



## CDP Research Update -- February 6, 2014

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Lande RG.

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- Changes in Sleep Disruption in the Treatment of Co-Occurring Posttraumatic Stress Disorder and Substance Use Disorders.
- Practical Guidance for Targeting Insomnia in Primary Care Settings.
- Internet-based mindfulness treatment for anxiety disorders: a randomized controlled trial.
- The Driving Behavior Survey as a Measure of Behavioral Stress Responses to MVA-Related PTSD.
- Partners' attributions for service members' symptoms of combat-related posttraumatic stress disorder.
- Emergency Department Predictors of Posttraumatic Stress Reduction for Trauma-Exposed Individuals With and Without an Early Intervention.
- Sleep Outcomes in Youth With Chronic Pain Participating in a Randomized Controlled Trial of Online Cognitive-Behavioral Therapy for Pain Management.
- On-the-road driving performance and driving-related skills in older untreated insomnia patients and chronic users of hypnotics.

- The bidirectional dyadic association between tendency to forgive, self-esteem, social support, and PTSD symptoms among terror-attack survivors and their spouses.
- Thinking about trauma: the unique contributions of event centrality and posttraumatic cognitions in predicting PTSD and posttraumatic growth.
- The impact of healthy parenting as a protective factor for posttraumatic stress disorder in adulthood: a case-control study.
- Etiology of depression comorbidity in combat-related PTSD: A review of the literature.
- Review of the Effectiveness of Transcranial Magnetic Stimulation for Post-traumatic Stress Disorder.
- Intranasal oxytocin as strategy for medication-enhanced psychotherapy of PTSD: Salience processing and fear inhibition processes.
- Cortisol response to cosyntropin administration in military veterans with or without posttraumatic stress disorder.
- Links of Interest
- Resource of the Week -- Newly Updated Congressional Research Service Report: "Who is a Veteran?" — Basic Eligibility for Veterans' Benefits

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<http://www.ncbi.nlm.nih.gov/pubmed/24481800>

J Am Osteopath Assoc. 2014 Feb;114(2):83-9. doi: 10.7556/jaoa.2014.021.

### **Sleep problems, posttraumatic stress, and mood disorders among active-duty service members.**

Lande RG.

#### **CONTEXT:**

Sleep problems among active-duty service members are pervasive and complicate the recovery from comorbid posttraumatic stress and mood disorders.

#### **OBJECTIVE:**

To better understand chronic sleep problems among active-duty service members.

#### **METHODS:**

Medical records for active-duty service members who completed enhanced sleep assessments during an 18-month period beginning in October 2010 at the Walter Reed National Military Medical Centers'

Psychiatry Continuity Service were retrospectively reviewed. Sleep assessment measures included the Pittsburgh Insomnia Rating Scale, the Alcohol Use Disorders Identification Test, the Zung Self-Rating Depression Scale, the Zung Self-Rating Anxiety Scale, the Posttraumatic Stress Disorder Checklist - Military Version, the Epworth Sleepiness Scale, the Pre-Sleep Arousal Scale, and a home sleep study.

#### RESULTS:

A total of 76 records met the study criteria. Twenty-two participants (29%) had an apnea/hypopnea index that suggested mild to moderate sleep apnea. Service members with higher self-reported posttraumatic stress scores also reported a higher degree of both somatic and cognitive factors interfering with sleep initiation. Compared with those who had low self-reported posttraumatic stress scores, service members with high posttraumatic stress scores also had less total sleep time (mean difference, 38 minutes) and higher scores on the apnea/hypopnea index, the respiratory disturbance index, and the oxygen saturation index.

#### CONCLUSION:

Enhanced sleep assessments that include traditional self-report tests and a home sleep study can help identify previously undiscovered behavioral and respiratory problems among service members, particularly those with higher posttraumatic stress scores.

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<http://www.ncbi.nlm.nih.gov/pubmed/24480386>

Sleep Med Rev. 2013 Nov 28. pii: S1087-0792(13)00112-3. doi: 10.1016/j.smrv.2013.11.004. [Epub ahead of print]

#### **Who is predisposed to insomnia: A review of familial aggregation, stress-reactivity, personality and coping style.**

Harvey CJ, Gehrman P, Espie CA.

Insomnia is a common health complaint world-wide. Insomnia is a risk factor in the development of other psychological and physiological disorders. Therefore understanding the mechanisms which predispose an individual to developing insomnia has great transdiagnostic value. However, whilst it is largely accepted that a vulnerable phenotype exists there is a lack of research which aims to systematically assess the make-up of this phenotype. This review outlines the research to-date, considering familial aggregation and the genetics and psychology of stress-reactivity. A model will be presented in which negative affect (neuroticism) and genetics (5HTTLPR) are argued to lead to disrupted sleep via an increase in stress-reactivity, and further that the interaction of these variables leads to an increase in learned negative associations, which further increase the likelihood of poor sleep and the development of insomnia.

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<http://www.ncbi.nlm.nih.gov/pubmed/24482755>

Clin Psychol Sci. 2013 Oct;1(4):435-442.

**Cognitive Emotion Regulation and Written Exposure Therapy for Posttraumatic Stress Disorder.**

Wisco BE, Sloan DM, Marx BP.

We examined the extent to which cognitive emotion-regulation (ER) strategies moderated posttraumatic stress disorder (PTSD) treatment outcome among 40 motor vehicle accident survivors. Participants were randomly assigned to either a brief written exposure therapy (WET) condition or a waitlist condition and were assessed pre- and posttreatment and at a 3-month follow-up. Positive-reappraisal and putting-into-perspective strategies at baseline interacted with condition to predict symptom change over time. Both strategies predicted greater reductions in PTSD in the waitlist group, suggesting facilitation of natural recovery. However, positive reappraisal was associated with smaller reductions in PTSD in the WET group, suggesting that this strategy may interfere with treatment. Treatment also reduced use of the maladaptive ER strategy of rumination. These results provide evidence that putting-into-perspective and positive-reappraisal strategies are beneficial in the absence of treatment and that certain types of ER strategies may reduce response to WET, highlighting the importance of future research examining ER during treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24480899>

Am J Psychiatry. 2014 Jan 31. doi: 10.1176/appi.ajp.2013.13040552. [Epub ahead of print]

**A Randomized Controlled Trial of 7-Day Intensive and Standard Weekly Cognitive Therapy for PTSD and Emotion-Focused Supportive Therapy.**

Ehlers A, Hackmann A, Grey N, Wild J, Liness S, Albert I, Deale A, Stott R, Clark DM.

**OBJECTIVE**

Psychological treatments for posttraumatic stress disorder (PTSD) are usually delivered once or twice a week over several months. It is unclear whether they can be successfully delivered over a shorter period of time. This clinical trial had two goals: to investigate the acceptability and efficacy of a 7-day intensive version of cognitive therapy for PTSD and to investigate whether cognitive therapy has specific treatment effects by comparing intensive and standard weekly cognitive therapy with an equally credible alternative treatment.

## METHOD

Patients with chronic PTSD (N=121) were randomly allocated to 7-day intensive cognitive therapy for PTSD, 3 months of standard weekly cognitive therapy, 3 months of weekly emotion-focused supportive therapy, or a 14-week waiting list condition. The primary outcomes were change in PTSD symptoms and diagnosis as measured by independent assessor ratings and self-report. The secondary outcomes were change in disability, anxiety, depression, and quality of life. Evaluations were conducted at the baseline assessment and at 6 and 14 weeks (the posttreatment/wait assessment). For groups receiving treatment, evaluations were also conducted at 3 weeks and follow-up assessments at 27 and 40 weeks after randomization. All analyses were intent-to-treat.

## RESULTS

At the posttreatment/wait assessment, 73% of the intensive cognitive therapy group, 77% of the standard cognitive therapy group, 43% of the supportive therapy group, and 7% of the waiting list group had recovered from PTSD. All treatments were well tolerated and were superior to waiting list on nearly all outcome measures; no difference was observed between supportive therapy and waiting list on quality of life. For primary outcomes, disability, and general anxiety, intensive and standard cognitive therapy were superior to supportive therapy. Intensive cognitive therapy achieved faster symptom reduction and comparable overall outcomes to standard cognitive therapy.

## CONCLUSIONS

Cognitive therapy for PTSD delivered intensively over little more than a week was as effective as cognitive therapy delivered over 3 months. Both had specific effects and were superior to supportive therapy. Intensive cognitive therapy for PTSD is a feasible and promising alternative to traditional weekly treatment.

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<http://www.ncbi.nlm.nih.gov/pubmed/24479256>

Aviat Space Environ Med. 2014 Jan;85(1):30-8.

### **Risk of incident mental health conditions among critical care air transport team members.**

Tvaryanas AP, Maupin GM

#### BACKGROUND:

This study investigated whether Critical Care Air Transport Team (CCATT) members are at increased risk for incident post-deployment mental health conditions.

#### METHODS:

We conducted a retrospective cohort study of 604 U.S. Air Force medical personnel without preexisting mental health conditions who had at least one deployment as a CCATT member during 2003-2012 as

compared to a control group of 604 medical personnel, frequency matched based on job role, with at least one deployment during the same period, but without CCATT experience. Electronic health record data were used to ascertain the diagnosis of a mental health condition.

#### RESULTS:

The incidence of post-deployment mental health conditions was 2.1 per 1000 mo for the CCATT group versus 2.2 per 1000 mo for the control group. The six most frequent diagnoses were the same in both groups: adjustment reaction not including posttraumatic stress disorder (PTSD), anxiety, major depressive disorder, specific disorders of sleep of nonorganic origin, PTSD, and depressive disorder not elsewhere classified. Women were at marginally increased risk and nurses and technicians were at twice the risk of physicians. The distribution of the time interval from end of the most recent deployment to diagnosis of incident mental health condition was positively skewed with a median greater than 6 mo.

#### CONCLUSIONS:

CCATT members were at no increased risk for incident post-deployment mental health conditions as compared to non-CCATT medical service members. Nearly two-thirds of incident post-deployment mental health conditions were diagnosed outside the standard 6-mo medical surveillance period, a finding warranting further study.

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<http://www.ncbi.nlm.nih.gov/pubmed/24480334>

Arch Phys Med Rehabil. 2014 Jan 27. pii: S0003-9993(14)00036-7. doi: 10.1016/j.apmr.2014.01.008.  
[Epub ahead of print]

#### **Validating the Traumatic Brain Injury-4 (TBI-4) Screening Measure for Veterans Seeking Mental Health Treatment with Psychiatric Inpatient and Outpatient Service Utilization Data.**

Olson-Madden JH, Homaifar BY, Hostetter T, Matarazzo BB, Huggins J, Forster JE, Schneider AL, Nagamoto HT, Corrigan JD, Brenner LA

#### OBJECTIVE:

To determine whether a positive screen on the Traumatic Brain Injury-4 (TBI-4) can identify Veterans who utilize more inpatient and outpatient mental health services. Two criteria to identify a positive screen were evaluated.

#### DESIGN:

Validation cohort.

#### SETTING:

Veterans Affairs Medical Center.

**PARTICIPANTS:**

Individual seeking Veterans Health Administration mental health services (N=1,493).

**INTERVENTIONS:**

Not applicable.

**MAIN OUTCOME MEASURES:**

One year of inpatient and outpatient mental health utilization data following the TBI-4 screen date.

**RESULTS:**

In the year post-mental health intake, those who answered positively to any of the four TBI-4 screening questions (Criterion 1) or Question 2 (Criterion 2; ever being "knocked out") had significantly more psychiatric hospitalizations compared to those who met neither criterion. Those who were positive by Criterion 2 also had significantly fewer outpatient mental health contacts.

**CONCLUSIONS:**

Veterans screening positive for history of TBI on the TBI-4 had more hospital stays in the year post-mental health intake. Those who reported having been "knocked out", also had fewer outpatient mental health visits. These findings may suggest an overall relationship in this population between greater needs for mental health care and likelihood of prior injury. For those with a history of loss of consciousness, the reduced use of outpatient care may reflect greater problems engaging in treatment or with preventive aspects of the healthcare system, when they are not in crisis. Using a screener such as the TBI-4 could facilitate identification of Veterans who might benefit from targeted and intensive outpatient interventions to avoid frequent inpatient psychiatric hospitalization.

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<http://www.ncbi.nlm.nih.gov/pubmed/24475746>

Brain Inj. 2014 Jan 29. [Epub ahead of print]

**Relationships after TBI: A grounded research study.**

Godwin E, Chappell B, Kreutzer J.

**Background:**

While study on the emotional effects of traumatic brain injury (TBI) for individuals and caregivers has increased dramatically over the years, insufficient research has been performed on TBI's impact on the



coupled relationship or the healing process successful couples go through following injury. As such, couples are left on their own to adjust to the complex challenges that TBI brings.

#### Methods:

This qualitative study aims to develop a framework for conceptualizing and assessing couples after TBI. Additionally, it purposes to establish a foundation built upon the practises of successful couples that have subsisted TBI from which methods of treatment can be drawn. Existing personal narratives written by survivors of TBI and their caregivers were analysed. Data triangulation with clinician-authored literature was performed. Constant comparative analysis of the data was then performed through an involving substantive and theoretical coding.

#### Results:

Five primary themes emerged: Ambiguous Losses, Identity Reformations, Tenuous Stability, Non Omnes Moriar and The New Us. From these, two grounded theories were developed: Relational Coring and Relational Recycling.

#### Conclusions:

These theories will allow researchers and practitioners to grasp the impact of TBI on the coupled relationship, familiarize themselves with the process by which relational experiences following TBI interact and understand the ways in which couples respond to these interacting experiences to work toward relational healing.

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<http://www.ncbi.nlm.nih.gov/pubmed/24490078>

Sleep Disord. 2013;2013:209832. doi: 10.1155/2013/209832. Epub 2013 Dec 31.

#### **Clinically diagnosed insomnia and risk of all-cause and diagnosis-specific disability pension: a nationwide cohort study.**

Jansson C, Alexanderson K, Kecklund G, Akerstedt T.

#### Background.

Insomnia and disability pension are major health problems, but few population-based studies have examined the association between insomnia and risk of disability pension.

#### Methods.

We conducted a prospective nationwide cohort study based on Swedish population-based registers including all 5,028,922 individuals living in Sweden on December 31, 2004/2005, aged 17-64 years, and not on disability or old age pension. Those having at least one admission/specialist visit with a diagnosis of disorders of initiating and maintaining sleep (insomnias) (ICD-10: G47.0) during 2000/2001-2005 were compared to those with no such inpatient/outpatient care. All-cause and diagnosis-specific incident

disability pension were followed from 2006 to 2010. Incidence rate ratios (IRRs) and 95% confidence intervals (CIs) were estimated by Cox regression.

#### Results.

In models adjusted for prior sickness absence, sociodemographic factors, and inpatient/specialized outpatient care, associations between insomnia and increased risks of all-cause disability pension (IRR 1.35, 95% CI 1.09-1.67) and disability pension due to mental diagnoses (IRR 1.86, 95% CI 1.38-2.50) were observed. After further adjustment for insomnia medications these associations disappeared. No associations between insomnia and risk of disability pension due to cancer, circulatory, or musculoskeletal diagnoses were observed.

#### Conclusion.

Insomnia seems to be positively associated with all-cause disability pension and disability pension due to mental diagnoses.

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<http://cs.oxfordjournals.org/content/early/2014/01/27/cs.cdt043.abstract>

#### **Military Social Work Field Placement: Analyzing the Time and Activities That Graduate-level Interns Provide to Military-connected Schools.**

Monica Christina Esqueda, Julie A. Cederbaum, Diana M. Pineda, Keren Malchi, Rami Benbenishty, and Ron Avi Astor

Children Schools first published online January 27, 2014

Despite research suggesting that supportive school communities can shield students from depression, alienation, and school failure, civilian schools have struggled to address the unique needs of military-connected (MC) children. In response to this, a consortium between eight MC school districts and a school of social work was established. As part of the consortium, MSW students were trained to engage in direct service provision with MC children. This study examines the activities of 30 MSW student interns during a single academic year. Findings show that interns spend the majority of their time engaging in individual work with students, approximately 36 percent of whom are MC. Interns also spend a considerable amount of time engaging in group work and conducting psychosocial assessments. Interns allocate a significant amount of time to students' academic struggles, issues of bullying, attendance and truancy, school violence and bystander responses, and school connectedness. Findings from this study provide a baseline assessment of interns' current practice. The data generated have implications for social work education and practice.

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<http://link.springer.com/article/10.1007/s12160-013-9584-5>

#### **Prospective Examination of Cigarette Smoking Among Iraq-Deployed and Nondeployed Soldiers: Prevalence and Predictive Characteristics.**

Christopher B. Harte Ph.D., Susan P. Proctor DSc, Jennifer J. Vasterling Ph.D.

Annals of Behavioral Medicine

January 2014

#### Background

Identifying characteristics that influence smoking behavior among military personnel is critical to protect health and operational functioning.

#### Purpose

This study prospectively examined rates of cigarette smoking and predictors of changes in smoking behavior as a function of Iraq deployment.

#### Methods

One thousand eighty-two US Army soldiers (n = 773 Iraq-deployed; n = 309 nondeployed) completed assessments at two sessions [time 1: April 2003–July 2004; time 2: May 2004–July 2004 (nondeployers); January 2005–September 2006 (deployers)].

#### Results

Approximately 48 % of participants smoked at both time points, with 6 % initiating smoking and 6 % quitting. Smoking initiation was associated with warzone stress exposure; female gender and high military unit support predicted cessation. Military rank and alcohol use were associated with both smoking initiation and cessation.

#### Conclusion

Findings highlight the potential benefits of targeting risk factors for cigarette smoking in comprehensive military health programs aimed at smoking prevention and cessation.

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<http://www.scirp.org/journal/PaperInformation.aspx?paperID=42504>

#### **An Exploratory Analysis of the Correlates of Risk-Taking Propensity in Canadian Military Personnel.**

Jennifer E. C. Lee, Ann-Renée Blais

Psychology, 5, 53-61

There has been growing interest in the impacts of combat exposure on behavioral health outcomes such as alcohol use, risky driving and smoking in research on military personnel in recent years. One psychological factor that may explain such outcomes is an individuals' risk-taking propensity. The present study thus examined the relationships of risk-taking propensity with demographic variables, deployment history, as well as a number of health and risk behaviors. Data collected as part of a comprehensive health survey in the Canadian Armed Forces (CAF) in 2008 and 2009 were analyzed. Participants included a sample of 2157 Regular Force members, stratified to reflect the Regular Force in terms of age, sex, and deployment history. Using subscales of the Domain-Specific Risk Taking Scale (DOSPRT), participants' levels of risk-taking propensity in the health and safety and in the recreational domains were assessed. Results consistently pointed to the higher levels of risk-taking propensity

among younger respondents and men. While non-commissioned members (NCMs) reported higher levels of health and safety risk-taking propensity than officers, officers reported higher levels of recreational risk-taking propensity than NCMs. Variation in health and safety, but not recreational risk-taking propensity was found by deployment history. Health and safety risk-taking propensity was associated with a number of health-compromising behaviors (e.g., poor eating habits, inconsistent helmet use, smoking, problem drinking), while recreational risk-taking propensity was associated with a number of health-enhancing behaviors (e.g., good eating habits, physical activity, never smoking). Results thus point to noteworthy variations in the correlates of risk-taking propensity by risk domain among military personnel.

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<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0085733>

### **Predicting the Risk of Suicide by Analyzing the Text of Clinical Notes.**

Poulin C, Shiner B, Thompson P, Vepstas L, Young-Xu Y, et al.

PLoS ONE

Published: January 28, 2014

We developed linguistics-driven prediction models to estimate the risk of suicide. These models were generated from unstructured clinical notes taken from a national sample of U.S. Veterans Administration (VA) medical records. We created three matched cohorts: veterans who committed suicide, veterans who used mental health services and did not commit suicide, and veterans who did not use mental health services and did not commit suicide during the observation period (n = 70 in each group). From the clinical notes, we generated datasets of single keywords and multi-word phrases, and constructed prediction models using a machine-learning algorithm based on a genetic programming framework. The resulting inference accuracy was consistently 65% or more. Our data therefore suggests that computerized text analytics can be applied to unstructured medical records to estimate the risk of suicide. The resulting system could allow clinicians to potentially screen seemingly healthy patients at the primary care level, and to continuously evaluate the suicide risk among psychiatric patients.

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<http://www.tandfonline.com/doi/abs/10.1080/15332691.2014.865984>

### **A Review of “Couple-Based Interventions for Military and Veteran Families: A Practitioner's Guide.”**

Meghan H. Lacks MS

Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions

Volume 13, Issue 1, 2014, pages 89-90

Review of:

Douglas K. Snyder & Candice M. Monson (Eds.). (2012). New York, NY: The Guilford Press, 345 pp., \$38.00 (hardback), \$31.20 (Kindle edition).

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00439>

**Reservists in a Postconflict Zone: Deployment Stressors and the Deployment Experience.**

Geoffrey J. Orme, Australian Army; E. James Kehoe, Australian Army

Military Medicine

Volume 179 Issue 2, February 2014, pp. 137-142

In postconflict zones, both aid and military personnel face chronic stress, including boredom, isolation, family separation, and difficult living conditions, plus the intra-organizational and interpersonal frictions found in all work settings. Australian Army reservists ( N = 350) were surveyed during and after peacekeeping in the Solomon Islands. Most respondents reported having a positive experience (66%) and fewer reported their experience was neutral (16%) or negative (17%). The stressors reported by reservists predominately emanated from work-related sources rather than from separation or the operational environment. The discussion considers leadership factors, especially the role of organizational justice in deployed organizations, that may influence the deployment experience.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00425>

**Female Veterans of Operations Enduring and Iraqi Freedom: Status and Future Directions.**

Jessica C. Rivera, MC USA; Anthony E. Johnson, MC USA

Military Medicine

Volume 179 Issue 2, February 2014, pp. 133-136

Objectives:

The number of female veterans has increased four-fold over the past 20 years, yet the study of specific care for female veterans is lacking. Given our military's growing number of female veterans, this article aims to review historical and recent knowledge as well as define research priorities for treatment of the unique physical and mental health issues experienced by women who have served in Operations Enduring Freedom and Iraqi Freedom.

Methods:

A literature review was performed of publications spanning the Vietnam War, Persian Gulf War, and Operation Iraqi Freedom and Operation Enduring Freedom periods to determine what health issues persist among female veterans.

Results:

Female veterans historically report more reproductive and gynecological problems than the general population. They also potentially experience higher incidences of post-traumatic stress disorder and depression compared to male veterans, and overall exhibit a higher prevalence of several mental health disorders compared to the general population.

Conclusions:

The study of military trauma outcomes and treatments for female veterans as a distinct population continues to be lacking despite evidence that female veterans experience substantial disability from gynecological and mental health issues. Policy guiding attention to female veterans' health issues is needed.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00363>

**Increasing Engagement in Evidence-Based PTSD Treatment Through Shared Decision-Making: A Pilot Study.**

Juliette M. Mott, PhD; Melinda A. Stanley, PhD; Richard L. Street, PhD; Rebecca H. Grady, BA; Ellen J. Teng, PhD

Military Medicine

Volume 179 Issue 2, February 2014, pp. 143-149

Within the Veterans Health Administration, post-traumatic stress disorder (PTSD) treatment decisions are left to the patient and provider, allowing substantial variability in the way treatment decisions are made. Theorized to increase treatment engagement, shared decision-making interventions provide a standardized framework for treatment decisions. This study sought to develop (phase 1) and pilot test the feasibility and potential effectiveness (phase 2) of a brief shared decision-making intervention to promote engagement in evidence-based PTSD treatment. An initial version of the intervention was developed and then modified according to stakeholder feedback. Participants in the pilot trial were 27 Iraq and Afghanistan Veterans recruited during an intake assessment at a Veterans Affairs PTSD clinic. Participants randomized to the intervention condition (n = 13) participated in a 30-minute shared decision-making session, whereas patients randomized to the usual care condition (n = 14) completed treatment planning during their intake appointment, per usual clinic procedures. Among the 20 study completers, a greater proportion of participants in the intervention condition preferred an evidence-based treatment and received an adequate ( $\geq 9$  sessions) dose of psychotherapy. Results provide preliminary support for the feasibility and potential effectiveness of the intervention and suggest that larger-scale trials are warranted.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00177>

**In-Person and Video-Based Post-Traumatic Stress Disorder Treatment for Veterans: A Location–Allocation Model.**

Hande Musdal, MSE; Brian Shiner, MD, MPH; TeChieh Chen, BA; Mehmet E. Ceyhan, PhD; Bradley V. Watts, MD, MPH; James Benneyan, PhD

Military Medicine

Volume 179 Issue 2, February 2014, pp. 150-156

Post-traumatic stress disorder (PTSD) is associated with poor health but there is a gap between need and receipt of care. It is useful to understand where to optimally locate in-person care and where video-based PTSD care would be most useful to minimize access to care barriers, care outside the Veterans Affairs system, and total costs. We developed a service location systems engineering model based on 2010 to 2020 projected care needs for veterans across New England to help determine where to best locate and use in-person and video-based care. This analysis determined specific locations and capacities of each type of PTSD care relative to patient home locations to help inform allocation of mental health resources. Not surprisingly Massachusetts, Connecticut, and Rhode Island are well suited for in-person care, whereas some rural areas of Maine, Vermont, and New Hampshire where in-patient services are infeasible could be better served by video-based care than external care, if the latter is even available. Results in New England alone suggest a potential \$3,655,387 reduction in average annual total costs by shifting 9.73% of care to video-based treatment, with an average 12.6 miles travel distance for the remaining in-person care.

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<http://publications.amsus.org/doi/abs/10.7205/MILMED-D-13-00307>

**Apparent Comorbidity of Bipolar Disorder in a Population With Combat-Related Post-Traumatic Stress Disorder.**

Robert N. McLay, MC, USNR; Vasudha Ram, MPH; Jennifer Webb-Murphy, PhD; Alicia Baird, PhD; Anita Hickey, MC, USN; Scott Johnston, MSC, USN

Military Medicine

Volume 179 Issue 2, February 2014, pp. 157-161

Combat is often associated with the diagnosis of post-traumatic stress disorder. Battle may also lead to other emotional extremes. Sometimes this is enough to meet criteria for a diagnosis of bipolar disorder (BPD), but it is open to debate if this is clinically appropriate. This study examined the rate of BPD, as assessed by structured interview, in combat veterans who clinicians believed met the criteria for post-traumatic stress disorder but not BPD. Structured interviews were conducted with 109 such participants. Close to 81% endorsed a history of a major depressive episode, 34.9% endorsed a history of manic episode, and 27.5% endorsed a history of a hypomanic episode. According to the interviews, 54.1% participants experienced BPD, including 34.9% who experienced BPD type I. Clinicians were aware of

these results and observed the individuals for a prolonged period afterward, but the clinical diagnosis did not change to include BPD in any of these individuals. Future research is needed to establish reliable and valid methods to make a diagnosis of BPD in the presence of comorbid conditions and stressors and thus guide clinicians with better treatment options.

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<http://www.degruyter.com/view/j/jsarp.2014.51.issue-1/jsarp-2014-0003/jsarp-2014-0003.xml>

### **Student Service Members/Veterans in Higher Education: A Systematic Review.**

Adam E. Barry, Shawn D. Whiteman, Shelley MacDermid Wadsworth

Journal of Student Affairs Research and Practice

Volume 51, Issue 1, Pages 30–42

We systematically reviewed the data-based peer-reviewed research examining student service members/veterans (SSM/V) in higher education. Compared to civilian peers, SSM/V exhibit disproportionately higher rates of health risk behaviors and psychological symptoms, and personal and educational adjustment difficulties (i.e., inability to connect with peers and faculty on campus). Combat-related trauma is a contributing factor to these differences. The current evidence-base is scant, lacking nationally representative and/or longitudinal data to inform policies and programs for SSM/V.

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<http://informahealthcare.com/doi/abs/10.3109/02699052.2014.880514>

### **Relationships after TBI: A grounded research study.**

Emilie Godwin, Brittney Chappell, & Jeffrey Kreutzer

Brain Injury

Posted online on January 29, 2014

#### **Background:**

While study on the emotional effects of traumatic brain injury (TBI) for individuals and caregivers has increased dramatically over the years, insufficient research has been performed on TBI's impact on the coupled relationship or the healing process successful couples go through following injury. As such, couples are left on their own to adjust to the complex challenges that TBI brings.

#### **Methods:**

This qualitative study aims to develop a framework for conceptualizing and assessing couples after TBI. Additionally, it purposes to establish a foundation built upon the practises of successful couples that have subsisted TBI from which methods of treatment can be drawn. Existing personal narratives written by survivors of TBI and their caregivers were analysed. Data triangulation with clinician-authored



literature was performed. Constant comparative analysis of the data was then performed through an involving substantive and theoretical coding.

Results:

Five primary themes emerged: Ambiguous Losses, Identity Reformations, Tenuous Stability, Non Omnes Moriar and The New Us. From these, two grounded theories were developed: Relational Coring and Relational Recycling.

Conclusions:

These theories will allow researchers and practitioners to grasp the impact of TBI on the coupled relationship, familiarize themselves with the process by which relational experiences following TBI interact and understand the ways in which couples respond to these interacting experiences to work toward relational healing.

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<http://gradworks.umi.com/36/05/3605004.html>

**The Role of Prayer Coping and Disclosure Attitudes in Posttraumatic Outcomes Among Iraq and Afghanistan Veterans**

by Tait, Rhondie N., Ph.D.

Dissertation, Fuller Theological Seminary, School Of Psychology, 2014, 62 pages

U.S. military veterans of the Iraq and Afghanistan conflicts are at risk for developing adverse mental health symptoms post-deployment, but may also report experiences of growth after serving in these conflicts. The aim of the present study was to examine the role of prayer coping and attitudes toward trauma disclosure in predicting posttraumatic outcomes among a sample of recently deployed Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans (N = 110). Posttraumatic outcomes assessed by self-report measures included posttraumatic stress disorder (PTSD), depression, and posttraumatic growth (PTG). Through examination of bivariate correlations between study variables, results indicated that an urge to talk about traumatic experiences with others was positively correlated with each of the different types of prayer assessed (prayer for assistance, prayer for acceptance, prayer for calm and focus, and deferring/avoiding prayer). Additionally, endorsement of "active" types of prayer coping was associated with greater PTG, whereas passive prayer was not correlated with PTSD, depression, or PTG. Hierarchical regression analyses indicated that prayer for assistance and prayer for calm and focus predicted fewer PTSD and depressive symptoms, respectively, even after controlling for disclosure variables, social support, and combat exposure. In addition, use of avoidant prayer predicted greater depressive symptomology. These findings suggest that prayer coping may partially overlap with traditional disclosure, but also accounts for unique variance in predicting posttraumatic outcomes. Discussions of possible clinical implications and directions for future research are also included.

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<http://www.tandfonline.com/doi/abs/10.1080/15332691.2014.865983>

**A Qualitative Analysis of Military Couples With High and Low Trauma Symptoms and Relationship Distress Levels.**

Stephanie Wick, Briana S. Nelson Goff

Journal of Couple & Relationship Therapy

Vol. 13, Iss. 1, 2014

The purpose of the current study was to understand the experiences of a subset of military couples regarding the effects of war deployment on couple functioning. The authors used the core “couple functioning” variables included in the Couple Adaptation to Traumatic Stress Model as sensitizing concepts to guide the qualitative analysis process. Participant interviews (n = 15 couples, 30 total participants) were divided into subgroups according to high and low trauma symptom and relationship satisfaction scale scores. Five primary themes were identified in the results: communication, conflict management, roles, support/nurturance, and posttraumatic growth. Overall, highly satisfied couples and those with the lowest levels of traumatic stress symptoms reported more positive relationship functioning in the identified areas, while couples reporting higher traumatic stress symptoms and lower relationship satisfaction indicated varied or inconsistent qualitative results. Clinical and research implications for military couples also are identified.

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<http://www.jmir.org/2014/1/e30/>

**Caught in the Web: A Review of Web-Based Suicide Prevention.**

Mee Huong Lai, Thambu Maniam, Lai Fong Chan, Arun V Ravindran

Journal of Medical Internet Research

2014;16(1):e30

**Background:**

Suicide is a serious and increasing problem worldwide. The emergence of the digital world has had a tremendous impact on people’s lives, both negative and positive, including an impact on suicidal behaviors.

**Objective:** Our aim was to perform a review of the published literature on Web-based suicide prevention strategies, focusing on their efficacy, benefits, and challenges.

**Methods:**

The EBSCOhost (Medline, PsycINFO, CINAHL), OvidSP, the Cochrane Library, and ScienceDirect databases were searched for literature regarding Web-based suicide prevention strategies from 1997 to 2013 according to the modified PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement. The selected articles were subjected to quality rating and data extraction.

#### Results:

Good quality literature was surprisingly sparse, with only 15 fulfilling criteria for inclusion in the review, and most were rated as being medium to low quality. Internet-based cognitive behavior therapy (iCBT) reduced suicidal ideation in the general population in two randomized controlled trial (effect sizes,  $d=0.04-0.45$ ) and in a clinical audit of depressed primary care patients. Descriptive studies reported improved accessibility and reduced barriers to treatment with Internet among students. Besides automated iCBT, preventive strategies were mainly interactive (email communication, online individual or supervised group support) or information-based (website postings). The benefits and potential challenges of accessibility, anonymity, and text-based communication as key components for Web-based suicide prevention strategies were emphasized.

#### Conclusions:

There is preliminary evidence that suggests the probable benefit of Web-based strategies in suicide prevention. Future larger systematic research is needed to confirm the effectiveness and risk benefit ratio of such strategies.

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<http://onlinelibrary.wiley.com/doi/10.1002/pmh.1256/abstract>

#### **Interactive role of depression, distress tolerance and negative urgency on non-suicidal self-injury.**

Peterson, C. M., Davis-Becker, K. and Fischer, S.

Personality and Mental Health

Article first published online: 27 JAN 2014

Negative affect often precedes non-suicidal self-injury (NSSI). Negative urgency (NU) and distress tolerance (DT) are associated with NSSI yet represent different trait-like pathways to maladaptive affect regulation. This study examined the role of NU, (lack of) premeditation, depression and DT on NSSI in a sample of 884 undergraduates. Main effects for depression and NU emerged, with no main effects of DT. There was a significant three-way interaction of NU, DT and depression, whereas no interaction was found for (lack of) premeditation. The influence of NU and depression on NSSI is enhanced when individuals have low perceived ability to tolerate distress. Copyright © 2014 John Wiley & Sons, Ltd.

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<http://jad.sagepub.com/content/early/2014/01/27/1087054713518238.abstract>

#### **ADHD and Suicidal Ideation: The Roles of Emotion Regulation and Depressive Symptoms Among College Students.**

Kathryn Van Eck, Elizabeth Ballard, Shelley Hart, Ali Newcomer, Rashelle Musci, and Kate Flory

Journal of Attention Disorders

First published on January 27, 2014

**Objective:**

ADHD appears to increase risk for both depression and suicidal ideation, while ADHD and depression are also associated with emotion regulation deficits. Thus, we evaluated the degree to which depression mediated the association between ADHD and suicidal ideation, as well as the degree to which emotion regulation deficits moderated the association ADHD shared with depression and suicidal ideation in a nonclinical sample.

**Method:**

Participants were undergraduate psychology students (N = 627; age: M = 20.23, SD = 1.40; 60% female; 47% European American) who completed an online assessment.

**Results:**

Results indicated that ADHD indirectly increased suicidal ideation through depression. Emotion regulation deficits of accepting negative emotions, emotional awareness, and goal-oriented behavior moderated the indirect effect of ADHD on suicidal ideation.

**Conclusion:**

Depression appears to play an important mediating role in suicidal ideation for college students with ADHD, and specific emotion regulation deficits appear to amplify the effects of ADHD on depression and suicidal ideation.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21878/abstract>

**Changes in Sleep Disruption in the Treatment of Co-Occurring Posttraumatic Stress Disorder and Substance Use Disorders.**

McHugh, R. K., Hu, M.-C., Campbell, A. N. C., Hilario, E. Y., Weiss, R. D. and Hien, D. A.

Journal of Traumatic Stress

Article first published online: 28 JAN 2014

Sleep disruption appears not only to reflect a symptom of posttraumatic stress disorder (PTSD), but also a unique vulnerability for its development and maintenance. Studies examining the impact of psychosocial treatments for PTSD on sleep symptoms are few and no studies to date of which we are aware have examined this question in samples with co-occurring substance use disorders. The current study is a secondary analysis of a large clinical trial comparing 2 psychological treatments for co-occurring PTSD and substance use disorders. Women (N = 353) completed measures of PTSD at baseline, end of treatment, and 3-, 6-, and 12-month follow-ups. Results indicated that the prevalence of insomnia, but not nightmares, decreased during treatment, and that 63.8% of participants reported at least 1 clinical-level sleep symptom at the end of treatment. Improvement in sleep symptoms during treatment was associated with better overall PTSD outcomes over time,  $\chi^2(1) = 33.81, p < .001$ . These results extend the existing literature to suggest that residual sleep disruption following PTSD treatment is common in women with co-occurring PTSD and substance use disorders. Research on the benefits of

adding sleep-specific intervention for those with residual sleep disruption in this population may be a promising future direction.

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<http://www.sciencedirect.com/science/article/pii/S1077722914000030>

### **Practical Guidance for Targeting Insomnia in Primary Care Settings.**

Jeffrey L. Goodie, Christopher L. Hunter

Cognitive and Behavioral Practice

Available online 26 January 2014

Insomnia is among the most prevalent conditions in primary care. Despite the development of well-established, evidence-based cognitive and behavioral interventions for insomnia, they are not typically applied in primary care environments. One method for improving primary care delivery of these interventions is to integrate behavioral health providers as a service delivery team member in this environment. The population health focus and time-limited appointments of primary care require that these well-established interventions are adapted for effective implementation in primary care. Using a case example, we describe practical methods of delivering these interventions in the primary care setting.

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<http://www.ncbi.nlm.nih.gov/pubmed/24491199>

Behav Ther. 2014 Mar;45(2):241-53. doi: 10.1016/j.beth.2013.11.003. Epub 2013 Nov 25.

### **Internet-based mindfulness treatment for anxiety disorders: a randomized controlled trial.**

Boettcher J, Aström V, Pålsson D, Schenström O, Andersson G, Carlbring P.

Mindfulness-based interventions have proven effective for the transdiagnostic treatment of heterogeneous anxiety disorders. So far, no study has investigated the potential of mindfulness-based treatments when delivered remotely via the Internet. The current trial aims at evaluating the efficacy of a stand-alone, unguided, Internet-based mindfulness treatment program for anxiety. Ninety-one participants diagnosed with social anxiety disorder, generalized anxiety disorder, panic disorder, or anxiety disorder not otherwise specified were randomly assigned to a mindfulness treatment group (MTG) or to an online discussion forum control group (CG). Mindfulness treatment consisted of 96 audio files with instructions for various mindfulness meditation exercises. Primary and secondary outcome measures were assessed at pre-, posttreatment, and at 6-months follow-up. Participants of the MTG showed a larger decrease of symptoms of anxiety, depression, and insomnia from pre- to postassessment than participants of the CG (Cohen's  $d_{\text{between}}=0.36-0.99$ ). Within effect sizes were large in the MTG ( $d=0.82-1.58$ ) and small to moderate in the CG ( $d=0.45-0.76$ ). In contrast to participants of the CG, participants of the MTG also achieved a moderate improvement in their quality of life. The study provided encouraging results for an Internet-based mindfulness protocol in the

treatment of primary anxiety disorders. Future replications of these results will show whether Web-based mindfulness meditation can constitute a valid alternative to existing, evidence-based cognitive-behavioural Internet treatments. The trial was registered at ClinicalTrials.gov (NCT01577290). Copyright © 2013 The Authors. Published by Elsevier Ltd.. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24491201>

Behav Ther. 2014 Mar;45(2):263-72. doi: 10.1016/j.beth.2013.12.002. Epub 2013 Dec 14.

### **The Driving Behavior Survey as a Measure of Behavioral Stress Responses to MVA-Related PTSD.**

Baker AS, Litwack SD, Clapp JD, Beck JG, Sloan DM.

Numerous treatments are available that address the core symptoms of posttraumatic stress disorder (PTSD). However, there are a number of related behavioral stress responses that are not assessed with PTSD measures, yet these behavioral stress responses affect quality of life. The goal of the current study was to investigate whether a recently developed measure of behavioral stress response, the Driving Behavior Survey (DBS), was sensitive to change associated with treatment among a group of participants diagnosed with PTSD. The DBS indexes anxious driving behavior, which is frequently observed among individuals with motor vehicle accident-related PTSD. Participants (n=40) were racially diverse adults (M age=40.78, 63% women) who met diagnostic criteria for motor vehicle accident-related PTSD. Hierarchical linear modeling analyses indicated that participants who were assigned to a brief, exposure-based intervention displayed significant reductions on the DBS subscales relative to participants assigned to the wait-list control condition ( $r=.41-.43$ ). Moreover, mediational analyses indicated that the observed reductions on the DBS subscales were not better accounted for by reductions in PTSD. Taken together, these findings suggest that the DBS subscales are sensitive to changes associated with PTSD treatment and can be used to augment outcome assessment in PTSD treatment trials. Copyright © 2014. Published by Elsevier Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/24491194>

Behav Ther. 2014 Mar;45(2):187-98. doi: 10.1016/j.beth.2013.10.005. Epub 2013 Oct 29.

### **Partners' attributions for service members' symptoms of combat-related posttraumatic stress disorder.**

Renshaw KD, Allen ES, Carter SP, Markman HJ, Stanley SM.

The association of service members' combat-related PTSD with partners' distress is weaker when spouses/partners believe that service members experienced more traumatic events during deployment. Also, when simultaneously examining partners' perceptions of all PTSD symptoms, perceptions of reexperiencing symptoms (the symptoms most obviously connected to traumatic events) are significantly negatively related to distress in partners. These findings are consistent with the notion that partners may be less distressed if they make external, rather than internal, attributions for service

members' symptoms. The present study explicitly tests this possibility. Civilian wives of active duty service members completed measures regarding their own marital satisfaction, their perceptions of service members' combat exposure during deployments, their perceptions of service members' symptoms of PTSD, and their attributions for those symptoms. External attributions were significantly positively associated with perceptions of combat exposure ( $r=.31$ ) and reexperiencing symptoms ( $\beta=.33$ ) and significantly negatively associated with perceptions of numbing/withdrawal symptoms ( $r=-.22$ ). In contrast, internal attributions were significantly negatively associated with perceptions of reexperiencing symptoms ( $\beta=-.18$ ) and significantly positively associated with perceptions of numbing/withdrawal symptoms ( $\beta=.46$ ). Internal attributions significantly moderated the negative association of PTSD symptoms with marital satisfaction, such that the association strengthened as internal attributions increased. These findings are the first explicit support for an attributional understanding of distress in partners of combat veterans. Interventions that alter partners' attributions may improve marital functioning.

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<http://www.ncbi.nlm.nih.gov/pubmed/24491070>

J Consult Clin Psychol. 2014 Feb 3. [Epub ahead of print]

### **Emergency Department Predictors of Posttraumatic Stress Reduction for Trauma-Exposed Individuals With and Without an Early Intervention.**

Price M, Kearns M, Houry D, Rothbaum BO.

#### **Objective:**

Recent data have supported the use of an early exposure intervention to promote a reduction in acute stress and posttraumatic stress disorder (PTSD) symptoms after trauma exposure. The present study explored a comprehensive predictive model that included history of trauma exposure, dissociation at the time of the trauma and early intervention, and physiological responses (cortisol and heart rate) to determine which variables were most indicative of reduced PTSD symptoms for an early intervention or treatment as usual.

#### **Method:**

Participants ( $n = 137$ ) were randomly assigned to the early intervention condition ( $n = 68$ ) or assessment-only condition ( $n = 69$ ) while receiving care at the emergency department of a Level 1 trauma center. Follow-up assessments occurred at 4 and 12 weeks posttrauma.

#### **Results:**

Findings suggested that dissociation at the time of the 1st treatment session was associated with reduced response to the early intervention. No other predictors were associated with treatment response. For treatment as usual, cortisol levels at the time of acute care and dissociation at the time of the traumatic event were positively associated with PTSD symptoms.

Conclusions:

Dissociation at the time at which treatment starts may indicate poorer response to early intervention for PTSD. Similarly, dissociation at the time of the event was positively related to PTSD symptoms in those who received treatment as usual. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

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<http://www.ncbi.nlm.nih.gov/pubmed/24484373>

Behav Sleep Med. 2014 Jan 31. [Epub ahead of print]

**Sleep Outcomes in Youth With Chronic Pain Participating in a Randomized Controlled Trial of Online Cognitive-Behavioral Therapy for Pain Management.**

Fales J, Palermo TM, Law EF, Wilson AC.

Sleep disturbances are commonly reported in youth with chronic pain. We examined whether online cognitive-behavioral therapy (CBT) for pain management would impact youth's sleep. Subjective sleep quality and actigraphic sleep were evaluated in 33 youth (M = 14.8 years; 70% female) with chronic pain participating in a larger randomized controlled trial of online-CBT. The Internet treatment condition (n = 17) received 8-10 weeks of online-CBT + standard care, and the wait-list control condition (n = 16) continued with standard care. Although pain improved with online-CBT, no changes were observed in sleep outcomes. Shorter pretreatment sleep duration was associated with less improvement in posttreatment functioning. Findings underscore the need for further development in psychological therapies to more intensively target sleep loss in youth with chronic pain.

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<http://www.ncbi.nlm.nih.gov/pubmed/24488406>

Psychopharmacology (Berl). 2014 Feb 2. [Epub ahead of print]

**On-the-road driving performance and driving-related skills in older untreated insomnia patients and chronic users of hypnotics.**

Leufkens TR, Ramaekers JG, de Weerd AW, Riedel WJ, Vermeeren A.

RATIONALE:

Many older adults report sleep problems and use of hypnotics. Several studies have shown that hypnotics can have acute adverse effects on driving the next morning. It is unclear however whether driving of chronic hypnotic users is impaired. Therapeutic effects on insomnia and development of tolerance may reduce the residual effects on driving.

OBJECTIVES:

The present study aimed to compare actual driving performance and driving-related skills of chronic hypnotic users to good sleepers. To determine whether insomnia itself affects driving performance, driving and driving-related skills were compared between insomnia patients who do not or infrequently use hypnotics and good sleepers.



#### METHODS:

Twenty-two frequent users of hypnotics (using hypnotics  $\geq 4$  nights per week for more than 3 months), 20 infrequent users (using hypnotics  $\leq 3$  nights per week), and 21 healthy, age-matched controls participated in this study. On the night before testing, all subjects were hospitalized for an 8-h sleep recorded by polysomnography. Frequent hypnotic users used their regular medication at bedtime (2330 hours), while infrequent users and controls received no medication. Cognitive performance (word learning, digit span, tracking, divided attention, vigilance, and inhibitory control) was assessed 8.5 h and driving performance between 10 and 11 h after bedtime and dosing.

#### RESULTS:

Polysomnographic recordings did not significantly differ between the groups, but the insomnia patients, treated or untreated, still reported subjective sleep complaints. Results show no differences in driving performance and driving-related skills between both groups of insomnia patients and controls.

#### CONCLUSIONS:

Driving performance in chronic users of hypnotics and untreated insomnia patients is not impaired. For chronic users, this may be due to prescription of relatively safe drugs and low doses. For untreated insomniacs, this corroborates previous findings showing an absence of neuropsychological deficits in this group of patients.

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<http://www.ncbi.nlm.nih.gov/pubmed/24490254>

J Trauma Stress. 2013 Dec;26(6):744-52.

#### **The bidirectional dyadic association between tendency to forgive, self-esteem, social support, and PTSD symptoms among terror-attack survivors and their spouses.**

Weinberg M.

This study examined the dyadic association of terror attack survivors' and spouses' internal resources, tendency to forgive (self, others, and situational forgiveness), self-esteem, and the external resource of social support, as associated with victims' and spouses' posttraumatic stress disorder (PTSD) symptoms, using the actor-partner interdependence model. Based on lists by the One Family organization in Israel, 108 couples participated in the study. The study results demonstrate that in the dyad relationship, survivors' tendency to forgive others and social support relate both to survivors' decreased levels of PTSD symptom severity ( $\beta = -.20$ ,  $p = .021$ ;  $\beta = -.55$ ,  $p < .001$ ) and spouses' decreased levels of PTSD symptom severity ( $\beta = -.21$ ,  $p = .015$ ;  $\beta = -.27$ ,  $p = .004$ ), whereas spouses' self-esteem relates to both spouses' and survivors' decreased levels of PTSD symptom severity ( $\beta = -.57$ ,  $p < .001$ ;  $\beta = -.14$ ,  $p = .041$ ). The findings underscore the role of the survivor-spouse unit by highlighting the dyad relationship of internal and external resources as associated with both survivors' and spouses' PTSD symptoms. Theoretical and clinical implications of the findings are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24490252>

J Trauma Stress. 2013 Dec;26(6):718-26.

**Thinking about trauma: the unique contributions of event centrality and posttraumatic cognitions in predicting PTSD and posttraumatic growth.**

Barton S, Boals A, Knowles L.

Researchers have been investigating possible pathways to negative (posttraumatic stress disorder [PTSD]) and positive (posttraumatic growth [PTG]) reactions to trauma in recent decades. Two cognitive constructs, event centrality and posttraumatic cognitions, have been implicated to uniquely predict PTSD symptoms in an undergraduate sample. The current pair of studies attempted to (a) replicate this finding in an undergraduate sample, (b) replicate this finding in a treatment-seeking sample, and (c) explore whether these 2 cognitive constructs uniquely predict PTG. The first study consisted of 500 undergraduate students, whereas the second study consisted of 53 treatment-seeking clients. Results indicated both posttraumatic cognitions and event centrality uniquely predicted PTSD in the undergraduate ( $R(2) = .46$ ) and treatment-seeking samples ( $R(2) = .46$ ). These 2 cognitive constructs also predicted PTG in the undergraduate sample ( $R(2) = .37$ ), but only posttraumatic cognitions predicted PTG in the treatment-seeking sample ( $R(2) = .17$ ). The relationships between PTG varied, depending on whether PTG for high or low event-centrality events were assessed. The original model was supported within both populations for PTSD symptoms, and its extension to PTG was supported within the treatment-seeking sample. These results underscore cognitive and narrative factors in the progression of trauma.

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<http://www.ncbi.nlm.nih.gov/pubmed/24489851>

PLoS One. 2014 Jan 29;9(1):e87117. doi: 10.1371/journal.pone.0087117. eCollection 2014.

**The impact of healthy parenting as a protective factor for posttraumatic stress disorder in adulthood: a case-control study.**

Lima AR, Mello MF, Andreoli SB, Fossaluzza V, de Araújo CM, Jackowski AP, Bressan RA, Mari JJ.

**BACKGROUND:**

Early life social adversity can influence stress response mechanisms and is associated with anxious behaviour and reductions in callosal area later in life.

#### OBJECTIVE:

To evaluate the association between perceptions of parental bonding in childhood/adolescence, hypothalamic-pituitary-adrenal (HPA) axis response, and callosal structural integrity in adult victims of severe urban violence with and without PTSD.

#### METHODS:

Seventy-one individuals with PTSD and 62 without the disorder were assessed with the Parental Bonding Instrument (PBI). The prednisolone suppression test was administered to assess cortisol levels, and magnetic resonance imaging was used to assess the total area of the corpus callosum (CC), as well as the areas of callosal subregions.

#### RESULTS:

The PBI items related to the perception of 'not having a controlling mother' (OR 4.84; 95%CI [2.26-10.3];  $p=0.01$ ), 'having a caring father' (OR 2.46; 95%CI [1.18-5.12];  $p=0.02$ ), and 'not having controlling parents' (OR 2.70; 95%CI [1.10-6.63];  $p=0.04$ ) were associated with a lower risk of PTSD. The PTSD group showed a blunted response to the prednisolone suppression test, with lower salivary cortisol levels upon waking up ( $p=0.03$ ). Individuals with PTSD had smaller total CC area than those without the disorder, but these differences were not statistically significant ( $e\text{-value} = 0.34$ ).

#### CONCLUSIONS:

Healthy parental bonding, characterized by the perception of low parental control and high affection, were associated with a lower risk of PTSD in adulthood, suggesting that emotional enrichment and the encouragement of autonomy are protective against PTSD in adulthood.

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<http://www.ncbi.nlm.nih.gov/pubmed/24486520>

Clin Psychol Rev. 2013 Dec 19;34(2):87-98. doi: 10.1016/j.cpr.2013.12.002. [Epub ahead of print]

#### **Etiology of depression comorbidity in combat-related PTSD: A review of the literature.**

Stander VA, Thomsen CJ, Highfill-McRoy RM

Posttraumatic stress disorder is often diagnosed with other mental health problems, particularly depression. Although PTSD comorbidity has been associated with more severe and chronic symptomology, relationships among commonly co-occurring disorders are not well understood. The purpose of this study was to review the literature regarding the development of depression comorbid with combat-related PTSD among military personnel. We summarize results of commonly tested hypotheses about the etiology of PTSD and depression comorbidity, including (1) causal hypotheses, (2) common factor hypotheses, and (3) potential confounds. Evidence suggests that PTSD may be a causal risk factor for subsequent depression; however, associations are likely complex, involving bidirectional

causality, common risk factors, and common vulnerabilities. The unique nature of PTSD-depression comorbidity in the context of military deployment and combat exposure is emphasized. Implications of our results for clinical practice and future research are discussed.

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<http://www.ncbi.nlm.nih.gov/pubmed/24486424>

Brain Stimul. 2013 Oct 31. pii: S1935-861X(13)00341-0. doi: 10.1016/j.brs.2013.10.006. [Epub ahead of print]

### **Review of the Effectiveness of Transcranial Magnetic Stimulation for Post-traumatic Stress Disorder.**

Karsen EF, Watts BV, Holtzheimer PE

#### **BACKGROUND:**

Post-traumatic stress disorder (PTSD) is a psychiatric condition with significant morbidity and limited treatment options. Transcranial magnetic stimulation (TMS) has been shown to be an effective treatment for mental illnesses including major depressive disorder.

#### **OBJECTIVE:**

Review effectiveness of TMS for PTSD.

#### **METHODS:**

Literature review with descriptions of primary studies as well as meta-analysis of studies with a control group.

#### **RESULTS:**

Eight primary studies were identified and three studies met criteria for meta-analysis. All studies suggest effectiveness of TMS for PTSD. Additionally, right-sided may be more effective than left-sided treatment, there is no clear advantage in high versus low frequency, and the treatment is generally well tolerated. Meta-analysis shows significant effect size on PTSD symptoms that may be correlated with total number of stimulations.

#### **CONCLUSIONS:**

TMS for PTSD appears to be an effective and well-tolerated treatment that warrants additional study to further define treatment parameters, course, and side effects.

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<http://www.ncbi.nlm.nih.gov/pubmed/24485496>

Psychoneuroendocrinology. 2014 Feb;40C:242-256. doi: 10.1016/j.psyneuen.2013.11.018. Epub 2013 Dec 1.

**Intranasal oxytocin as strategy for medication-enhanced psychotherapy of PTSD: Salience processing and fear inhibition processes.**

Koch SB, van Zuiden M, Nawijn L, Frijling JL, Veltman DJ, Olff M

About ten percent of people experiencing a traumatic event will subsequently develop post-traumatic stress disorder (PTSD). PTSD is characterized by an exaggerated fear response which fails to extinguish over time and cannot be inhibited in safe contexts. The neurobiological correlates of PTSD involve enhanced salience processing (i.e. amygdala, dorsal anterior cingulate cortex (dACC) and anterior insula (AI) hyperactivity), and reduced top-down inhibitory control over this fear response (i.e. dorsal and ventromedial prefrontal cortex (vmPFC) hypoactivity and diminished structural and functional connectivity between the vmPFC, hippocampus and amygdala). Therefore, dampening the exaggerated fear response (i.e. by reducing amygdala hyperactivity) and enhancing top-down inhibitory control (i.e. by promoting prefrontal control over the amygdala) during psychotherapy is an important target for medication-enhanced psychotherapy (MEP) in PTSD patients. Since the neuropeptide oxytocin (OT) has been found to act on these two processes, we propose that OT is a promising pharmacological agent to boost treatment response in PTSD. Human fMRI studies indicate that intranasal OT attenuates amygdala (hyper)activity and enhances connectivity of the amygdala with the vmPFC and hippocampus, resulting in increased top-down control over the fear response. In addition, intranasal OT was found to attenuate amygdala-brainstem connectivity and to change activity and connectivity in nodes of the salience network (i.e. AI and dACC). Furthermore, OT administration may modulate hypothalamus-pituitary-adrenal (HPA) axis and autonomic nervous system (ANS) function and may enhance social behaviour, which could be beneficial in the therapeutic alliance. We also discuss contextual and interindividual factors (e.g. gender and social context) which may influence the effectiveness of OT in MEP. In all, we propose that intranasal OT given prior to each psychotherapy session may be an effective additive treatment to boost treatment response in PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24485487>

Psychoneuroendocrinology. 2014 Feb;40:151-8. doi: 10.1016/j.psyneuen.2013.10.020. Epub 2013 Nov 9.

**Cortisol response to cosyntropin administration in military veterans with or without posttraumatic stress disorder.**

Golier JA, Caramanica K, Makotkine I, Sher L, Yehuda R

Studies have demonstrated altered sensitivity of the hypothalamic-pituitary-adrenal (HPA) axis to its direct regulators in veterans with posttraumatic stress disorder (PTSD), but little is known about the adrenal response to hormonal stimulation in PTSD. An increased cortisol response to synthetic corticotropin-releasing factor (CRF) was recently found to be associated with war-zone deployment and not PTSD specifically. To more accurately assess whether there is altered adrenocortical responsiveness to hormonal stimulation in relation to war-zone deployment or PTSD, we performed the low-dose cosyntropin stimulation test in a sample of 45 male veterans: 13 war-zone exposed veterans with chronic PTSD (PTSD+), 22 war-zone exposed veterans without chronic PTSD (PTSD-), and 10 veterans not exposed to a war-zone and without chronic PTSD (non-exposed). Plasma cortisol and ACTH were measured at baseline and at intervals over a one hour period following intravenous administration of 1µg of cosyntropin. A significant main effect of group (PTSD+, PTSD-, non-exposed) on the cortisol response to cosyntropin was observed. Cosyntropin-stimulated plasma cortisol levels were significantly higher in the PTSD+ and PTSD- groups compared to the non-exposed group. A significant main effect of group was also observed on peak cortisol levels. These findings suggest that war-zone exposure itself has persistent effects on adrenocortical activity.

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### **Links of Interest**

New Clinical Recommendations Issued for Brain Injuries

[http://www.health.mil/News\\_And\\_Multimedia/News/detail/14-01-30/New\\_Clinical\\_Recommendations\\_Issued\\_for\\_Brain\\_Injuries.aspx](http://www.health.mil/News_And_Multimedia/News/detail/14-01-30/New_Clinical_Recommendations_Issued_for_Brain_Injuries.aspx)

College Drinking May Aggravate PTSD Symptoms

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_144349.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_144349.html)

Number of suicides in Army drops in 2013

[http://www.army.mil/article/119301/Number\\_of\\_suicides\\_in\\_Army\\_drops\\_in\\_2013/](http://www.army.mil/article/119301/Number_of_suicides_in_Army_drops_in_2013/)

Study analyzes content of nightmares, bad dreams

<http://www.sciencedaily.com/releases/2014/01/140128094143.htm>

Studies find new links between sleep duration and depression

[http://www.eurekalert.org/pub\\_releases/2014-01/aaos-sfn013114.php](http://www.eurekalert.org/pub_releases/2014-01/aaos-sfn013114.php)

Divorce rate cut in half for newlyweds who discussed 5 relationship movies

[http://www.eurekalert.org/pub\\_releases/2014-01/uor-drc013114.php](http://www.eurekalert.org/pub_releases/2014-01/uor-drc013114.php)

Two stressed people equals less stress: Sharing nervous feelings helps reduce stress

<http://www.sciencedaily.com/releases/2014/01/140129151048.htm>

New Clinical Recommendations Issued for Brain Injuries

[http://www.health.mil/News\\_And\\_Multimedia/News/detail/14-01-30/New\\_Clinical\\_Recommendations\\_Issued\\_for\\_Brain\\_Injuries.aspx](http://www.health.mil/News_And_Multimedia/News/detail/14-01-30/New_Clinical_Recommendations_Issued_for_Brain_Injuries.aspx)

USF investigates eye-movement therapy for PTSD

<http://www.tampabay.com/news/health/usf-investigates-eye-movement-therapy-for-ptsd/2163851>

Program connects military students to help 'take care of our own'

<http://www.gwhatchet.com/2014/02/02/program-connects-military-students-to-help-take-care-of-our-own/>

Workers' Comp Ordered for PTSD After Hurricane

<http://www.courthousenews.com/2014/02/04/65093.htm>

For injured veteran, war continues even at home

<http://hamptonroads.com/2014/01/injured-veteran-war-continues-even-home>

How Long-Married Military Couples Stay Together

<http://www.military.com/spouse/relationships/military-marriage/how-long-married-military-couples-stay-together.html>

How Military Services Impacts Returning Veterans

<http://www.livescience.com/42866-military-service-impacts-nsf-ria.html>

SMA: Soldiers have duty to end sexual assault, prevent suicides in Army

[http://www.army.mil/article/119378/SMA\\_Soldiers\\_have\\_duty\\_to\\_end\\_sexual\\_assault\\_prevent\\_suicides\\_in\\_Army/](http://www.army.mil/article/119378/SMA_Soldiers_have_duty_to_end_sexual_assault_prevent_suicides_in_Army/)

Mind over matter: Beating pain and painkillers

[http://www.eurekalert.org/pub\\_releases/2014-02/uou-mom020414.php](http://www.eurekalert.org/pub_releases/2014-02/uou-mom020414.php)

The art and science of cognitive rehabilitation therapy

Different approaches to restoring mental functioning showcased in NeuroRehabilitation

[http://www.eurekalert.org/pub\\_releases/2014-02/ip-taa020314.php](http://www.eurekalert.org/pub_releases/2014-02/ip-taa020314.php)

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**Resource of the Week -- Newly Updated Congressional Research Service Report: [“Who is a Veteran?”](#)  
— [Basic Eligibility for Veterans’ Benefits](#)**

This popular Congressional Research Service report was newly updated last month.

A broad range of benefits are offered to veterans of the U.S. Armed Forces and to certain members of their families by the U.S. Department of Veterans Affairs (VA). Among these benefits are various types of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. Basic criteria must be met to be eligible to receive any of the benefits administered by the VA.

For a former servicemember to receive certain VA benefits, the person must have active U.S. military service for a minimum period of time and meet nature of discharge requirements. Some members of the National Guard and reserve components have difficulty meeting the active duty and length of service requirements. However, a member of the National Guard or reserve components who is activated for federal military service and serves the full period of activation is considered a veteran for purposes of VA benefits.

The GI Bill Improvement Act of 1977 (P.L. 95-202) recognized the service of one group of civilians, the Women’s Air Force Service Pilots, as active service for benefits administered by the VA, and it also established that the Secretary of Defense could determine that service for the Armed Forces by a group of civilians, or contractors, be considered active service for benefits administered by the VA.

This report examines the basic eligibility criteria for VA administered veterans’ benefits, including the issue of eligibility of members of the National Guard and reserve components.





## **“Who is a Veteran?” – Basic Eligibility for Veterans’ Benefits**

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