



CDP Research Update -- August 1, 2013

What's here:

- Effectiveness of National Implementation of Prolonged Exposure Therapy in Veterans Affairs Care.
- Post-Traumatic Stress Disorder and the Earnings of Military Reservists
- Performance on the Green Word Memory Test Following Operation Enduring Freedom/Operation Iraqi Freedom-Era Military Service: Test Failure is Related to Evaluation Context.
- A Meta-Analysis of Cognitive-Behavioural Therapy for Adult Depression, Alone and in Comparison With Other Treatments.
- Symptoms of posttraumatic stress disorder and depression in relation to alcohol-use and alcohol-related problems among canadian forces veterans.
- Internet-based versus face-to-face cognitive-behavioral intervention for depression: A randomized controlled non-inferiority trial.
- Needs and concerns of male combat Veterans with mild traumatic brain injury.
- Relationships Among Predeployment Risk Factors, Warzone-Threat Appraisal, and Postdeployment PTSD Symptoms.
- Spontaneous and Deliberate Dissociative States in Military Personnel: Are Such States Helpful?
- Impact of Coping Style and PTSD on Family Functioning After Deployment in Operation Desert Shield/Storm Returnees.
- Reexperiencing Symptoms, Dissociation, and Avoidance Behaviors in Daily Life of Patients With PTSD and Patients With Panic Disorder With Agoraphobia.
- Pre-deployment Daytime and Nighttime Sleep Complaints as Predictors of Post-deployment PTSD and Depression in National Guard Troops.
- Posttraumatic stress disorder increases risk for suicide attempt in adults with recurrent major depression.

- Development of a Critical Incident Stress Inventory for the Emergency Medical Services.
- Why Are Iraq and Afghanistan War Veterans Seeking PTSD Disability Compensation at Unprecedented Rates?
- The Trauma of Moral Injury: Beyond the Battlefield.
- Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline.
- Predictors of Suicidal Ideation in Chronic Pain Patients: An Exploratory Study.
- Web Intervention for OEF/OIF Veterans With Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial.
- Educating medical professionals about suicide prevention among military veterans.
- An investigator-blinded, randomized study to compare the efficacy of combined CBT for alcohol use disorders and social anxiety disorder versus CBT focused on alcohol alone in adults with comorbid disorders: the Combined Alcohol Social Phobia (CASP) trial protocol.
- Links of Interest
- Research Tip of the Week: Frequently Asked Questions About APA Style

<http://www.ncbi.nlm.nih.gov/pubmed/23863892>

JAMA Psychiatry. 2013 Jul 17. doi: 10.1001/jamapsychiatry.2013.36. [Epub ahead of print]

Effectiveness of National Implementation of Prolonged Exposure Therapy in Veterans Affairs Care.

Eftekhari A, Ruzek JJ, Crowley JJ, Rosen CS, Greenbaum MA, Karlin BE.

Source: National Center for PTSD, Dissemination and Training Division, VA Palo Alto Health Care System, Menlo Park, California.

IMPORTANCE

Posttraumatic stress disorder (PTSD) is a pervasive and often debilitating condition that affects many individuals in the general population and military service members. Effective treatments for PTSD are greatly needed for both veterans returning from Iraq and Afghanistan and veterans of other eras. Prolonged exposure (PE) therapy has been shown to be highly efficacious in clinical trials involving women with noncombat trauma, but there are limited data on its effectiveness in real-world clinical practice settings and with veterans.

OBJECTIVE

To evaluate the effectiveness of PE as implemented with veterans with PTSD in a large health care system.

DESIGN, SETTING, AND PARTICIPANTS

This evaluation included 1931 veterans treated by 804 clinicians participating in the Department of Veterans Affairs (VA) PE Training Program. After completing a 4-day experiential PE training workshop, clinicians implemented PE (while receiving consultation) with a minimum of 2 veteran patients who had a primary diagnosis of PTSD.

MAIN OUTCOMES AND MEASURES

Changes in PTSD and depression symptoms were assessed with the PTSD Checklist and the Beck Depression Inventory II, measured at baseline and at the final treatment session. Multiple and single imputation were used to estimate the posttest scores of patients who left treatment before completing 8 sessions. Demographic predictors of treatment dropout were also examined.

RESULTS

Intent-to-treat analyses indicate that PE is effective in reducing symptoms of both PTSD (pre-post $d = 0.87$) and depression (pre-post $d = 0.66$), with effect sizes comparable to those reported in previous efficacy trials. The proportion of patients screening positive for PTSD on the PTSD Checklist decreased from 87.6% to 46.2%.

CONCLUSIONS

Clinically significant reductions in PTSD symptoms were achieved among male and female veterans of all war eras and veterans with combat-related and non-combat-related PTSD. Results also indicate that PE is effective in reducing depression symptoms, even though depression is not a direct target of the treatment.

http://www.rand.org/pubs/technical_reports/TR1006.html

Post-Traumatic Stress Disorder and the Earnings of Military Reservists

by David S. Loughran, Paul Heaton

RAND Corporation

2013

This report investigates the effects of having symptoms of post-traumatic stress disorder (PTSD) on the labor market earnings of reservists in the years following deployment. Data on more than 315,000 reservists returning from deployments between 2003 and 2006, combined with longitudinal labor market earnings data, indicate that reservists who have symptoms of PTSD do earn substantially less than those who do not experience PTSD, but much of that gap in earnings was apparent prior to

deployment. This suggests that characteristics of individuals reporting symptoms of PTSD that typically are not controlled for in empirical studies are responsible for much of the observed difference in earnings. Controlling for such characteristics, the study finds that reservists reporting symptoms of PTSD on average earn up to 6 percent less than they would have earned if they had not had such symptoms in the first four years following deployment. These lower earnings are attributable to higher military separation rates, a concomitant decline in military earnings, and no compensating increase in civilian labor market earnings.

<http://acn.oxfordjournals.org/content/early/2013/07/21/arclin.act050.short>

Performance on the Green Word Memory Test Following Operation Enduring Freedom/Operation Iraqi Freedom-Era Military Service: Test Failure is Related to Evaluation Context.

Cortney L. McCormick, Ruth E. Yoash-Gantz, Scott D. McDonald, Thomas C. Campbell, and Larry A. Tupler

Arch Clin Neuropsychol first published online July 21, 2013

This study investigates prior reports of high neuropsychological symptom validity test (SVT) failure rates in post-deployed Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) active and veteran military personnel, using a large, multi-site sample (N = 214) drawn from three levels of the Department of Defense/Department of Veterans Affairs (VA) Polytrauma System of Care. The sample failure rate and its relationship to research versus dual research/clinical context of evaluation were examined, in addition to secondary variables explored in prior studies. Results yielded an overall failure rate of 25%, lower than prior reports describing OEF/OIF active-duty and veteran military personnel. Findings also supported the hypothesis that SVT failure rates would differ by context (dual > research). Participants with traumatic brain injury (TBI) failed more frequently than those without TBI in the dual context but not in the research context. Secondary analyses revealed that failure rates increased in the presence of depression, posttraumatic stress disorder, and male sex but were unrelated to active versus veteran military status, service connection (SC) or percentage of SC, age, education, or ethnicity. Further research is required to elucidate the underpinnings of these findings in light of the limited literature and variability between OEF/OIF-related SVT studies, as well as the substantial diagnostic and treatment implications for VA.

<http://publications.cpa-apc.org/browse/documents/600>

A Meta-Analysis of Cognitive-Behavioural Therapy for Adult Depression, Alone and in Comparison With Other Treatments.

Pim Cuijpers, PhD; Matthias Berking, PhD; Gerhard Andersson, PhD; Leanne Quigley, MSc (PhD Candidate); Annet Kleiboer, PhD; Keith S Dobson, PhD

The Canadian Journal of Psychiatry

July 2013, Volume 58, Number 7

Objective:

No recent meta-analysis has examined the effects of cognitive-behavioural therapy (CBT) for adult depression. We decided to conduct such an updated meta-analysis.

Methods:

Studies were identified through systematic searches in bibliographical databases (PubMed, PsycINFO, Embase, and the Cochrane library). We included studies examining the effects of CBT, compared with control groups, other psychotherapies, and pharmacotherapy.

Results:

A total of 115 studies met inclusion criteria. The mean effect size (ES) of 94 comparisons from 75 studies of CBT and control groups was Hedges $g = 0.71$ (95% CI 0.62 to 0.79), which corresponds with a number needed to treat of 2.6. However, this may be an overestimation of the true ES as we found strong indications for publication bias (ES after adjustment for bias was $g = 0.53$), and because the ES of higher-quality studies was significantly lower ($g = 0.53$) than for lower-quality studies ($g = 0.90$). The difference between high- and low-quality studies remained significant after adjustment for other study characteristics in a multivariate meta-regression analysis. We did not find any indication that CBT was more or less effective than other psychotherapies or pharmacotherapy. Combined treatment was significantly more effective than pharmacotherapy alone ($g = 0.49$).

Conclusions:

There is no doubt that CBT is an effective treatment for adult depression, although the effects may have been overestimated until now. CBT is also the most studied psychotherapy for depression, and thus has the greatest weight of evidence. However, other treatments approach its overall efficacy.

<http://europepmc.org/abstract/MED/23870724/>

Symptoms of posttraumatic stress disorder and depression in relation to alcohol-use and alcohol-related problems among canadian forces veterans.

Fetzner, M G, Abrams, M P, Asmundson, G J

Canadian journal of psychiatry

2013, 58(7):417-425

Objective:

Alcohol misuse is common among military veterans affected by posttraumatic stress disorder (PTSD) and depression; however, research to date has provided mixed evidence concerning differential associations among PTSD and depressive symptoms in relation to alcohol misuse. Further, most available studies

have examined primarily male samples or have dichotomously grouped participants as either having or not having an alcohol use disorder. Our study sought to explore relations among 2 aspects of alcohol misuse (that is, alcohol-related problems, and quantity or frequency of alcohol use) and symptoms of PTSD and depression in independent samples of female and male military veterans.

Method:

Canadian military veterans (1271 men and 72 women) completed a battery of self-report questionnaires as part of a broader health status assessment conducted by Veterans Affairs Canada.

Results:

Linear regression analyses suggested depressive symptoms accounted for unique variance in reported alcohol-related problems and quantity or frequency of alcohol use among male veterans. Additionally, PTSD hyperarousal symptoms accounted for unique variance in reported alcohol-related problems. In contrast, among female veterans neither PTSD nor depressive symptoms were found to account for significant variance in measures of alcohol-related problems or quantity or frequency of alcohol use.

Conclusions:

Findings suggest differing mechanisms are involved in influencing alcohol misuse among male and female veterans. Accordingly, female veterans may benefit from specialized assessment and intervention approaches to prevent and treat alcohol-related disorders, rather than applying the same strategies commonly used with male veterans. Comprehensive results, implications, and directions for future research are discussed.

<http://www.sciencedirect.com/science/article/pii/S0165032713005120>

Internet-based versus face-to-face cognitive-behavioral intervention for depression: A randomized controlled non-inferiority trial.

Wagner Birgit, Andrea B. Horn, Maercker Andreas

Journal of Affective Disorders, Available online 23 July 2013

Background and aims

In the past decade, a large body of research has demonstrated that internet-based interventions can have beneficial effects on depression. However, only a few clinical trials have compared internet-based depression therapy with an equivalent face-to-face treatment. The primary aim of this study was to compare treatment outcomes of an internet-based intervention with a face-to-face intervention for depression in a randomized non-inferiority trial.

Method

A total of 62 participants suffering from depression were randomly assigned to the therapist-supported internet-based intervention group (n=32) and to the face-to-face intervention (n=30). The 8 week interventions were based on cognitive-behavioral therapy principles. Patients in both groups received

the same treatment modules in the same chronological order and time-frame. Primary outcome measure was the Beck Depression Inventory-II (BDI-II); secondary outcome variables were suicidal ideation, anxiety, hopelessness and automatic thoughts.

Results

The intention-to-treat analysis yielded no significant between-group difference (online vs. face-to-face group) for any of the pre- to post-treatment measurements. At post-treatment both treatment conditions revealed significant symptom changes compared to before the intervention. Within group effect sizes for depression in the online group ($d=1.27$) and the face-to-face group ($d=1.37$) can be considered large. At 3-month follow-up, results in the online group remained stable. In contrast to this, participants in the face-to-face group showed significantly worsened depressive symptoms three months after termination of treatment ($t=-2.05$, $df=19$, $p<.05$).

Limitations

Due to the small sample size, it will be important to evaluate these outcomes in adequately-powered trials.

Conclusions

This study shows that an internet-based intervention for depression is equally beneficial to regular face-to-face therapy. However, more long term efficacy, indicated by continued symptom reduction three months after treatment, could be only be found for the online group.

<http://www.ncbi.nlm.nih.gov/pubmed/23881759>

J Rehabil Res Dev. 2013 Jun;50(3):327-40.

Needs and concerns of male combat Veterans with mild traumatic brain injury.

Daggett VS, Bakas T, Buelow J, Habermann B, Murray LL.

Source: VISN 11 VA Center for Applied Systems Engineering (VA-CASE), Richard L. Roudebush VA Medical Center, HSR&D Mail Code 11H, 1481 West 10th St, Indianapolis, IN 46202.
Virginia.Daggett2@va.gov.

Traumatic brain injury (TBI) has emerged as a major cause of morbidity among U.S. servicemembers who have served in Iraq and Afghanistan. Even mild TBI (mTBI) can result in cognitive impairments that can affect the community reintegration of Veterans postdeployment. The purpose of this study was to explore the needs and concerns of combat Veterans with mTBI to provide support for an mTBI-specific conceptual model (Conceptual Model in the Context of mTBI) derived from Ferrans et al.'s health-related quality of life model and the TBI literature. Content analysis of qualitative interview data was conducted using a thematic matrix with a predetermined code list. Data saturation was achieved after interviews with eight male Veterans. Six key categories and predominant themes emerged: cognitive impairments, physical symptoms, emotions and behaviors, instrumental activities of daily living,

interpersonal interactions, and community reintegration. Findings provide preliminary support for a new, context-specific conceptual model that has the potential to identify areas for future interventions to enhance community reintegration of combat Veterans with mTBI.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21827/abstract>

Relationships Among Predeployment Risk Factors, Warzone-Threat Appraisal, and Postdeployment PTSD Symptoms.

Franz, M. R., Wolf, E. J., MacDonald, H. Z., Marx, B. P., Proctor, S. P. and Vasterling, J. J.

Journal of Traumatic Stress

Article first published online: 25 JUL 2013

Previous research indicates a relationship between perceived fear for one's safety (i.e., threat appraisal) and posttraumatic stress disorder (PTSD). This prospective study examined relationships among deployment- and predeployment-related variables, threat appraisal, and postdeployment PTSD symptom severity. Prior to Iraq deployment, 774 U.S. Army soldiers completed self-report measures assessing previous life stressors, deployment history, current (predeployment) PTSD symptoms, deployment preparedness, and unit cohesion. Following deployment, participants completed self-report measures assessing combat intensity, deployment threat appraisal, and current (postdeployment) PTSD symptoms. Structural equation modeling revealed that predeployment PTSD symptom severity, prior warzone deployment, unit cohesion, and preparedness were each independently associated with deployment threat appraisal, even after taking into account combat intensity. Deployment threat appraisal was associated with postdeployment PTSD severity. Results indicated that predeployment PTSD symptom severity, history of warzone deployment, and preparedness—risk factors previously thought to influence PTSD outcomes directly—were either partially or fully mediated by threat appraisal. The model explained 15% of the variance in deployment threat appraisal and 50% of the variance in postdeployment PTSD severity. Helping service members cope with exposure to extreme stress during deployment by modifying certain prewar risk factors may facilitate reduction of PTSD symptoms following deployment.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21834/abstract>

Spontaneous and Deliberate Dissociative States in Military Personnel: Are Such States Helpful?

Morgan, C. A. and Taylor, M. K.

Journal of Traumatic Stress

Article first published online: 25 JUL 2013

This study explored distinctions between spontaneous and deliberate dissociative states in 335 military personnel exposed to stressful survival training. Participants completed the Clinician-Administered Dissociative States Scale (CADSS) after a stressful mock-captivity event. They were also asked to indicate whether the dissociative experiences just happened (i.e., spontaneous), or whether they chose to have them happen (i.e., deliberate); and whether they appraised the dissociative experience as helpful (i.e., facilitative) or hurtful (i.e., debilitating) to their ability to cope with the stressful event. A majority (95.4%) endorsed dissociative states during stress. More than half (57.4%) described dissociative experiences as spontaneous, 13.0% as deliberate, and 29.5% endorsed neither. In Special Forces soldiers only, those who endorsed facilitative dissociation exhibited higher total CADSS scores than those who endorsed debilitating dissociation. Seventy-three percent of spontaneous dissociators described the experience as debilitating to coping with stress; conversely, 76% of deliberate dissociators said these experiences facilitated coping with stress. Individuals with prior trauma exposure tended to appraise dissociative states as more debilitating to coping. This research may enhance the fidelity of studies of dissociation constructs and may offer pivot points for prevention and treatment of stress-related disorders.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21823/abstract>

Impact of Coping Style and PTSD on Family Functioning After Deployment in Operation Desert Shield/Storm Returnees.

Creech, S. K., Benzer, J. K., Liebsack, B. K., Proctor, S. and Taft, C. T

Journal of Traumatic Stress

Article first published online: 25 JUL 2013

The relationship between military combat and postdeployment family functioning difficulties has been frequently investigated in the literature, as has the relationship between types of coping and posttraumatic stress disorder (PTSD). Few studies, however, have examined these variables together, and no studies of which we are aware have examined the effect of coping on family functioning after combat exposure. This study examined coping style measured immediately after return from deployment, and PTSD symptoms and family functioning 18–24 months after return from deployment in a sample of Operation Desert Shield/Storm veterans (N = 2,949). Structural equation models suggested that the relationships between distinct coping styles on family functioning were differentially mediated by postdeployment PTSD symptoms. Results are consistent with full mediation for avoidant coping ($\beta_{\text{direct}} = -.09$, $p = .07$; $\beta_{\text{indirect}} = -.17$, $p < .001$) and partial mediation for approach coping ($\beta_{\text{direct}} = .16$, $p < .001$; $\beta_{\text{indirect}} = .09$, $p < .001$). Results suggest that the strategies used to cope with a combat stress event may impact both PTSD and family functioning outcomes, and highlight the potential utility of pre- and postdeployment coping skills training.

<http://onlinelibrary.wiley.com/doi/10.1002/jts.21822/abstract>

Reexperiencing Symptoms, Dissociation, and Avoidance Behaviors in Daily Life of Patients With PTSD and Patients With Panic Disorder With Agoraphobia.

Pfaltz, M. C., Michael, T., Meyer, A. H. and Wilhelm, F. H.

Journal of Traumatic Stress

Article first published online: 25 JUL 2013

Panic attacks are frequently perceived as life threatening. Panic disorder (PD) patients may therefore experience symptoms of posttraumatic stress disorder (PTSD). The authors explored this in 28 healthy controls, 17 PTSD patients, and 24 PD patients with agoraphobia who completed electronic diaries 36 times during 1 week. Patient groups frequently reported dissociation as well as thoughts, memories, and reliving of their trauma or panic attacks. PTSD patients reported more trauma/panic attack thoughts (incidence rate ratio [IRR] = 2.9) and memories (IRR = 2.8) than PD patients. Patient groups relived their trauma or panic attacks equally frequently, and reported comparable bodily reactions and distress associated with trauma or panic attack memories. Clinical groups avoided trauma or panic attack reminders more often than healthy controls (avoidance of trauma- or panic attack-related thoughts (IRR = 8.0); avoidance of things associated with the trauma or panic attack (IRR = 40.7). PD patients avoided trauma or panic attack reminders less often than PTSD patients (avoidance of trauma- or panic attack-related thoughts [IRR = 2.5]; avoidance of things associated with the trauma or panic attack [IRR = 4.1]), yet these differences were nonsignificant when controlling for functional impairment. In conclusion, trauma-like symptoms are common in PD with agoraphobia and panic attacks may be processed similarly as trauma in PTSD.

<http://www.sciencedirect.com/science/article/pii/S0887618513001357>

Pre-deployment Daytime and Nighttime Sleep Complaints as Predictors of Post-deployment PTSD and Depression in National Guard Troops.

Erin Koffel, Melissa A. Polusny, Paul A. Arbisi, Christopher R. Erbes

Journal of Anxiety Disorders

Available online 24 July 2013

There is growing evidence that disturbed sleep is a risk factor for the development of a number of psychiatric diagnoses including depression, PTSD and substance use. The goal of this study was to use a subset of participants from a larger prospective longitudinal study to examine whether preexisting daytime and nighttime sleep disturbances predict depression, PTSD and substance use in US National Guard Soldiers deployed to Iraq. Data on daytime and nighttime sleep complaints, baseline symptoms and personality variables were gathered prior to deployment to Iraq. Measures of psychopathology

were collected at three time points post-deployment over the course of two years using both questionnaires and interviews. Multiple regression was used to predict diagnoses and symptoms of depression, PTSD and substance use. Pre-deployment daytime and nighttime sleep complaints contributed significantly to the prediction of PTSD and depression up to two years after deployment, but not substance use. This study suggests that daytime and nighttime sleep complaints are a risk factor for internalizing disorders including PTSD and depression.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22160/abstract>

Posttraumatic stress disorder increases risk for suicide attempt in adults with recurrent major depression.

Stevens, D., Wilcox, H. C., MacKinnon, D. F., Mondimore, F. M., Schweizer, B., Jancic, D., Coryell, W. H., Weissman, M. M., Levinson, D. F. and Potash, J. B.

Depression and Anxiety

Article first published online: 24 JUL 2013

Background

Genetics of Recurrent Early-Onset Depression study (GenRED II) data were used to examine the relationship between posttraumatic stress disorder (PTSD) and attempted suicide in a population of 1,433 individuals with recurrent early-onset major depressive disorder (MDD). We tested the hypothesis that PTSD resulting from assaultive trauma increases risk for attempted suicide among individuals with recurrent MDD.

Methods

Data on lifetime trauma exposures and clinical symptoms were collected using the Diagnostic Interview for Genetic Studies version 3.0 and best estimate diagnoses of MDD, PTSD, and other DSM-IV Axis I disorders were reported with best estimated age of onset.

Results

The lifetime prevalence of suicide attempt in this sample was 28%. Lifetime PTSD was diagnosed in 205 (14.3%) participants. We used discrete time-survival analyses to take into account timing in the PTSD-suicide attempt relationship while adjusting for demographic variables (gender, race, age, and education level) and comorbid diagnoses prior to trauma exposure. PTSD was an independent predictor of subsequent suicide attempt (HR = 2.5, 95% CI: 1.6, 3.8; $P < .0001$). Neither assaultive nor nonassaultive trauma without PTSD significantly predicted subsequent suicide attempt after Bonferroni correction. The association between PTSD and subsequent suicide attempt was driven by traumatic events involving assaultive violence (HR = 1.7, 95% CI: 1.3, 2.2; $P < .0001$).

Conclusions

Among those with recurrent MDD, PTSD appears to be a vulnerability marker of maladaptive responses

to traumatic events and an independent risk factor for attempted suicide. Additional studies examining differences between those with and without PTSD on biological measures might shed light on this potential vulnerability.

<http://tmt.sagepub.com/content/early/2013/07/20/1534765613496646.abstract>

Development of a Critical Incident Stress Inventory for the Emergency Medical Services.

Elizabeth A. Donnelly, Michael Bennett

Traumatology July 23, 2013

In this study, a mixed-methods approach was used to develop an inventory of critical incidents for emergency medical service (EMS) personnel. Data were collected from a probabilistic sample of EMS personnel (N = 1,633) via an online survey. Quantitative responses captured the frequency of exposure to 29 critical events, self-reported stress related to exposure, demographic characteristics, and posttraumatic stress symptomatology (PTSS). Respondents reported exposure to all of the stressors in the inventory. Critical incident exposure and the resultant stress were significantly ($p < .01$) correlated with PTSS. Qualitative feedback captured previously unidentified critical incidents unique to this population, allowing for greater elucidation of existing items and the identification of additional items that could be included in the inventory. Findings point toward the importance of considering cumulative critical incident exposure and resulting self-reported stress when assessing the impact of critical incidents for EMS personnel.

<http://www.sciencedirect.com/science/article/pii/S0887618513001345>

Why Are Iraq and Afghanistan War Veterans Seeking PTSD Disability Compensation at Unprecedented Rates?

Richard J. McNally, PhD, B. Christopher Frueh, PhD

Journal of Anxiety Disorders, Available online 26 July 2013

The wars in Iraq and Afghanistan have produced historically low rates of fatalities, injuries, and posttraumatic stress disorder (PTSD) among U.S. combatants. Yet they have also produced historically unprecedented rates of PTSD disability compensation seeking from the U.S. Department of Veterans Affairs. The purpose of this article is to consider hypotheses that might potentially resolve this paradox, including high rates of PTSD, delayed onset PTSD, malingered PTSD, and economic variables.

<http://www.tandfonline.com/doi/abs/10.1080/15426432.2013.801732>

The Trauma of Moral Injury: Beyond the Battlefield.

Eileen A. Dombo, Cathleen Gray, Barbara P. Early

Journal of Religion & Spirituality in Social Work: Social Thought

Vol. 32, Iss. 3, 2013

This article explores moral injury, a concept from military mental health professionals, which refers to the emotional effects on soldiers of actions taken as part of their military obligations that violate the dictates of their moral compass (Boudreau, 2011; Shay, 2011). This article will trace the history and current knowledge of moral injury and apply a social cognitive model of understanding the concept (Litz et al., 2009) to vignettes from the authors' civilian clinical practice, in the hope of raising awareness within clinical social work and other mental health professions of the complexities of moral injury. By bringing the concept of moral injury into the mainstream social work arena, it is the authors' hope that clinicians will be able to distinguish it from post-traumatic stress disorder (PTSD) and understand the role of shame in the experience of moral injury in their own clients.

<http://onlinelibrary.wiley.com/doi/10.1111/sltb.12049/abstract>

Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevention Lifeline.

Gould, M. S., Cross, W., Pisani, A. R., Munfakh, J. L. and Kleinman, M.

Suicide and Life-Threatening Behavior

Article first published online: 25 JUL 2013

We examined the impact of the implementation of Applied Suicide Intervention Skills Training (ASIST) across the National Suicide Prevention Lifeline's national network of crisis hotlines. Data were derived from 1,507 monitored calls from 1,410 suicidal individuals to 17 Lifeline centers in 2008–2009. Callers were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls handled by ASIST-trained counselors. Few significant changes in ASIST-trained counselors' interventions emerged; however, improvements in callers' outcomes were linked to ASIST-related counselor interventions, including exploring reasons for living and informal support contacts. ASIST training did not yield more comprehensive suicide risk assessments.

http://journals.lww.com/clinicalpain/Abstract/publishahead/Predictors_of_Suicidal_Ideation_in_Chronic_Pain.99543.aspx

Predictors of Suicidal Ideation in Chronic Pain Patients: An Exploratory Study.

Racine, Mélanie PhD; Choinière, Manon PhD; Nielson, Warren R. PhD

Clinical Journal of Pain:

POST AUTHOR CORRECTIONS, 24 July 2013

Objectives:

To explore whether chronic pain (CP) patients who report suicidal ideation (SI) present a distinctive profile with regard to their sociodemographic characteristics, physical health, psychological well-being, cognitions, and use of antidepressants, illicit drugs, and alcohol for pain relief.

Methods:

Eighty-eight CP patients completed self-administered questionnaires during their intake assessment at 3 pain clinics located in the province of Quebec (Canada). Patients reporting active or passive SI on the Beck Depression Inventory were compared with patients reporting no SI. Between-group univariate analyses were performed using profile variables to compare patients with and without SI. Significant variables were then entered into multiple logistic regression analyses to identify significant independent predictors of SI.

Results:

Twenty-four percent of patients reported having had SI. Unemployed/disabled patients were 6 times more likely to report SI. Poor sleep quality was the only predictor of SI among the physical variables. For psychological well-being, depressive symptoms did not significantly predict SI. However, the poorer the patients perceived their mental health to be the more likely they were to report SI. Pain-related helplessness was the only predictor for SI among the cognitive variables. Patients who had used illicit drugs as a form of pain relief at any time since pain onset were 5 times more likely to report SI. Similar results were obtained for those who were on antidepressants.

Discussion:

Some factors associated with SI seem pain specific, whereas others are more generally associated with SI. Better identification and understanding of these factors is essential for the development of targeted suicide prevention programs for at-risk CP patients.

<http://psycnet.apa.org/psycinfo/2013-25767-001/>

Web Intervention for OEF/OIF Veterans With Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial.

Brief, Deborah J.; Rubin, Amy; Keane, Terence M.; Enggasser, Justin L.; Roy, Monica; Helmuth, Eric; Hermos, John; Lachowicz, Mark; Rybin, Denis; Rosenbloom, David

Journal of Consulting and Clinical Psychology, Jul 22 , 2013

Objective:

Veterans who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) commonly experience alcohol misuse and symptoms of posttraumatic stress disorder (PTSD) following their return from deployment to a war zone. We conducted a randomized clinical trial to evaluate the efficacy of a newly developed, 8-module, self-management web intervention (VetChange) based on motivational and cognitive-behavioral principles to reduce alcohol consumption, alcohol-related problems, and PTSD symptoms in returning combat veterans.

Method:

Six hundred participants, recruited through targeted Facebook ads, were randomized to either an Initial Intervention Group (IIG; n = 404) or a Delayed Intervention Group (DIG; n = 196) that waited 8 weeks for access to VetChange. Primary outcome measures were Drinks per Drinking Day, Average Weekly Drinks, Percent Heavy Drinking Days, and PTSD symptoms. Intent-to-treat analyses compared changes in outcome measures over time between IIG and DIG as well as within-group changes.

Results:

IIG participants demonstrated greater reductions in drinking ($p < .001$ for each measure) and PTSD symptoms ($p = .009$) between baseline and end-of-intervention than did DIG participants between baseline and the end of the waiting period. DIG participants showed similar improvements to those in IIG following participation in VetChange. Alcohol problems were also reduced within each group between baseline and 3-month follow-up.

Conclusions:

Results indicate that VetChange is effective in reducing drinking and PTSD symptoms in OIF/OEF veterans. Further studies of VetChange are needed to assess web-based recruitment and retention methods and to determine VetChange's effectiveness in demographic and clinical sub-populations of returning veterans. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

<http://www.degruyter.com/view/j/ijamh.ahead-of-print/ijamh-2013-0051/ijamh-2013-0051.xml>

Educating medical professionals about suicide prevention among military veterans.

Debora Ganz / Leo Sher

International Journal of Adolescent Medicine and Health

July 2013

The aim of this paper was to discuss the results of a review of literature related to suicide in military veteran populations. Suicide in veteran populations has been increasing in recent years, and continues to be a medical and social problem across the globe. For medical health professionals, knowledge of the risk factors for suicide, careful assessment, and appropriate interventions are key to suicide prevention. The main aim of this review is to better understand the risk factors present in veteran suicide and find

ways by which to educate medical professionals in suicide prevention. Key suicide risk factors found in veteran populations include posttraumatic stress disorder, major depressive disorder, physical injuries, substance use disorders, traumatic brain injury, combat-related guilt, access to firearms, and insufficient social support. Some psychosocial difficulties are unique to veteran populations, and medical professionals should be culturally sensitive to these factors. Psychosocial changes upon discharge from active duty, as well as stigma against mental health disorders and treatment, should also be considered and assessed. Given that general practitioners may be the first line of defense for these veterans, they should be educated in risk factors for veteran suicide and proper assessment techniques. Any suicide risk in a veteran population should be taken very seriously, and responded to appropriately.

<http://www.biomedcentral.com/1471-244X/13/199/abstract>

An investigator-blinded, randomized study to compare the efficacy of combined CBT for alcohol use disorders and social anxiety disorder versus CBT focused on alcohol alone in adults with comorbid disorders: the Combined Alcohol Social Phobia (CASP) trial protocol.

Andrew J Baillie, Claudia Sannibale, Lexine A Stapinski, Maree Teesson, Ronald M Rapee and Paul S Haber

BMC Psychiatry 2013, 13:199

Published: 30 July 2013

Background

Alcohol use disorders and social anxiety disorder are common and disabling conditions that frequently co-exist. Although there are efficacious treatments for each disorder, only two randomized controlled trials of interventions for these combined problems have been published. We developed a new integrated treatment for comorbid Social Anxiety Disorder and Alcohol Use Disorder based on established Motivational Interviewing (MI) and Cognitive Behaviour Therapy (CBT) interventions for the separate disorders. Compared to established MI/CBT for alcohol use disorders this new intervention is hypothesised to lead to greater reductions in symptoms of social anxiety and alcohol use disorder and to produce greater improvements in quality of life. Higher levels of alcohol dependence will result in relatively poorer outcomes for the new integrated treatment.

Methods

A randomised controlled trial comparing 9 sessions of individual integrated treatment for alcohol and social phobia with 9 sessions of treatment for alcohol use problems alone is proposed. Randomisation will be stratified for stable antidepressant use. Post treatment clinical assessments of alcohol consumption and diagnostic status at 3 and 6 month follow-up will be blind to allocation.

Discussion

The proposed trial addresses a serious gap in treatment evidence and could potentially define the appropriate treatment for a large proportion of adults affected by these problems.

Trial registration: Australian New Zealand Clinical Trials Registry: ACTRN12608000228381.

Links of Interest

Integrative Treatment for Co-Occurring Disorders in Service Members, Veterans, and Military Families in a Civilian Inpatient Setting

<http://www.holliswoodhospital.com/integrative-treatment-for-co-occurring-disorders-in-service-members-veterans-and-military-families-in-a-civilian-inpatient-setting>

Helping National Guard and Reserve Reenter the Workplace

<http://www.brainlinemilitary.org/content/2013/05/helping-national-guard-and-reserve-reenter-the-workplace.html>

Study of Veterans Finds Links Between Outdoor Activities, Improved Mental Health

<http://www.sciencedaily.com/releases/2013/07/130725112735.htm>

'Prolonged exposure' therapy may help vets with PTSD

http://www.nlm.nih.gov/medlineplus/news/fullstory_138814.html

Sleep Apnea Treatment Eases Nightmares in Vets With PTSD: Study

http://www.nlm.nih.gov/medlineplus/news/fullstory_138792.html

Army Reserve Soldiers have many resources to help build resiliency

http://www.army.mil/article/107864/Army_Reserve_Soldiers_have_many_resources_to_help_build_resiliency/

Primary care CBT helps insomnia patients

http://www.medwirenews.com/1723/104693/Sleep_medicine/Primary_care_CBT_helps_insomnia_patients.html

Psychotherapy via the Internet as good as if not better than face-to-face consultations

http://www.eurekalert.org/pub_releases/2013-07/uoz-pvi073013.php

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Frequently Asked Questions About APA Style®

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