC-L9). Further measures included preparation of dealing with traumatic events and availability of psychological help.

Results:
As expected, both resilience and SOC were negatively correlated with PTSD symptoms. The regression analysis showed that 19.2% of the total variance in symptom severity was explained by these variables. However, SOC was a better predictor than resilience for PTSD severity, as it accounted for more unique variance. Paramedics who were prepared for dealing with work-related traumatic events and who received psychological help had less severe PTSD symptoms and higher SOC scores than paramedics for whom these services were not available.

Conclusions:
Enhancing resilience, and especially SOC, seems a promising approach to reduce PTSD symptom severity in high risk groups like paramedics.

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http://www.ncbi.nlm.nih.gov/pubmed/23726975

Drug Alcohol Depend. 2013 May 30. pii: S0376-8716(13)00172-5. doi: 10.1016/j.drugalcdep.2013.04.030. [Epub ahead of print]

Drug use disorders and post-traumatic stress disorder over 25 adult years: Role of psychopathology in relational networks.

Balan S, Widner G, Shroff M, van den Berk-Clark C, Scherrer J, Price RK.

Source: Department of Psychiatry, Washington University School of Medicine, Medical Box 8134, St. Louis, MO 63110, United States.

BACKGROUND:
In traumatized populations, drug use disorders and post-traumatic stress disorder (PTSD) persist for many years. Relational factors that mediate this persistence have rarely been systematically examined. Our aim is to examine the relative effects of psychopathology in familial and non-familial networks on the persistence of both disorders over adulthood.

METHODS:
We utilized longitudinal data from an epidemiologically ascertained sample of male Vietnam veterans (n=642). Measures included DSM-IV drug use disorders, other psychiatric disorders, network problem history and time-varying marital and employment characteristics. Longitudinal measures of veterans' psychopathology and social functioning were retrospectively obtained for each year over a 25 year period. We used generalized estimating equations (GEE) to estimate the relative effects of network problems on veteran's drug use disorders and PTSD after adjusting for covariates.

RESULTS:
Veterans' mean age was 47 years in 1996. Prevalence of illicit drug disorders declined from 29.8% in 1972 to 8.3% in 1996, but PTSD remained at 11.7% from 13.2% in 1972. While 17.0% of veterans reported a familial drug use problem, 24.9% reported a non-familial drug use problem. In full GEE models, a non-familial drug problem was a significant predictor of illicit drug use disorders over 25 years (OR=2.21, CI=1.59-3.09), while both familial depression (OR=1.69, CI=1.07-2.68) and non-familial drinking problem (OR=1.66, CI=1.08-2.54) were significant predictors of PTSD over 25 years.

CONCLUSIONS:
Familial and non-familial problems in networks differentially affect the persistence of drug use disorders and PTSD in traumatized male adults.

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http://www.ncbi.nlm.nih.gov/pubmed/23728906

Am J Med Genet B Neuropsychiatr Genet. 2013 May 31. doi: 10.1002/ajmg.b.32168. [Epub ahead of print]

A genome-wide association study of sleep habits and insomnia.

Byrne EM, Gehrman PR, Medland SE, Nyholt DR, Heath AC, Madden PA, Hickie IB, Van Duijn CM, Henders AK, Montgomery GW, Martin NG, Wray NR; The Chronogen Consortium.

Source: Queensland Institute of Medical Research, Brisbane, Queensland, Australia; The University of Queensland, Queensland Brain Institute, St. Lucia, Queensland, Australia.

Several aspects of sleep behavior such as timing, duration and quality have been demonstrated to be heritable. To identify common variants that influence sleep traits in the population, we conducted a genome-wide association study of six sleep phenotypes assessed by questionnaire in a sample of 2,323 individuals from the Australian Twin Registry. Genotyping was performed on the Illumina 317, 370, and 610K arrays and the SNPs in common between platforms were used to impute non-genotyped SNPs. We tested for association with more than 2,000,000 common polymorphisms across the genome. While no SNPs reached the genome-wide significance threshold, we identified a number of associations in plausible candidate genes. Most notably, a group of SNPs in the third intron of the CACNA1C gene ranked as most significant in the analysis of sleep latency (P = 1.3 × 10-6). We attempted to replicate this association in an independent sample from the Chronogen Consortium (n = 2,034), but found no evidence of association (P = 0.73). We have identified several other suggestive associations that await replication in an independent sample. We did not replicate the results from previous genome-wide analyses of self-reported sleep phenotypes after correction for multiple testing. © 2013 Wiley Periodicals, Inc.

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http://www.ncbi.nlm.nih.gov/pubmed/23726511

Biol Psychiatry. 2013 May 28. pii: S0006-3223(13)00360-0. doi: 10.1016/j.biopsych.2013.04.013. [Epub ahead of print]

Genome-wide Association Study Identifies New Susceptibility Loci for Posttraumatic Stress Disorder.

Xie P, Kranzler HR, Yang C, Zhao H, Farrer LA, Gelernter J.

Source: Departments of Genetics, Yale University School of Medicine, New Haven; Veterans Affairs Connecticut Healthcare Center, West Haven, Connecticut.

BACKGROUND:
Genetic factors influence the risk for posttraumatic stress disorder (PTSD), a potentially chronic and disabling psychiatric disorder that can arise after exposure to trauma. Candidate gene association studies have identified few genetic variants that contribute to PTSD risk.

METHODS:
We conducted genome-wide association analyses in 1578 European Americans (EAs), including 300 PTSD cases, and 2766 African Americans, including 444 PTSD cases, to find novel common risk alleles for PTSD. We used the Illumina Omni1-Quad microarray, which yielded approximately 870,000 single nucleotide polymorphisms (SNPs) suitable for analysis.

RESULTS:
In EAs, we observed that one SNP on chromosome 7p12, rs406001, exceeded genome-wide significance ($p = 3.97 \times 10^{-8}$). A SNP that maps to the first intron of the Tolloid-Like 1 gene (TLL1) showed the second strongest evidence of association, although no SNPs at this locus reached genome-wide significance. We then tested six SNPs in an independent sample of nearly 2000 EAs and successfully replicated the association findings for two SNPs in the first intron of TLL1, rs6812849 and rs7691872, with p values of 6.3×10^{-6} and 2.3×10^{-4}, respectively. In the combined sample, rs6812849 had a p value of 3.1×10^{-9}. No significant signals were observed in the African American part of the sample. Genome-wide association study analyses restricted to trauma-exposed individuals yielded very similar results.

CONCLUSIONS:
This study identified TLL1 as a new susceptibility gene for PTSD.

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http://www.ncbi.nlm.nih.gov/pubmed/23726870

Psychiatry Res. 2013 May 30. pii: S0165-1781(13)00238-2. doi: 10.1016/j.psychres.2013.04.028. [Epub ahead of print]

Can sleep disturbance in depression predict repetitive transcranial magnetic stimulation (rTMS) treatment response?

Lowe A, Rajaratnam S, Hoy K, Taffe J, Fitzgerald PB.

Source: Homerton University Hospital NHS Foundation Trust, Homerton Row, London E9 6SR, United Kingdom.

Treatment for depression is not effective in all patients and it is therefore important to identify factors that can be used to tailor treatments. One potential factor is insomnia. Several repetitive transcranial magnetic stimulation (rTMS) studies have reported on this symptom, however, they did not take into account the presence of hypersomnia or that insomnia was related to their outcome measure. Our aim was to investigate whether baseline sleep disruption was related to rTMS treatment response. We pooled data from four clinical trials using rTMS to treat depression, including 139 subjects in data analysis. Insomnia was measured using the Hamilton Depression Rating Scale (HamD) sleep questions and hypersomnia from the Beck Depression Inventory (BDI). To reduce the possible impact of insomnia on our treatment response outcome we created an adjusted HamD score which omitted sleep items. Sleep disturbances were common in our study: 66% had insomnia and 38% hypersomnia. Using regression analysis with our adjusted HamD score we found no relation between baseline insomnia or hypersomnia and rTMS treatment response. Our data are consistent with previous studies; however, this is the first rTMS study to our knowledge that has attempted to dissociate baseline insomnia from the HamD outcome measure and to report no relationship between hypersomnia and rTMS outcome.

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http://www.sciencedirect.com/science/article/pii/S0376871613001725

Drug use disorders and post-traumatic stress disorder over 25 adult years: Role of psychopathology in relational networks.

Sundari Balan, Greg Widner, Manan Shroff, Carissa van den Berk-Clark, Jeffrey Scherrer, Rumi Kato Price

Drug and Alcohol Dependence, Available online 30 May 2013

Background
In traumatized populations, drug use disorders and post-traumatic stress disorder (PTSD) persist for many years. Relational factors that mediate this persistence have rarely been systematically examined. Our aim is to examine the relative effects of psychopathology in familial and non-familial networks on the persistence of both disorders over adulthood.

Methods
We utilized longitudinal data from an epidemiologically ascertained sample of male Vietnam veterans (n = 642). Measures included DSM-IV drug use disorders, other psychiatric disorders, network problem history and time-varying marital and employment characteristics. Longitudinal measures of veterans' psychopathology and social functioning were retrospectively obtained for each year over a 25 year period. We used generalized estimating equations (GEE) to estimate the relative effects of network problems on veteran's drug use disorders and PTSD after adjusting for covariates.

Results
Veterans' mean age was 47 years in 1996. Prevalence of illicit drug disorders declined from 29.8% in 1972 to 8.3% in 1996, but PTSD remained at 11.7% from 13.2% in 1972. While 17.0% of veterans reported a familial drug use problem, 24.9% reported a non-familial drug use problem. In full GEE models, a non-familial drug problem was a significant predictor of illicit drug use disorders over 25 years (OR = 2.21, CI = 1.59–3.09), while both familial depression (OR = 1.69, CI = 1.07–2.68) and non-familial drinking problem (OR = 1.66, CI = 1.08–2.54) were significant predictors of PTSD over 25 years.

Conclusions
Familial and non-familial problems in networks differentially affect the persistence of drug use disorders and PTSD in traumatized male adults.

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http://mds.marshall.edu/etd/485/

Training Law Enforcement in Mental Health: A Broad-Based Model.

Hatfield, Rachael Elaine

Theses, Dissertations and Capstones. Paper 485.

Marshall University, 2014

Police officers respond to many calls involving people suffering from a mental illness; yet many law enforcement training programs and workshops do not include mental health training. A literature review was conducted to explore the problems resulting from the lack of mental health training available for law enforcement officers and identify specialized training programs currently being implemented to address those problems. The review identified several program models being implemented throughout the United States including: Joint Police/Mental Health Team Model, Mobile Crisis Unit Model, Crisis Intervention Team Model, and the Broad-Based Training Model. These models include empirically supported components used to increase learning and decrease stigma and result in significantly reduced arrest rates of the mentally ill and increase the safety of interactions between law enforcement and the mental health community. A broad-based training seminar was presented to volunteers from local policing agencies. A pre- and post-test analysis revealed significant positive changes in attitude, behavior, and improved knowledge of mental health issues as a result of the

training. The limitations of the current research and the future implications in regard to the safety of law enforcement and the safety of those affected by mental illness are discussed.

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http://www.omicsgroup.org/journals/2167-0277/2167-0277-2-110.pdf

A Brief and Selective Review of Treatment Approaches for Sleep Disturbance following Traumatic Brain Injury.

Mareen Weber, Christian A Webb and William DS Killgore

Sleep Disorders & Therapy

2013, 2:2

Sleep disturbance often presents as a clinically significant symptom of Traumatic Brain Injury (TBI). Poor sleep may delay recovery, exacerbate psychiatric comorbidities, and even increase suicidal risk among TBI patients. Thus, effective and efficient treatment of sleep disturbance in this population is critical. This review provides a brief, selective, and focused synopsis of several of the more common and empirically tested pharmacological and behavioral approaches and their efficacy in the treatment of sleep disturbance following TBI. Depending on the nature of the injury and the specific sleep-related problems, there may be appropriate uses for pharmacologic interventions such as hypnotic or wake-promoting agents, cognitive-behavioral therapy, sleep hygiene, circadian rhythm modification, or even alternative medicine approaches. Overall, the literature on this important topic is sparse, and existing studies are hampered by relatively small sample sizes, under representation of youth and females, inconsistencies across reports in both time since injury and injury severity. Existing methodological limitations do not currently allow for definitive conclusions regarding the effectiveness of particular treatment approaches. Future research will not only need to address these limitations, but also develop treatment options for children and adolescents, who are currently underrepresented in the literature.

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http://iospress.metapress.com/content/85t2k7h2717877n4/

Factors contributing to outcome following traumatic brain injury.

Jennie Ponsford

NeuroRehabilitation

DOI:10.3233/NRE-130904

BACKGROUND:
Traumatic brain injury results in some distinctive patterns of cognitive, behavioural and physical impairment which impact significantly on independent living skills and participation in work or study, social and leisure activities and interpersonal relationships. There is, however, still considerable

variability in outcome across individuals in each of the reported domains. This has led to a significant body of research examining factors associated with outcome. A range of injury-related, personal and social factors have been shown to influence survival, as well as cognitive, functional and employment outcome.

METHODS:
This paper reviews the factors associated with each of these aspects of outcome specifically injury-related factors, including neuroimaging findings, GCS and PTA, other injuries, and cognitive and behavioural impairments; demographic factors, including age, gender, genetic status, education, pre-injury IQ and employment status; and social factors including family and other social support, cultural factors, pre-injury psychiatric history and coping style.

CONCLUSION:
The paper identifies contributions and complex interrelationships of all of these factors to oucome following TBI. It concludes with a brief discussion of the implications of these factors for the rehabilitation process.

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http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8929139

An Initial Evaluation of the Clinical and Fitness for Work Outcomes of a Military Group Behavioural Activation Programme.

Matthew Wesson, Dean Whybrow, Matthew Gould and Neil Greenberg

Background:
Behavioural Activation (BA) is an evidence-based psychological treatment for depression based on behavioural theory. However, in common with other talking therapies, there is limited evidence about occupational factors related to treatment. This is an important gap in the research given the emphasis placed on employment considerations in recent service initiatives.

Aim:
A service evaluation to investigate the clinical and fitness to work outcomes of a group BA programme for serving military personnel.

Method:
46 patients experiencing moderate to severe depression attended a 12-session Military Behavioural Activation and Rehabilitation Course (MBARC). The primary outcomes were the Patient Health Questionnaire-9 (PHQ-9), a self-report measure of depression and the patient's medical employability category.

Results:
Clinical and statistically significant changes were found on the PHQ-9 between pre-course and 3-month

follow-up. Pretreatment 3 patients (6.5%) were psychologically fit to deploy on full operational duties in their primary role; this increased to 25 (56.8%) and 29 (65.9%) at 3 and 6-months respectively.

Conclusion:
Preliminary findings suggest that MBARC is a clinically and occupationally effective treatment for depression in military personnel. Further research is required to identify if BA delivered in a group setting would be effective in non-military settings and whether treatment benefits are maintained in the longer term.

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http://www.sciencedirect.com/science/article/pii/S0740547213000767

Nikki R. Wooten, Ph.D., L.I.S.W.-C.P., Beth A. Mohr, M.S., Lena M. Lundgren, Ph.D., Rachel Sayko Adams, Ph.D., M.P.H., Elizabeth L. Merrick, Ph.D., M.S.W., Thomas V. Williams, Ph.D., Mary Jo Larson, Ph.D., M.P.A.

Gender differences in substance use treatment utilization in the year prior to deployment in Army service members.

Journal of Substance Abuse Treatment, Available online 31 May 2013

Although military men have heavier drinking patterns, military women experience equal or higher rates of dependence symptoms and similar rates of alcohol-related problems as men at lower levels of consumption. Thus, gender may be important for understanding substance use treatment (SUT) utilization before deployment. Military health system data were analyzed to examine gender differences in both substance use diagnosis (SUDX) and SUT in 152,447 Army service members returning from deployments in FY2010. Propensity score analysis of probability of SUDX indicated that women had lower odds (AOR: 0.91, 95% CI: 0.86-0.96) of military lifetime SUDX. After adjusting for lifetime SUDX using propensity score analysis, multivariate regression found women had substantially lower odds (AOR: 0.61; 95% CI: 0.54-0.70) of using SUT the year prior to deployment. Findings suggest gender disparities in military-provided SUT and a need to consider whether military substance use assessment protocols are sensitive to gender differences.

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http://www.ncbi.nlm.nih.gov/pubmed/23734072

Cogn Behav Pract. 2013 May 1;20(2):232-244.

Training Addiction Counselors to Implement an Evidence-Based Intervention: Strategies for Increasing Organizational and Provider Acceptance.

Woo SM, Hepner KA, Gilbert EA, Osilla KC, Hunter SB, Muñoz RF, Watkins KE.

Source: Pepperdine University, Malibu, California.

One barrier to widespread public access to empirically supported treatments (ESTs) is the limited availability and high cost of professionals trained to deliver them. Our earlier work from two clinical trials demonstrated that front-line addiction counselors could be trained to deliver a manualized, group-based cognitive behavioral therapy (GCBT) for depression, a prototypic example of an EST, with a high level of adherence and competence. This follow-up article provides specific recommendations for the selection and initial training of counselors, and for the structure and process of their ongoing clinical supervision. Unique challenges in working with counselors unaccustomed to traditional clinical supervision are highlighted. The recommendations are based on comprehensive feedback derived from clinician notes taken throughout the clinical trials, a focus group with counselors conducted one year following implementation, and interviews with key organization executives and administrators.

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http://www.ncbi.nlm.nih.gov/pubmed/23732968

Am J Psychiatry. 2013 Jun 1;170(6):624-32. doi: 10.1176/appi.ajp.2013.12060734.

Maintenance cognitive-behavioral therapy and manualized psychoeducation in the treatment of recurrent depression: a multicenter prospective randomized controlled trial.

Stangier U, Hilling C, Heidenreich T, Risch AK, Barocka A, Schlösser R, Kronfeld K, Ruckes C, Berger H, Röschke J, Weck F, Volk S, Hambrecht M, Serfling R, Erkwoh R, Stirn A, Sobanski T, Hautzinger M.

OBJECTIVE
This multicenter study compared the relapse and recurrence outcomes of two active treatments, maintenance cognitive-behavioral therapy (CBT) and manualized psychoeducation, both in addition to treatment as usual, in patients in remission from depression.

METHOD
This was a multicenter prospective randomized observer-blinded study with two parallel groups. The authors assessed 180 patients with three or more previous major depressive episodes who met remission criteria over a 2-month baseline period and who were randomly assigned to 16 sessions of either maintenance CBT or manualized psychoeducation over 8 months and then followed up for 12 months. The main outcome measure was time to first relapse or recurrence of a major depression, based on DSM-IV criteria, as assessed by blinded observers with the Longitudinal Interval Follow-Up Evaluation.

RESULTS
Cox regression analysis showed that time to relapse or recurrence of major depression did not differ significantly between treatment conditions, but a significant interaction was observed between treatment condition and number of previous episodes (<5 or ≥5). Within the subsample of patients with five or more previous episodes, maintenance CBT was significantly superior to manualized psychoeducation, whereas for patients with fewer than five previous episodes, no significant treatment differences were observed in time to relapse or recurrence.

CONCLUSIONS
The results indicate that maintenance CBT has significant effects on the prevention of relapse or recurrence only in patients with a high risk of depression recurrence. For patients with a moderate risk of recurrence, nonspecific effects and structured patient education may be equally effective.

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http://www.ncbi.nlm.nih.gov/pubmed/23732229

Neuroscience. 2013 May 31. pii: S0306-4522(13)00483-1. doi: 10.1016/j.neuroscience.2013.05.050. [Epub ahead of print]

Acute and Chronic Effects of SSRI Treatment on Fear Conditioning: Implications for Underlying Fear Circuits.

Burghardt NS, Bauer EP.

Source: Columbia University, Departments of Neuroscience and Psychiatry, 1051 Riverside Drive, Unit 87, New York, NY 10032; The New York State Psychiatric Institute, Division of Integrative Neuroscience, New York, NY 10032. Electronic address: nsb2113@columbia.edu.

Selective serotonin reuptake inhibitors (SSRIs) are widely used for the treatment of a spectrum of anxiety disorders, yet paradoxically they may increase symptoms of anxiety when treatment is first initiated. Despite extensive research over the past thirty years focused on SSRI treatment, the precise mechanisms by which SSRIs exert these opposing acute and chronic effects on anxiety remain unknown. By testing the behavioral effects of SSRI treatment on Pavlovian fear conditioning, a well characterized model of emotional learning, we have the opportunity to identify how SSRIs affect the functioning of specific brain regions, including the amygdala, bed nucleus of the stria terminalis (BNST) and hippocampus. In this review, we first define different stages of learning involved in cued and context fear conditioning and describe the neural circuits underlying these processes. We examine the results of numerous rodent studies investigating how acute SSRI treatment modulates fear learning and relate these effects to the known functions of serotonin in specific brain regions. With these findings, we propose a model by which acute SSRI administration, by altering neural activity in the extended amygdala and hippocampus, enhances both acquisition and expression of cued fear conditioning, but impairs expression of contextual fear conditioning. Finally, we review the literature examining the effects of chronic SSRI treatment on fear conditioning in rodents and describe how downregulation of NMDA receptors in the amygdala and hippocampus may mediate the impairments in fear learning and memory that are reported. While long-term SSRI treatment effectively reduces symptoms of anxiety, their disruptive effects on fear learning should be kept in mind when combining chronic SSRI treatment and learning-based therapies, such as cognitive-behavioral therapy.

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http://www.ncbi.nlm.nih.gov/pubmed/23731216

Br J Pharmacol. 2013 Jun 3. doi: 10.1111/bph.12261. [Epub ahead of print]

Discovery and development of orexin receptor antagonists as therapeutics for insomnia.

Winrow CJ, Renger JJ.

Source: Department of Neuroscience, Merck Research Laboratories, West Point, Pennsylvania, USA.

Insomnia persistently affects the quality and quantity of sleep. Currently approved treatments for insomnia primarily target γ-aminobutyric acid-A (GABA-A) receptor signalling and include benzodiazepines and GABA-A receptor modulators. These drugs are used to address this sleep disorder, but have the potential for side effects such as tolerance and dependence, making them less attractive as maintenance therapy. Forward and reverse genetic approaches in animals have implicated orexin signalling (also referred to as hypocretin signalling) in the control of vigilance and sleep/wake states. Screening for orexin receptor antagonists using in vitro and in vivo methods in animals has identified compounds that block one or other of the orexin receptors (single or dual orexin receptor antagonists [SORAs and DORAs], respectively) in animals and humans. SORAs have primarily been used as probes to further elucidate the roles of the individual orexin receptors, while a number of DORAs have progressed to clinical development as pharmaceutical candidates for insomnia. The DORA almorexant demonstrated significant improvements in a number of clinically relevant sleep parameters in animal models and in patients with insomnia but its development was halted. SB-649868 and suvorexant have demonstrated efficacy and tolerability in Phase II and III trials, respectively. Furthermore, suvorexant is currently under review by the FDA for the treatment of insomnia. Based on the publication of recent nonclinical and clinical data, orexin receptor antagonists potentially represent a targeted, effective and well-tolerated new class of medications for insomnia.

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http://www.ncbi.nlm.nih.gov/pubmed/23731428

Soc Work Public Health. 2013 May;28(3-4):407-23. doi: 10.1080/19371918.2013.774675.

Substance use disorders and anxiety: a treatment challenge for social workers.

Brady KT, Haynes LF, Hartwell KJ, Killeen TK.

Source: Department of Psychiatry, Clinical Neuroscience Division , Medical University of South Carolina and Ralph H. Johnson Veterans Affairs Medical Center , Charleston , South Carolina , USA.

Converging evidence from epidemiologic and treatment studies indicate that anxiety disorders and substance use disorders commonly co-occur, and the interaction is multifaceted and variable. Epidemiological studies and investigations within clinical substance abuse populations have found an

association between anxiety disorders and substance use disorders. Specific anxiety disorders including generalized anxiety disorder, panic disorder, and post traumatic stress disorder have all been associated with substance use. The association with obsessive-compulsive disorder is less robust, and some research has found a negative association. The risk of nicotine dependence is significantly higher among individuals with an anxiety disorder, and conversely, smoking has been found to be associated with trait anxiety and anxiety disorders. A review of the current literature and the relationship between specific anxiety disorders and alcohol and substance use disorders is discussed in detail. This article, written for social workers in a variety of practice settings, reviews the prevalence, diagnostic, and treatment issues at the interface of substance use disorders and anxiety disorders.

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http://www.ncbi.nlm.nih.gov/pubmed/23730965

Psychol Serv. 2013 May;10(2):223-32. doi: 10.1037/a0031281.

Veterans administration health care utilization among sexual minority veterans.

Simpson TL, Balsam KF, Cochran BN, Lehavot K, Gold SD.

Source: Veterans Affairs Puget Sound Health Care System.

According to recent census reports, nearly a million veterans have a same-sex partner, yet little is known about them or their use of Veterans Health Care Administration (VHA) services. Gay, lesbian, and bisexual (GLB) veterans recruited from the community (N = 356) completed an on-line survey to assess their rates of VHA utilization and whether they experience specific barriers to accessing VHA services. Andersen's model of health care utilization was adapted to provide an analytic and conceptual framework. Overall, 45.5% reported lifetime VHA utilization and 28.7% reported past-year VHA utilization. Lifetime VHA health care utilization was predicted by positive service connection, positive screen for both posttraumatic stress disorder (PTSD) and depression, and history of at least one interpersonal trauma during military service related to respondent's GLB status. Past-year VHA health care utilization was predicted by female gender, positive service connection, positive screen for both PTSD and depression, lower physical functioning, a history of military interpersonal trauma related to GLB status, and no history of stressful experiences initiated by the military to investigate or punish GLB status. Rates of VHA utilization by GLB veterans in this sample are comparable to those reported by VHA Central Office for all veterans. Of those who utilized VHA services, 33% reported open communication about their sexual orientation with VHA providers. Twenty-five percent of all participants reported avoiding at least one VHA service because of concerns about stigma. Stigma and lack of communication between GLB veterans and their providers about sexual orientation are areas of concern for VHA.
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http://www.ncbi.nlm.nih.gov/pubmed/23730964

Psychol Serv. 2013 May;10(2):203-12. doi: 10.1037/a0031596.

Barriers to care for women veterans with posttraumatic stress disorder and depressive symptoms.

Lehavot K, Der-Martirosian C, Simpson TL, Sadler AG, Washington DL.

Source: VA Puget Sound Health Care System.

As the number of women veterans continues to rise, an issue of concern is whether those with mental health symptoms experience disproportionate barriers to care. The purpose of this study was to examine unmet medical needs and barriers to health care among women veterans who screened positive for lifetime posttraumatic stress disorder (PTSD), current depressive symptoms, both or neither. Using the National Survey of Women Veterans dataset (N = 3,593), we compared women veterans corresponding to these 4 groups on whether they had unmet medical needs in the past year, reasons for unmet needs, and barriers to using VA care for those not currently doing so. The majority of women veterans who screened positive for both PTSD and depressive symptoms had unmet medical care needs in the prior 12 months (59%), compared to 30% of women with PTSD symptoms only, 18% of those with depressive symptoms only, and 16% of women with neither set of symptoms. Among those reporting unmet medical needs (n = 840), those with both PTSD and depressive symptoms were more likely than the other groups to identify affordability as a reason for going without or delaying care. Among women veterans not using VA health care (n = 1,677), women with both PTSD and depressive symptoms were more likely to report not knowing if they were eligible for VA benefits and were less likely to have health insurance to cover care outside of the VA. These data highlight specific areas of vulnerability of women veterans with comorbid PTSD and depressive symptoms and identify areas of concern as VA and other health facilities work to ensure equitable access to care. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23730963

Psychol Serv. 2013 May;10(2):177-85. doi: 10.1037/a0032607.

Perceived military organizational support and peacekeeper distress: A longitudinal investigation.

Barnes JB, Nickerson A, Adler AB, Litz BT.

Source: Massachusetts Veterans Epidemiology Research and Information Center.

Many professions vital to the safety of society require workers to face high magnitude and potentially traumatizing events. Because this routine exposure can cause high levels of stress in workers, it is important to investigate factors that contribute to both risk of posttraumatic stress disorder (PTSD), and healthy responses to stress. Although some research has found social support to mitigate the effects of posttraumatic stress symptoms, scant research has investigated organizational support. The aim of the

present study is to investigate the temporal relationship between stress symptoms and perceived organizational support in a sample of 1,039 service members deployed to the peacekeeping mission to Kosovo. Participants completed self-report measures of stress symptoms and perceived organizational support at 4 study time points. Bivariate latent difference score structural equation modeling was utilized to examine the temporal relationship among stress and perceived organizational support. In general, across the 4 time points, latent PCL scores evidenced a salient and negative relationship to subsequent POS latent difference scores. However, no significant relationship was found between latent POS variables and subsequent PCL latent difference scores. Findings suggest that prior stress symptoms are influencing service member's perceptions of the supportiveness of their organization such that increased prior stress is associated with worsening perceptions of support. These results illustrate that targeting stress directly may potentiate the positive influence of organizational support and that institutional support programs should be adapted to better account for the negative biases increased distress may encourage. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23730962

Psychol Serv. 2013 May;10(2):168-76. doi: 10.1037/a0031178.

Influence of trauma history on panic and posttraumatic stress disorder in returning veterans.

Barrera TL, Graham DP, Dunn NJ, Teng EJ.

Source: Michael E. DeBakey VA Medical Center.

The current study examined the role of predeployment sexual and physical abuse, combat exposure, and postdeployment social support in predicting panic disorder and PTSD diagnoses in a large sample of returning veterans. A chart review was conducted for 1740 OEF/OIF veterans who received mental health screenings at a large VA hospital between May 24, 2004 and March 26, 2008. Assessments included psychosocial evaluations conducted by psychiatrists, psychologists, and social workers in addition to self-report measures. Results suggested that the prevalence of panic disorder (6.1%) and PTSD (28.7%) are elevated among OEF/OIF veterans. Veterans reporting higher levels of combat experience were likely to be diagnosed with PTSD (odds ration [OR], 1.17; 95% confidence interval [CI], 1.10-1.25; $p < .001$) or comorbid panic disorder and PTSD (OR, 1.18; 95% CI, 1.04-1.33; $p < .001$). Veterans endorsing predeployment sexual abuse were likely to be diagnosed with comorbid panic disorder and PTSD (OR, 3.05; 95% CI, 1.15-8.08; $p < .05$), as were veterans endorsing predeployment physical abuse (OR, 0.47; 95% CI, 0.22-1.00; $p < .05$). Panic disorder was also found to be associated with greater risk for suicide attempts than PTSD ($\chi2 = 16.38$, $p = .001$). These findings indicate a high prevalence of panic disorder among returning veterans and highlight the importance for clinicians to assess returning veterans routinely for panic disorder in addition to PTSD. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23730960

Psychol Serv. 2013 May;10(2):145-51. doi: 10.1037/a0032088.

Predictors of mental health care use among male and female veterans deployed in support of the wars in Afghanistan and Iraq.

Di Leone BA, Vogt D, Gradus JL, Street AE, Giasson HL, Resick PA.

Source: National Center for PTSD, VA Boston Healthcare System.

What factors predict whether Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who need mental health care receive that care? The present research examined factors associated with a need for care, sociodemographic characteristics, deployment experiences, and perceptions of care as gender-specific predictors of overall mental health care use and Veterans Affairs (VA) mental health care use for male and female OEF/OIF veterans (N = 1,040). Only veterans with a probable need for mental health care, as determined by scores on self-report measures of mental health symptomatology, were included in the sample. Overall, predictors of service use were similar for women and men. A notable exception was the finding that lower income predicted use of both overall and VA mental health care for women, but not men. In addition, sexual harassment was a unique predictor of VA service use for women, whereas non-White race was predictive of VA service use for men only. Knowledge regarding the factors that are associated with use of mental health care (broadly and at VA) is critical to ensuring that veterans who need mental health care receive it. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

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http://www.ncbi.nlm.nih.gov/pubmed/23729989

J Psychopathol Behav Assess. 2013 Jun 1;35(2):254-263.

Trauma Exposure in Anxious Primary Care Patients.

Bomyea J, Lang JA, Golinelli D, Craske GM, Chavira AD, Sherbourne DC, Rose DR, Campbell-Sills L, Welch SS, Sullivan G, Bystritsky A, Roy-Byrne P, Stein BM.

Source: SDSU/UCSD Joint Doctoral Program in Clinical Psychology, University of California, San Diego.

The present study examined rates of trauma exposure, clinical characteristics associated with trauma exposure, and the effect of trauma exposure on treatment outcome in a large sample of primary care patients without posttraumatic stress disorder (PTSD). Individuals without PTSD (N = 1263) treated as part of the CALM program (Roy-Byrne et al., 2010) were assessed for presence of trauma exposure. Those with and without trauma exposure were compared on baseline demographic and diagnostic information, symptom severity, and responder status six months after beginning treatment. Trauma-exposed individuals (N = 662, 53%) were more likely to meet diagnostic criteria for Obsessive Compulsive Disorder and had higher levels of somatic symptoms at baseline. Individuals with and

without trauma exposure did not differ significantly on severity of anxiety, depression, or mental health functioning at baseline. Trauma exposure did not significantly impact treatment response. Findings suggest that adverse effects of trauma exposure in those without PTSD may include OCD and somatic anxiety symptoms. Treatment did not appear to be adversely impacted by trauma exposure. Thus, although trauma exposure is prevalent in primary care samples, results suggest that treatment of the presenting anxiety disorder is effective irrespective of trauma history.

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http://www.ncbi.nlm.nih.gov/pubmed/23725632

Suicide Life Threat Behav. 2013 Jun 1. doi: 10.1111/sltb.12038. [Epub ahead of print]

Using the Suicide Index Score to Predict Treatment Outcomes among Psychiatric Inpatients.

Lento RM, Ellis TE, Hinnant BJ, Jobes DA.

Source: Department of Psychology, The Catholic University of America, Washington, DC, USA.

For many suicidal people, the desire to die is moderated by a competing desire to live. This study aimed to demonstrate the ability of a wish-to-live versus wish-to-die index score to measure ambivalence and trichotomize suicidal inpatients into distinct stratified risk groups. Analyses revealed that index scores calculated for patients at treatment start significantly discriminated among the groups at index and uniquely predicted suicidal ideation, hopelessness, and depression scores across treatment. On average, patients with wish-to-live and wish-to-die orientations resolved suicidal ideation by discharge. Changes in suicidal ideation among ambivalently oriented patients were more variable. Clinical and research implications are discussed.

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http://www.ncbi.nlm.nih.gov/pubmed/23725576

Suicide Life Threat Behav. 2013 Jun 1. doi: 10.1111/sltb.12037. [Epub ahead of print]

Assessing Motivations for Suicide Attempts: Development and Psychometric Properties of the Inventory of Motivations for Suicide Attempts.

May AM, Klonsky ED.

Source: Department of Psychology, University of British Columbia, Vancouver, BC, Canada.

This study describes the psychometric properties of the Inventory of Motivations for Suicide Attempts (IMSA). The IMSA was designed to comprehensively assess motivations for suicide emphasized by major theories of suicidality. The IMSA was administered to two samples of recent suicide attempters, undergraduates (n = 66) and outpatients (n = 53). The IMSA exhibited a reliable two-factor structure in

which one factor represented Intrapersonal motivations related to ending emotional pain, and the second represented Interpersonal motivations related to communication or help-seeking. Convergent validity and divergent validity of IMSA scales were supported by expected patterns of correlations with another measure of suicide motivations. In addition, the IMSA scales displayed clinical utility, in which greater endorsement of intrapersonal motivations was associated with greater intent to die, whereas greater endorsement of interpersonal motivations was associated with less lethal intent and greater likelihood of rescue. Findings suggest the IMSA can be of use for both research and clinical purposes when a comprehensive assessment of suicide motivations is desired.

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http://ajp.psychiatryonline.org/article.aspx?articleid=1694222

Maintenance Cognitive-Behavioral Therapy and Manualized Psychoeducation in the Treatment of Recurrent Depression: A Multicenter Prospective Randomized Controlled Trial.

Ulrich Stangier, Ph.D.; Christine Hilling, M.Sc.; Thomas Heidenreich, Ph.D.; Anne Katrin Risch, Ph.D.; Arnd Barocka, M.D.; Ralf Schlösser, M.D.; Kai Kronfeld, Ph.D.; Christian Ruckes, M.Sc.; Hartmut Berger, M.D.; Joachim Röschke, M.D.; Florian Weck, Ph.D.; Stephan Volk, M.D.; Martin Hambrecht, M.D.; Richard Serfling, M.D.; Ralf Erkwoh, M.D.; Aglaja Stirn, M.D.; Thomas Sobanski, M.D.; Martin Hautzinger, Ph.D.

Am J Psychiatry 2013;170:624-632.

Objective
This multicenter study compared the relapse and recurrence outcomes of two active treatments, maintenance cognitive-behavioral therapy (CBT) and manualized psychoeducation, both in addition to treatment as usual, in patients in remission from depression.

Method
This was a multicenter prospective randomized observer-blinded study with two parallel groups. The authors assessed 180 patients with three or more previous major depressive episodes who met remission criteria over a 2-month baseline period and who were randomly assigned to 16 sessions of either maintenance CBT or manualized psychoeducation over 8 months and then followed up for 12 months. The main outcome measure was time to first relapse or recurrence of a major depression, based on DSM-IV criteria, as assessed by blinded observers with the Longitudinal Interval Follow-Up Evaluation.

Results
Cox regression analysis showed that time to relapse or recurrence of major depression did not differ significantly between treatment conditions, but a significant interaction was observed between treatment condition and number of previous episodes (<5 or ≥5). Within the subsample of patients with five or more previous episodes, maintenance CBT was significantly superior to manualized

psychoeducation, whereas for patients with fewer than five previous episodes, no significant treatment differences were observed in time to relapse or recurrence.

Conclusions
The results indicate that maintenance CBT has significant effects on the prevention of relapse or recurrence only in patients with a high risk of depression recurrence. For patients with a moderate risk of recurrence, nonspecific effects and structured patient education may be equally effective.

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http://www.hindawi.com/journals/prt/2013/174728/

Conceptualizing and Treating Comorbid Chronic Pain and PTSD.

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Pain Research and Treatment

Volume 2013 (2013), Article ID 174728, 10 pages

The purpose of this paper is to review the rationale for concurrent, evidence-based treatment of chronic pain and posttraumatic stress disorder (PTSD). To meet this end, we review pertinent definitions and extant theories related to the two conditions and their correlations with each other. We then synthesize theoretical components into a proposal of a comprehensive conceptual framework for understanding the relationship and clinical complexity of overlapping chronic pain and PTSD. We conclude with an example of an integrated treatment model designed specifically to address a fundamental factor associated with pain and PTSD: avoidance.

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http://journals.psychiatryonline.org/article.aspx?articleid=1691196

Health Care Utilization Prior to Loss to Care Among Veterans With Serious Mental Illness.

Kristen M. Abraham, Ph.D.; Zongshan Lai, M.P.H.; Nicholas W. Bowersox, Ph.D.; David E. Goodrich, Ed.D.; Stephanie Visnic, B.A.; Jeffrey P. Burk, Ph.D.; Amy M. Kilbourne, Ph.D., M.P.H.

Psychiatric Services, VOL. 64, No. 6

Objective
This study examined the association between utilization of Veterans Affairs (VA) health services and the probability of treatment dropout among veterans with serious mental illness.

Methods
Utilization of VA health services in the fiscal year (FY) before treatment dropout among veterans with serious mental illness who were lost to care for at least 12 months beginning in FYs 2008 or 2009 (N=6,687) was compared with utilization in FYs 2007 or 2008 among veterans with serious mental illness who remained in care (N=6,687).

Results
The veterans (mean age=54) were predominantly male (91%) and Caucasian (76%). After accounting for demographic and clinical variables, the analyses found that more primary care and mental health outpatient visits and fewer general medical and mental health hospitalizations were associated with lower odds of dropout.

Conclusions
Engagement in outpatient health care was associated with lower odds of loss to care among veterans with serious mental illness.

Links of Interest

VA Hires Over 1600 Mental Health Professionals to Meet Goal, Expands Access to Careand Outreach Efforts, Directs Nationwide Community Mental Health Summits
http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2450

Cognitive Behavioral Therapy vs. Fear: CBT to Treat Panic Disorder
http://www.decodedscience.com/treating-panic-disorder-with-cbt/30696

A Simple Way to Reduce Suicides
http://opinionator.blogs.nytimes.com/2013/06/02/a-simple-way-to-reduce-suicides/

Sleep Deprived Men Over Perceive Women's Sexual Interest and Intent
http://www.sciencedaily.com/releases/2013/05/130531105503.htm

ATS publishes clinical practice guidelines on sleep apnea and driving
http://www.eurekalert.org/pub_releases/2013-06/uhcm-apc053113.php

Texting proves beneficial in auditory overload situations
http://www.eurekalert.org/pub_releases/2013-05/aiop-tpb053113.php

Women in the Senate Confront the Military on Sex Assaults
http://www.nytimes.com/2013/06/03/us/women-in-the-senate-gain-strength-in-rising-numbers.html

Obama urges greater openness in dealing with mental illness
http://www.reuters.com/article/2013/06/03/us-usa-guns-mentalhealth-idUSBRE9520BN20130603

FACT SHEET: President Obama Applauds Commitments to Raise Awareness and Increase Understanding of Mental Health at White House Conference
http://www.whitehouse.gov/the-press-office/2013/06/03/fact-sheet-president-obama-applauds-commitments-raise-awareness-and-incr

Anesthetic for depression? Mayo Clinic study finds low-dose ketamine effective
http://www.eurekalert.org/pub_releases/2013-06/mc-afd060413.php

Study Links Workplace Daylight Exposure to Sleep, Activity and Quality of Life
http://www.sciencedaily.com/releases/2013/06/130603114000.htm

Try This Instead of CBT: Panic Focused Psychodynamic Psychotherapy
http://www.decodedscience.com/try-this-instead-of-cbt-panic-focused-psychodynamic-psychotherapy/30876

Reaching Vets in the Golden Hour of Mental Health Injuries
http://www.dcoe.health.mil/blog/13-06-05/Reaching_Vets_in_the_Golden_Hour_of_Mental_Health_Injuries.aspx

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Research Tip of the Week – Domestic Violence Research Group

One-stop shopping is always a time-saver. Flagged by CDP's Dr. David Riggs, this site – from the Partner Abuse State of Knowledge Project -- offers "The world's largest domestic violence research data base, 2,657 pages, with summaries of 1,700 peer-reviewed studies."

Researchers supporting this project hail from a wide range of university departments of psychology, social work and criminal justice in the U.S., Canada and the U.K.

If you need quick facts about domestic violence, you'll want to check out the "12-Page Findings-at-a-Glance" document (PDF), which is divided into sections – Prevalence, Context, Motivation, Risk Factors, Impact on Victims/Children/Families, Effects of Partner Violence and Conflict on Children, Partner Abuse in Ethnic Minority and LGBT Populations, Partner Abuse Worldwide, The Crime Control Effects of Criminal Sanctions, Gender and Racial/Ethnic Differences in Criminal Justice Decision Making, Effectiveness/Victim Safety/Characteristics and Enforcement of Protective Orders, Risk Assessment, Effectiveness of Primary Prevention Efforts, and Effectiveness of Intervention Programs for Perpetrators and Victims.

DOMESTIC VIOLENCE RESEARCH GROUP

WWW.DOMESTICVIOLENCERESEARCH.ORG

Resources for researchers, policy-makers, intervention providers, victim advocates, law enforcement, judges, attorneys, family court mediators, educators, and anyone interested in family violence

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PARTNER ABUSE STATE OF KNOWLEDGE PROJECT (PASK)

The world's largest domestic violence research data base, 2,657 pages, with summaries of 1,700 peer-reviewed studies.

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- 12-Page Findings-at-a-Glance (Free)
- Full Manuscripts (*Partner Abuse website*)

- PASK Video Summary by John Hamel, LCSW
  Part 1: Introduction
  Part 2: Implications for Policy and Treatment
  Part 3: Domestic Violence Politics

  Tables of Summarized Studies
  (Free - click on any topic below)

1 Physical Abuse Victimization
2 Physical Abuse Perpetration
3 Context: Unilateral and Bilateral Abuse
4 Risk Factors
5 Emotional Abuse and Control
6 Abuse in Ethnic Minority and LGBT Populations
7 Impact of Parental Violence on Children

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