



## CDP Research Update -- April 3, 2014

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- Understanding PTSD comorbidity and suicidal behavior: Associations among histories of alcohol dependence, major depressive disorder, and suicidal ideation and attempts.
- Remission from post-traumatic stress disorder in adults: A systematic review and meta-analysis of long term outcome studies.
- Efficacy of oxytocin administration early after psychotrauma in preventing the development of PTSD: study protocol of a randomized controlled trial.
- A pilot evaluation of an online cognitive behavioral therapy for insomnia disorder - targeted screening and interactive Web design lead to improved sleep in a community population.

- Daytime sleepiness: associations with alcohol use and sleep duration in americans.
- Links of Interest
- Resource of the Week: Podcast -- DSM-5 Changes to PTSD Diagnosis by Dr. David Riggs

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<http://www.sciencedirect.com/science/article/pii/S0165032714001189>

### **Risk for Suicidal Behaviors Associated with PTSD, Depression, and Their Comorbidity in the U.S. Army.**

Holly J. Ramsawh, Carol S. Fullerton, Holly B. Herberman Mash, Tsz Hin Ng, Ronald C. Kessler, Murray B. Stein, Robert J. Ursano

Journal of Affective Disorders

Available online 25 March 2014

#### Background

Suicide rates have risen considerably in the United States Army in the past decade. Suicide risk is highest among those with past suicidality (suicidal ideation or attempts). The incidence of posttraumatic stress disorder (PTSD) and depressive illnesses has risen concurrently in the U.S. Army. We examined the relationship of PTSD and depression, independently and in combination, and rates of past-year suicidality in a representative sample of U.S. Army soldiers.

#### Methods

This study used the DoD Survey of Health Related Behaviors Among Active Duty Military Personnel (DoD HRB) (N=5,927). Probable PTSD and depression were assessed with the PTSD Checklist (PCL) and the 10-item short form of the Center for Epidemiologic Studies Depression Scale (CES-D), respectively. Past-year suicidality was assessed via self-report.

#### Results

Six percent of Army service members reported suicidality within the past year. PTSD and MDD were each independently associated with past-year suicidality. Soldiers with both disorders were almost three times more likely to report suicidality within the past year than those with either diagnosis alone. Population-attributable risk proportions for PTSD, depression, and both disorders together were 24%, 29%, and 45%, respectively.

#### Limitations

The current study is subject to the limitations of a cross-sectional survey design, and the self-report nature of the instruments used.

## Conclusions

PTSD and depression are each associated with suicidality independently and in combination in the active duty component of the U.S. Army. Soldiers presenting with either but especially both disorders may require additional outreach and screening to decrease suicidal ideation and attempts.

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[http://www.rand.org/pubs/research\\_reports/RR499.html](http://www.rand.org/pubs/research_reports/RR499.html)

## **Hidden Heroes: America's Military Caregivers**

by Rajeev Ramchand, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Epley, Phoenix Voorhies, Michael Robbins, Eric Robinson, Bonnie Ghosh-Dastidar

2014, RAND Corporation

While much has been written about the role of caregiving for the elderly and chronically ill and for children with special needs, little is known about "military caregivers" — the population of those who care for wounded, ill, and injured military personnel and veterans. These caregivers play an essential role in caring for injured or wounded service members and veterans. This enables those for whom they are caring to live better quality lives, and can result in faster and improved rehabilitation and recovery. Yet playing this role can impose a substantial physical, emotional, and financial toll on caregivers. This report summarizes the results of a study designed to describe the magnitude of military caregiving in the United States today, as well as to identify gaps in the array of programs, policies, and initiatives designed to support military caregivers. Improving military caregivers' well-being and ensuring their continued ability to provide care will require multifaceted approaches to reducing the current burdens caregiving may impose, and bolstering their ability to serve as caregivers more effectively. Given the systematic differences among military caregiver groups, it is also important that tailored approaches meet the unique needs and characteristics of post-9/11 caregivers.

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<http://psycnet.apa.org/journals/prj/37/1/43/>

## **Participant experiences in peer- and clinician-facilitated mental health recovery groups for veterans.**

Beehler, Sarah; Clark, Jack A.; Eisen, Susan V.

Psychiatric Rehabilitation Journal, Vol 37(1), Mar 2014, 43-50

#### Objective:

The purpose of the study was to characterize and compare participants' experiences of peer-facilitated versus clinician-facilitated recovery groups for veterans with mental illness.

#### Method:

We analyzed qualitative data from 24 interviews with veterans who participated in mental health recovery groups led by peer or clinician facilitators.

#### Results:

Subtle differences in group structure, participation/communication and utility/relevance between peer- and clinician-facilitated groups were identified. Participants experienced both peer and clinician facilitators as helpful in promoting recovery, though they appeared to do this in different ways.

#### Conclusions and Implications for Practice:

Peer and clinician facilitators offer different strengths in the promotion of mental health recovery. (PsychINFO Database Record (c) 2014 APA, all rights reserved)

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<http://www.biomedcentral.com/1471-2458/14/271>

### **A comparison of risk and protective factors related to suicide ideation among residents and specialists in academic medicine.**

Eneroeth M, Sendén Gustafsson M, Løvseth LT, Schenck-Gustafsson K, Fridner A

BMC Public Health 2014, 14:271

#### Background

Physicians have an elevated risk of experiencing suicidal thoughts, which might be due to work-related factors. However, the hierarchical work positions as well as work-related health differ among resident and specialist physicians. As such, the correlates of suicide ideation may also vary between these two groups.

#### Methods

In the present study, work- and health-related factors and their association with suicidal thoughts among residents (n = 234) and specialists (n = 813) working at a university hospital were examined using cross-sectional data.

#### Results

Logistic regression analysis showed that having supportive meetings was associated with a lower level of suicide ideation among specialists (OR = 0.68, 95% CI: 0.50-0.94), while an empowering leadership was related to a lower level of suicide ideation among residents

(OR = 0.55, 95% CI: 0.32-0.94). Having been harassed at work was associated with suicidal ideation among specialists (OR = 2.26, 95% CI: 1.31-3.91). In addition, sickness presenteeism and work disengagement were associated with suicide ideation in both groups of physicians.

#### Conclusions

These findings suggest that different workplace interventions are needed to prevent suicide ideation in residents and specialists.

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<http://www.sciencedirect.com/science/article/pii/S0095454314000062>

### **Prevention and Screening, Brief Intervention, and Referral to Treatment for Substance Use in Primary Care.**

Stephen Strobbe, PhD, RN, PMHCNS-BC, CARN-AP

Primary Care: Clinics in Office Practice

Available online 21 March 2014

#### KEY POINTS

- Substance use and related disorders are a major public health concern in the United States, adding to increased health care costs and needless human suffering.
- Effective prevention and screening, brief intervention, and referral to treatment (SBIRT) can reduce the burdens of injury, illness, and premature death.
- The US Preventive Services TaskForce periodically issues evidence-based recommendations for prevention and screening across a broad array of health conditions, including substance use and related disorders.
- Primary care clinicians are in prime positions to integrate prevention and SBIRT into their respective practices, thereby contributing to the improved health of patients, families, and communities.

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<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22082/abstract>

## **Ethnic Variations in Suicidal Ideation and Behaviors: A Prominent Subtype Marked by Nonpsychiatric Factors Among Asian Americans.**

Chu, J., Chi, K., Chen, K. and Leino, A.

Article first published online: 24 MAR 2014

### **Objective**

Main objectives were to utilize multivariate rather than traditional regression approaches to capture the heterogeneity of subtypes of suicidal ideation and behaviors within ethnic minority groups. Mental illness is associated with suicidal ideation and behaviors in a vast majority of the general population, making psychopathology a common identifier of suicide risk. Yet recent studies suggest a need to better characterize suicidal ideation and behaviors among ethnic minorities and Asian Americans who do not exhibit the most commonly assessed risk factors.

### **Method**

The present study examined adults 18 years of age or older from the National Latino and Asian American Study and utilized latent class analysis to classify 191 Asian Americans with a history of serious suicidal ideation or attempts from a community sample into subtypes.

### **Results**

Two main subtypes resulted, including 48% in a “psychiatric” and 52% in a “nonpsychiatric” subtype of suicidal ideation and behaviors. The nonpsychiatric subtype was predominantly characterized by sociocultural factors (discrimination, family conflict, and low acculturation), medical problems, and limited functioning. The nonpsychiatric was less likely than the psychiatric subtype to seek help for mental health but was no different in access to a medical doctor, highlighting possible points of outreach.

### **Conclusions**

Findings advance the culture and suicide literature by highlighting how current research and practice that characterize suicidal ideation and behaviors as a mental health phenomenon may not comprehensively identify suicidality among an ethnic minority group.

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<http://link.springer.com/article/10.1007/s40596-014-0083-1>

## **Helping Psychiatry Residents Cope with Patient Suicide.**

Deepak Prabhakar, Richard Balon, Joan Meyer Anzia, Glen O. Gabbard, James W. Lomax, Belinda ShenYu Bandstra, Jane Eisen, Sara Figueroa, Garton Theresa, Matthew Ruble,

Andreea L. Seritan, Sidney Zisook

### Objective

Every clinical specialty has its own high risk patient challenges that threaten to undermine their trainees' professional identity, evolving sense of competence. In psychiatric training, it is patient suicide, an all-too frequently encountered consequence of severe mental illness that may leave the treating resident perplexed, guilt-ridden, and uncertain of their suitability for the profession. This study evaluates a patient suicide training program aimed at educating residents about patient suicide, common reactions, and steps to attenuate emotional distress while facilitating learning.

### Methods

The intervention was selected aspects of a patient suicide educational program, "Collateral Damages,"—video vignettes, focused discussions, and a patient-based learning exercise. Pre- and post-survey results were compared to assess both knowledge and attitudes resulting from this educational program. Eight psychiatry residency training programs participated in the study, and 167 of a possible 240 trainees (response rate = 69.58 %) completed pre- and post-surveys.

### Results

Knowledge of issues related to patient suicide increased after the program. Participants reported increased awareness of the common feelings physicians and trainees often experience after a patient suicide, of recommended "next" steps, available support systems, required documentation, and the role played by risk management.

### Conclusions

This patient suicide educational program increased awareness of issues related to patient suicide and shows promise as a useful and long overdue educational program in residency training. It will be useful to learn whether this program enhances patient care or coping with actual patient suicide. Similar programs might be useful for other specialties.

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<http://www.sciencedirect.com/science/article/pii/S0165032714001165>

### **Discrepancy between self- and observer-rated depression severities as a predictor of vulnerability to suicide in patients with mild depression.**

Noa Tsujii, Hiroyuki Akashi, Wakako Mikawa, Emi Tsujimoto, Niwa Atsushi, Toru Adachi, Osamu Shirakawa

Journal of Affective Disorders

Available online 25 March 2014



## Background

Discrepancies in depression severity between the Hamilton Depression Rating Scale (HAMD) and the Beck Depression Inventory (BDI) have been reported. However, whether these discrepancies impact vulnerability to suicide in patients with major depressive disorder (MDD) remains unclear.

## Methods

Patients with mild MDD (n=161) were enrolled in the study and divided into the following 3 groups: (1) patients with MDD with the discrepancy (n=45), i.e., those with low HAMD17 scores (8–13) and high BDI-II scores ( $\geq 29$ ), (2) patients with MDD without the discrepancy (n=46), i.e., those with low HAMD17 scores and low BDI-II scores ( $\leq 28$ ), and (3) patients not currently depressed (n=70), i.e., those with HAMD17 scores  $\leq 7$  (affective controls). We examined the relationship of demographic, clinical, and neuropsychological variables with any discrepancy between self-rating and observer rating.

## Results

Patients with MDD with the discrepancy had significantly higher hopelessness than those without the discrepancy and affective controls. Verbal fluency task performance of patients with MDD with the discrepancy was significantly impaired compared with that of those without the discrepancy and affective controls. Stepwise logistic regression analysis revealed that a history of suicide attempt [odds ratio (OR), 3.57; 95% confidence interval (CI), 1.12–11.37] and hopelessness (OR, 1.23; 95% CI, 1.09–1.38) increased odds of the discrepancy.

## Limitations

Results require replication.

## Conclusions

Clinicians should examine discrepancies between self- and observer-rated depression severities, which are associated with vulnerability to suicide in patients with MDD, even if objectively evaluated as mild.

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<http://www.sciencedirect.com/science/article/pii/S0165178114002194>

## **Mental health utilization of new-to-care Iraq and Afghanistan Veterans following suicidal ideation assessment.**

Lauren M. Denneson, Kathryn Corson, Drew A. Helmer, Matthew J. Bair, Steven K. Dobscha

Psychiatry Research

Available online 22 March 2014

We evaluated the impact of brief structured suicidal ideation (SI) assessments on mental health care among new-to-care Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) veterans. National datasets provided military, demographic, and clinical information. For all new-to-care OEF/OIF veterans administered depression screens (PHQ-2: Patient Health Questionnaire-2) and structured SI assessments in primary care or ambulatory mental health settings of three Veterans Affairs (VA) Medical Centers between April 2008 and September 2009 (N=465), generalized estimating equations were used to examine associations between SI and number of subsequent-year specialty mental health visits and antidepressant prescriptions. Approximately one third of the veterans reported SI. In multivariate models, PTSD and anxiety diagnoses, severe depression symptoms, being married, and SI assessment by a mental health clinician were associated with more mental health visits in the subsequent year. Depression, PTSD, and anxiety diagnoses, and SI assessment by a mental health clinician were associated with receiving antidepressants. Presence of SI did not significantly affect subsequent year mental health utilization when adjusting for diagnostic and clinician variables, but inaugural visits involving mental health clinicians were consistently associated with subsequent mental health care.

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<http://tva.sagepub.com/content/early/2014/03/17/1524838014526066.abstract>

### **A Methodological Review of Intimate Partner Violence in the Military Where Do We Go From Here?**

Amy E. Rodrigues, Jennifer S. Funderburk, Niki L. Keating, and Stephen A. Maisto

Trauma Violence Abuse

March 18, 2014

A significant number of military personnel report engaging in or experiencing intimate partner violence (IPV). To advance current research and understanding of this behavior, we conducted a methodological review of the literature on IPV in military personnel and veterans. Research from 1980 to the present, which consisted of 63 empirical studies, was objectively coded by two independent raters on a number of variables important to the methodological quality of research on IPV in the military. In addition, areas of importance to the future of IPV research are presented.

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[http://www.ijbssnet.com/journals/Vol\\_5\\_No\\_3\\_March\\_2014/10.pdf](http://www.ijbssnet.com/journals/Vol_5_No_3_March_2014/10.pdf)

**Improving MWR Program Effectiveness: Consideration of Program Specific Outcomes as well as Military QOL, Commitment, and Retention.**

Tammy G . Hunt, James B. Hunt, Stacy E. Swift

International Journal of Business and Social Science

Vol. 5 No. 3; March 2014

Each branch of the United States Armed Forces has Morale, Welfare and Recreation (MWR) programs at its base locations. MWR provides a network of support and leisure services designed for soldiers, families, civilian employees, and military retirees. As these programs have existed for well over a century, the purpose of this paper is to focus on the effectiveness of the programs in terms of participation and program outcome goals. Based on limited studies, MWR programs are related to higher levels of soldier commitment, readiness, and intention to reenlist. We suggest additional research to strengthen these findings and to investigate further the impact of MWR on military families. A case example of one MWR location is presented.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21903/abstract>

**A Pilot Study of a Randomized Controlled Trial of Yoga as an Intervention for PTSD Symptoms in Women.**

Mitchell, K. S., Dick, A. M., DiMartino, D. M., Smith, B. N., Niles, B., Koenen, K. C. and Street, A.

Journal of Traumatic Stress

Article first published online: 25 MAR 2014

Posttraumatic stress disorder (PTSD) is a debilitating condition that affects approximately 10% of women in the United States. Although effective psychotherapeutic treatments for PTSD exist, clients with PTSD report additional benefits of complementary and alternative approaches such as yoga. In particular, yoga may downregulate the stress response and positively impact PTSD and comorbid depression and anxiety symptoms. We conducted a pilot study of a randomized controlled trial comparing a 12-session Kripalu-based yoga intervention with an assessment control group. Participants included 38 women with current full or subthreshold PTSD symptoms. During the intervention, yoga participants showed decreases in reexperiencing and hyperarousal symptoms. The assessment control group, however, showed decreases in

reexperiencing and anxiety symptoms as well, which may be a result of the positive effect of self-monitoring on PTSD and associated symptoms. Between-groups effect sizes were small to moderate (0.08–0.31). Although more research is needed, yoga may be an effective adjunctive treatment for PTSD. Participants responded positively to the intervention, suggesting that it was tolerable for this sample. Findings underscore the need for future research investigating mechanisms by which yoga may impact mental health symptoms, gender comparisons, and the long-term effects of yoga practice.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21909/abstract>

### **Glasgow Coma Scores, Early Opioids, and Posttraumatic Stress Disorder Among Combat Amputees.**

Melcer, T., Walker, J., Sechriest, V. F., Lebedda, M., Quinn, K. and Galarneau, M.

Journal of Traumatic Stress

Article first published online: 25 MAR 2014

recent study found that combat amputees had a reduced prevalence of posttraumatic stress disorder (PTSD) compared with nonamputees with serious extremity injuries. We hypothesized that an extended period of impaired consciousness or early treatment with morphine could prevent consolidation of traumatic memory and the development of PTSD. To examine this hypothesis, we retrospectively reviewed 258 combat casualty records from the Iraq or Afghanistan conflicts from 2001–2008 in the Expeditionary Medical Encounter Database, including medications and Glasgow Coma Scale (GCS) scores recorded at in-theater facilities within hours of the index injury. All patients sustained amputations from injuries. Psychological diagnoses were extracted from medical records for 24 months postinjury. None of 20 patients (0%) with GCS scores of 12 or lower had PTSD compared to 20% of patients with GCS scores of 12 or greater who did have PTSD. For patients with traumatic brain injury, those treated with intravenous morphine within hours of injury had a significantly lower prevalence of PTSD (6.3%) and mood disorders (15.6%) compared to patients treated with fentanyl only (prevalence of PTSD = 41.2%, prevalence of mood disorder = 47.1%). GCS scores and morphine and fentanyl treatments were not significantly associated with adjustment, anxiety, or substance abuse disorders.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.21902/abstract>

### **Changes in Implementation of Two Evidence-Based Psychotherapies for PTSD in VA Residential Treatment Programs: A National Investigation.**

Cook, J. M., Dinnen, S., Thompson, R., Simiola, V. and Schnurr, P. P.

Journal of Traumatic Stress

Article first published online: 25 MAR 2014

There has been little investigation of the natural course of evidence-based treatments (EBTs) over time following the draw-down of initial implementation efforts. Thus, we undertook qualitative interviews with the providers at 38 U.S. Department of Veterans Affairs' residential treatment programs for posttraumatic stress disorder (PTSD) to understand implementation and adaptation of 2 EBTs, prolonged exposure (PE), and cognitive processing therapy (CPT), at 2 time points over a 4-year period. The number of providers trained in the therapies and level of training improved over time. At baseline, of the 179 providers eligible per VA training requirements, 65 (36.4%) had received VA training in PE and 111 (62.0%) in CPT with 17 (9.5%) completing case consultation or becoming national trainers in both PE and CPT. By follow-up, of the increased number of 190 eligible providers, 87 (45.8%) had received VA training in PE and 135 (71.1%) in CPT, with 69 (36.3%) and 81 (42.6%) achieving certification, respectively. Twenty-two programs (57.9%) reported no change in PE use between baseline and follow-up, whereas 16 (42.1%) reported an increase. Twenty-four (63.2%) programs reported no change in their use of CPT between baseline and follow-up, 12 (31.6%) programs experienced an increase, and 2 (5.2%) programs experienced a decrease in use. A significant number of providers indicated that they made modifications to the manuals (e.g., tailoring, lengthening). Reasons for adaptations are discussed. The need to dedicate time and resources toward the implementation of EBTs is noted.

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<http://www.journal.forces.gc.ca/vol14/no2/PDF/CMJ142Ep25.pdf>

### **Combating the Impact of Stigma on Physically Injured and Mentally Ill Canadian Armed Forces (CAF) Members.**

G. Robert Arrabito and Anna S. Leung

Canadian Military Journal

Vol. 14, No. 2, Spring 2014

This article will discuss how the CAF is combating the impact of stigma on physically injured and mentally ill members. We begin by defining stigma, and then highlight five of its harmful effects. Next, interventions in a civilian context for stigma-reduction are discussed. This is followed by five CAF programs that incorporate interventions for stigma-reduction. The value of these programs is highlighted through the progress made in changing the CAF culture during the last

ten years. Finally, we present personal actions for reducing stigma directed at members who become physically injured or mentally ill, and for able-bodied members. Our objective is to provide a balanced discussion of the impact of stigma on both physically injured and mentally ill members, based upon publically available data, and to advocate that personal actions of individuals can reduce stigma.

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<http://www.sciencedirect.com/science/article/pii/S0165032714001359>

## **Typologies of posttraumatic stress disorder in the U.S. adult population.**

Robert H. Pietrzak, Renée el-Gabalawy, Jack Tsai, Jitender Sareen, Alexander Neumeister, Steven M. Southwick

Journal of Affective Disorders

Available online 27 March 2014

### **Background**

Posttraumatic stress disorder (PTSD) is characterized by heterogeneous clusters of re-experiencing, avoidance, numbing, and hyperarousal symptoms. However, data are lacking regarding the predominant, population-based typologies of this disorder, and how they are linked to trauma-related characteristics, psychiatric comorbidities, and health-related quality of life.

### **Methods**

We used latent class analyses (LCAs) to evaluate predominant typologies of PTSD in a nationally representative sample of 2,463 U.S. adults with PTSD. Multinomial logistic regression analyses were then conducted to evaluate trauma-related characteristics, psychiatric comorbidities, and health-related quality of life variables associated with these typologies.

### **Results**

LCAs revealed three predominant typologies of PTSD—Anxious-Re-experiencing (weighted prevalence=32.2%), Dysphoric (32.8%), and High Symptom (35.0%). Compared to the Dysphoric class, the Anxious-Re-experiencing and High Symptom classes were more likely to report sexual assault, physical assault, and military combat as their worst traumatic events; had an earlier age of onset and longer duration of PTSD; and were more likely to be diagnosed with nicotine dependence and borderline personality disorder, to have attempted suicide, and had poorer physical health-related quality of life (HRQoL). The High Symptom class had increased odds of all disorders, suicide attempts, and the poorest HRQoL.

### **Limitations**

Diagnoses were based on DSM-IV criteria and cross-sectional analyses preclude examination of how PTSD typologies are temporally related to other variables.

#### Conclusion

PTSD in the general U.S. adult population is characterized by three predominant typologies, which are differentially linked to trauma and clinical characteristics. These findings underscore the importance of personalized approaches to the assessment, monitoring, and treatment of PTSD that take into consideration the heterogeneous manifestations of this disorder.

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<http://onlinelibrary.wiley.com/doi/10.1002/da.22253/abstract>

#### **Effects of ketamine on explicit and implicit suicidal cognition: a randomized controlled trial in treatment-resistant depression.**

Rebecca B. Price Ph.D., Dan V. Iosifescu M.D., James W. Murrough M.D., Lee C. Chang M.D., Rayan K. Al Jurdi M.D., Syed Z. Iqbal M.D., Laili Soleimani M.D., Dennis S. Charney M.D., Alexandra L. Foulkes M.S., and Sanjay J. Mathew M.D.

Depression and Anxiety

Article first published online: 25 MAR 2014

#### Background

Preliminary evidence suggests intravenous ketamine has rapid effects on suicidal cognition, making it an attractive candidate for depressed patients at imminent risk of suicide. In the first randomized controlled trial of ketamine using an anesthetic control condition, we tested ketamine's acute effects on explicit suicidal cognition and a performance-based index of implicit suicidal cognition (Implicit Association Test; IAT) previously linked to suicidal behavior.

#### Method

Symptomatic patients with treatment-resistant unipolar major depression (inadequate response to  $\geq 3$  antidepressants) were assessed using a composite index of explicit suicidal ideation (Beck Scale for Suicidal Ideation, Montgomery-Asberg Rating Scale suicide item, Quick Inventory of Depressive Symptoms suicide item) and the IAT to assess suicidality implicitly. Measures were taken at baseline and 24 hr following a single subanesthetic dose of ketamine ( $n = 36$ ) or midazolam ( $n = 21$ ), a psychoactive placebo agent selected for its similar, rapid anesthetic effects. Twenty four hours postinfusion, explicit suicidal cognition was significantly reduced in the ketamine but not the midazolam group.

#### Results

Fifty three percent of ketamine-treated patients scored zero on all three explicit suicide

measures at 24 hr, compared with 24% of the midazolam group ( $\chi^2 = 4.6$ ;  $P = .03$ ). Implicit associations between self- and escape-related words were reduced following ketamine ( $P = .01$ ;  $d = .58$ ) but not midazolam ( $P = .68$ ;  $d = .09$ ). Ketamine-specific decreases in explicit suicidal cognition were largest in patients with elevated suicidal cognition at baseline, and were mediated by decreases in nonsuicide-related depressive symptoms.

#### Conclusions

Intravenous ketamine produces rapid reductions in suicidal cognition over and above active placebo. Further study is warranted to test ketamine's antisuicidal effects in higher-risk samples.

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<http://psycnet.apa.org/psycinfo/2014-10290-001/>

### **Treatment Engagement and Response to CBT Among Latinos With Anxiety Disorders in Primary Care.**

Chavira, Denise A.; Golinelli, Daniela; Sherbourne, Cathy; Stein, Murray B.; Sullivan, Greer; Bystritsky, Alexander; Rose, Raphael D.; Lang, Ariel J.; Campbell-Sills, Laura; Welch, Stacy; Bumgardner, Kristin; Glenn, Daniel; Barrios, Velma; Roy-Byrne, Peter; Craske, Michelle

Journal of Consulting and Clinical Psychology

Mar 24 , 2014

#### Objective:

In the current study, we compared measures of treatment outcome and engagement for Latino and non-Latino White patients receiving a cognitive behavioral therapy (CBT) program delivered in primary care.

#### Method:

Participants were 18–65 years old and recruited from 17 clinics at 4 different sites to participate in a randomized controlled trial for anxiety disorders, which compared the Coordinated Anxiety Learning and Management (CALM) intervention (consisting of CBT, medication, or both) with usual care. Of those participants who were randomized to the intervention arm and selected CBT (either alone or in combination with medication), 85 were Latino and 251 were non-Latino White; the majority of the Latino participants received the CBT intervention in English ( $n = 77$ ). Blinded assessments of clinical improvement and functioning were administered at baseline and at 6, 12, and 18 months after baseline. Measures of engagement, including attendance, homework adherence, understanding of CBT principles, and commitment to treatment, were assessed weekly during the CBT intervention.

#### Results:

Findings from propensity-weighted linear and logistic regression models revealed no statistically



significant differences between Latinos and non-Latino Whites on symptom measures of clinical improvement and functioning at almost all time points. There were significant differences on 2 of 7 engagement outcomes, namely, number of sessions attended and patients' understanding of CBT principles.

**Conclusions:**

These findings suggest that CBT can be an effective treatment approach for Latinos who are primarily English speaking and likely more acculturated, although continued attention should be directed toward engaging Latinos in such interventions. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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<http://online.liebertpub.com/doi/abs/10.1089/tmj.2013.0226>

**mCare: Using Secure Mobile Technology to Support Soldier Reintegration and Rehabilitation.**

Ronald K. Poropatich, MD, Holly H. Pavliscsak, MHSA, James C. Tong, BS, Jeanette R. Little, MS, and Francis L. McVeigh, OD, MS

Telemedicine and e-Health

Online Ahead of Print: March 25, 2014

**Background:**

The U.S. Army Medical Department conducted a pilot mobile health project to determine the requirements for coordination of care for "Wounded Warriors" using mobile messaging. The primary objective was to determine if a secure mobile health (mhealth) intervention provided to geographically dispersed patients would improve contact rates and positively impact the military healthcare system.

**Methods and Materials:**

Over 21 months, volunteers enrolled in a Health Insurance Portability and Accountability Act-compliant, secure mobile messaging initiative called mCare. The study included males and females, 18–61 years old, with a minimum of 60 days of outpatient recovery. Volunteers were required to have a compatible phone. The mhealth intervention included appointment reminders, health and wellness tips, announcements, and other relevant information to this population exchanged between care teams and patients.

**Results:**

Provider respondents reported that 85% would refer patients to mCare, and 56% noted improvement in appointment attendance (n=90). Patient responses also revealed high acceptability of mCare and refined the frequency and delivery times (n=114). The pilot project

resulted in over 84,000 outbound messages and improved contact rates by 176%.

Conclusions:

The mCare pilot project demonstrated the feasibility and administrative effectiveness of a scalable mhealth application using secure mobile messaging and information exchanges, including personalized patient education.

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<http://www.ncbi.nlm.nih.gov/pubmed/24692026>

Adm Policy Ment Health. 2014 Apr 2. [Epub ahead of print]

**Effectiveness of Cognitive Behavioral Therapy in Public Mental Health: Comparison to Treatment as Usual for Treatment-Resistant Depression.**

Lopez MA, Basco MA.

State mental health systems have been leaders in the implementation of evidence-based approaches to care for individuals with severe mental illness. Numerous case studies of the wide-scale implementation of research-supported models such as integrated dual diagnosis treatment and assertive community treatment are documented. However, relatively few dissemination efforts have focused on cognitive behavioral therapy (CBT) for individuals with major depression despite evidence indicating its efficacy with this population. A multi-site effectiveness trial of CBT was conducted within the Texas public mental health system. Eighty-three adults with major depression received CBT from community clinicians trained through a workshop and regular consultation with a master clinician. Outcomes were compared to a matched sample of individuals receiving pharmacotherapy. Outcome measures used included the quick inventory of depressive symptomatology and beck depression inventory. Individuals receiving CBT showed greater improvements in depression symptoms than those in the comparison group. Greater pre-treatment symptom severity predicted better treatment response, while the presence of comorbid personality disorders was associated with poorer outcomes.

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<http://www.ncbi.nlm.nih.gov/pubmed/24691656>

Curr Top Behav Neurosci. 2014 Apr 2. [Epub ahead of print]

### **Neurobehavioral Mechanisms of Traumatic Stress in Post-traumatic Stress Disorder.**

Lapiz-Bluhm MD, Peterson AL.

Post-traumatic stress disorder (PTSD) Post-traumatic stress disorder is a debilitating psychiatric disorder that develops following trauma exposure. It is characterized by four symptom clusters: intrusion, avoidance, negative alteration in cognitions and mood, and alterations in arousal and reactivity. Several risk factors have been associated with PTSD, including trauma type and severity, gender and sexual orientation, race and ethnicity, cognitive reserve, pretrauma psychopathology, familial psychiatric history, and genetics. Great strides have been made in understanding the neurobiology of PTSD through animal models and human imaging studies. Most of the animal models have face validity, but they have limitations in the generalization to the human model of PTSD. Newer animal models, such as the "CBC" model, have better validity for PTSD, which takes into account the different components of its diagnostic criteria. To date, fear conditioning and fear extinction animal models have provided support for the hypothesis that PTSD is a dysregulation of the processes related to fear regulation and, especially, fear extinction. More research is needed to further understand these processes as they relate not only to PTSD but also to resilience. Further, this research could be instrumental in the development of novel effective treatments for PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24691182>

JAAPA. 2014 Mar 31. [Epub ahead of print]

### **Posttraumatic stress disorder in combat veterans.**

Lawson NR.

Posttraumatic stress disorder (PTSD) affects up to 18% of combat veterans, many of whom will seek care from clinicians outside the military healthcare system. This article reviews the epidemiology, risk factors, symptoms, diagnosis, treatment, and referral options for PTSD, so that PAs in primary care can recognize and appropriately manage patients with PTSD.

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<http://www.ncbi.nlm.nih.gov/pubmed/24690958>

Mil Med. 2014 Apr;179(4):357-63. doi: 10.7205/MILMED-D-13-00241.

### **Risk-Taking Behaviors and Impulsivity Among Veterans With and Without PTSD and Mild TBI.**

James LM, Strom TQ, Leskela J.

Military personnel commonly experience post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), both of which are associated with premature mortality. The present study examined two factors that may play a role in premature mortality-impulsivity and risk-taking behaviors-in a sample of 234 veterans screening positive for PTSD, mTBI, PTSD + mTBI, and controls. Analyses of variance demonstrated that veterans with PTSD, regardless of mTBI status, reported engaging in more frequent risky behaviors and reported a greater tendency to engage in impulsive behaviors when in a negative affective state. They also reported more preilitary delinquent behaviors and more suicide-related behaviors than controls. The present study highlights associations between impulsivity, risk-taking behaviors, and PTSD, and suggests continuity across the lifespan in terms of a predisposition to engage in impulsive and/or risky behaviors. Thorough evaluation of impulsivity and potentially risky behaviors is important in clinical settings to guide interventions and reduce the mortality and public health impact of high-risk behaviors in veterans. Reprint & Copyright © 2014 Association of Military Surgeons of the U.S.

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<http://www.ncbi.nlm.nih.gov/pubmed/24690164>

Child Abuse Negl. 2014 Mar 29. [Epub ahead of print]

### **Impact of childhood maltreatment on physical health-related quality of life in U.S. active duty military personnel and combat veterans.**

Aversa LH, Lemmer J, Nunnink S, McLay RN, Baker DG.

Previous studies have found an association between childhood maltreatment (CM) and health-related quality of life (HRQoL), and to a lesser extent have considered whether psychiatric symptoms may explain the relationship. This study aimed to further our understanding of the link between CM and HRQoL by testing whether posttraumatic stress disorder (PTSD) or depressive symptoms mediate the relationship between childhood maltreatment and physical HRQoL. Mediation models were examined in a sample of male Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) active duty and combat veterans (n=249). PTSD and depressive symptoms mediated the relationship between CM and overall physical HRQoL, as

well as participation in daily activities due to physical health, bodily pain, and social functioning. Mediation of the relationship between childhood maltreatment and physical and social functioning by depression and PTSD symptoms may lend support to neurobiological hypotheses that childhood maltreatment sensitizes the nervous system and after repeated trauma may lead to the development of psychiatric symptoms, which have a major impact on morbidity and mortality. Published by Elsevier Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/24686725>

Psychiatr Serv. 2014 Apr 1. [Epub ahead of print]

### **Cognitive-Behavioral Therapy for Medication-Resistant Psychosis: A Meta-Analytic Review.**

Burns AM, Erickson DH, Brenner CA.

#### **OBJECTIVE**

Support for cognitive-behavioral therapy (CBT) for psychosis has accumulated, with several reviews and meta-analyses indicating its effectiveness for various intended outcomes in a broad variety of clinical settings. Most of these studies, however, have evaluated CBT provided to the subset of people with schizophrenia who continue to experience positive symptoms despite adequate treatment with antipsychotics. Despite several reviews and meta-analyses, a specific estimate of the effects of CBT for patients with medication-resistant positive symptoms, for whom CBT is frequently used in outpatient clinical settings, is lacking. This meta-analysis examined CBT's effectiveness among outpatients with medication-resistant psychosis, both on completion of treatment and at follow-up.

#### **METHODS**

Systematic searches (until May 2012) of the Cochrane Collaborative Register of Trials, MEDLINE, PsycINFO, and PubMed were conducted. Sixteen published articles describing 12 randomized controlled trials were used as source data for the meta-analysis. Effect sizes were estimated using the standardized mean difference corrected for bias, Hedges'  $g$ , for positive and general symptoms.

#### **RESULTS**

The trials included a total of 639 individuals, 552 of whom completed the posttreatment assessment (dropout rate of 14%). Overall beneficial effects of CBT were found at posttreatment for positive symptoms (Hedges'  $g$  = .47) and for general symptoms (Hedges'  $g$  = .52). These effects were maintained at follow-up for both positive and general symptoms (Hedges'  $g$  = .41 and .40, respectively).

#### **CONCLUSIONS**

For patients who continue to exhibit symptoms of psychosis despite adequate trials of medication, CBT for psychosis can confer beneficial effects above and beyond the effects of medication.

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<http://www.ncbi.nlm.nih.gov/pubmed/24686914>

J Speech Lang Hear Res. 2014 Mar 1. [Epub ahead of print]

**The effect of post-traumatic stress on study time in a task measuring four component processes underlying text-level reading.**

Sullivan MP, Griffiths GG, Moore Sohlberg M.

**PURPOSE**

We investigated the effect of combat-related post-traumatic stress disorder (PTSD) on four components underlying text-level reading comprehension.

**METHOD**

A group of seventeen veterans with PTSD and seventeen matched controls participated. We administered an experimental task that required participants to read and study three sentence paragraphs describing semantic features associated with real and unreal objects. Each paragraph was followed by true/false statements that assessed knowledge access, text memory, inference, and integration.

**RESULTS**

The results revealed that the PTSD group took significantly longer than the control group to study the paragraphs. Although there was no group difference in test statement accuracy, the PTSD group also took significantly longer to respond to the test statements.

**CONCLUSIONS**

Overall, the results provide evidence for the control theory of attention, but suggest that more direct measures of task irrelevant processing during text-level reading are needed. More importantly, the results begin to lay a foundation for developing not only diagnostic, but intervention strategies.

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<http://www.ncbi.nlm.nih.gov/pubmed/24680232>

Behav Ther. 2014 May;45(3):376-89. doi: 10.1016/j.beth.2013.12.010. Epub 2014 Jan 3.

**A pilot randomized controlled trial of the effects of cognitive-behavioral therapy for insomnia on sleep and daytime functioning in college students.**

Taylor DJ, Zimmerman MR, Gardner CE, Williams JM, Grieser EA, Tatum JI, Bramoweth AD, Francetich JM, Ruggero C.

The purpose of this study was to pilot test if cognitive behavioral therapy for insomnia (CBT-I) is an effective intervention for insomnia and daytime functioning in college students. College students' developmental stage and lifestyle are significantly different than the general adult population, yet there have been no studies of CBT-I in this age group. Thirty-four college students (ages 18-27; M=19.71, SD=2.10) were randomly assigned to and completed either six sessions of CBT-I or a 6-week wait list control (WLC). All participants completed 1-week sleep diaries and actigraphy, as well as sleep and daytime functioning questionnaires at baseline and posttreatment. The treatment group repeated all measures at 3-month follow-up. Students who received CBT-I showed greater baseline to posttreatment improvements in sleep efficiency, sleep onset latency, number of awakenings, time awake after sleep onset, sleep quality, insomnia severity, dysfunctional beliefs about sleep, general fatigue, and global sleep quality than the WLC group. These improvements were durable at 3-month follow-up. Ninety-four percent of participants in the CBT-I condition completed at least 4 sessions of treatment. Significantly more participants in the CBT-I group than the WLC group responded (68.8% vs 7.7%, respectively) and remitted (68.8% vs 15.4%, respectively). CBT-I is an effective treatment for insomnia in college students. This study found that treatment responses were similar to results from studies in the general population. The treatment appeared to be well tolerated based on very low attrition rates. Copyright © 2014. Published by Elsevier Ltd.

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<http://www.ncbi.nlm.nih.gov/pubmed/24682472>

Soc Psychiatry Psychiatr Epidemiol. 2014 Mar 30. [Epub ahead of print]

**The relationship between post traumatic stress disorder and post traumatic growth: gender differences in PTG and PTSD subgroups.**

Jin 1, Xu J, Liu D.

**PURPOSE:**

This study investigated the post traumatic stress disorder (PTSD) and post traumatic growth (PTG) in 2,300 earthquake survivors 1 year after the 2008 Wenchuan earthquake. This study

aimed to investigate the relationship between PTSD and PTG and also tested for the gender differences in PTSD and PTG subgroups.

#### METHODS:

A stratification random sampling strategy and questionnaires were used to collect the data. The PTSD was assessed using the PTSD Check list-Civilian and the PTG was assessed using the Post traumatic growth inventory. 2,300 individuals were involved in the initial survey with 2,080 completing the final questionnaire, a response rate of 90.4 %. One-way ANOVA analyses were performed to investigate the gender differences in the PTSD and PTG subgroups.

#### RESULTS:

One year following the earthquake, 40.1 and 51.1 % of survivors reported PTSD and PTG, respectively. A bivariate correlation analysis indicated that there was a positive association between PTG and PTSD. The PTG and PTSD variance analysis conducted on female and male subgroups suggested that women were more affected than men.

#### CONCLUSIONS:

Given the relatively high PTG prevalence, it was concluded that researchers need to pay more attention to the positive outcomes of an earthquake rather than just focusing on the negative effects. The surveys and analyses indicated that psychological intervention and care for the earthquake disaster survivors should focus more on females and older people, who tend to be more adversely affected.

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<http://www.ncbi.nlm.nih.gov/pubmed/24681282>

J Anxiety Disord. 2014 Mar 12;28(3):318-325. [Epub ahead of print]

#### **Understanding PTSD comorbidity and suicidal behavior: Associations among histories of alcohol dependence, major depressive disorder, and suicidal ideation and attempts.**

Rojas SM, Bujarski S, Babson KA, Dutton CE, Feldner MT.

Individuals with posttraumatic stress disorder (PTSD) are at an elevated risk for experiencing suicidal thoughts and actions. However, a relative dearth of research has examined factors that may impact this relation, such as common co-occurring disorders. Utilizing the National Comorbidity Survey-Replication data, the current study examined comparisons between comorbid PTSD and major depressive disorder (MDD) and comorbid PTSD and alcohol dependence (AD) in relation to suicidal ideation and suicide attempts. It was hypothesized that comorbid MDD would be associated with an elevated likelihood of suicidal ideation, while comorbid AD would be associated with an elevated likelihood of suicide attempt history. Results indicated that only PTSD-AD was significantly associated with an elevated likelihood of endorsing histories of both suicidal ideation and suicide attempts. These findings suggest that



AD may be a critical risk factor for acquiring the capability for suicide attempts. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24681171>

Clin Psychol Rev. 2014 Mar 14;34(3):249-255. [Epub ahead of print]

**Remission from post-traumatic stress disorder in adults: A systematic review and meta-analysis of long term outcome studies.**

Morina N, Wicherts JM, Lobbrecht J, Priebe S.

Posttraumatic stress disorder (PTSD) is a frequent mental disorder associated with significant distress and high costs. We conducted the first systematic review and meta-analysis on spontaneous long-term remission rates, i. e., without specific treatment. Data sources were searches of databases, hand searches, and contact with authors. Remission estimates were obtained from observational prospective studies of PTSD without specific treatment. Remission was defined as the actual percentage of PTSD cases at baseline who are non-cases after a minimum of ten months. Forty-two studies with a total of 81,642 participants were included. The mean observation period was 40months. Across all studies, an average of 44.0% of individuals with PTSD at baseline were non-cases at follow-up. Remission varied between 8 and 89%. In studies with the baseline within the first five months following trauma the remission rate was 51.7% as compared to 36.9% in studies with the baseline later than five months following trauma. Publications on PTSD related to natural disaster reported the highest mean of remission rate (60.0%), whereas those on PTSD related to physical disease reported the lowest mean of remission rate from PTSD (31.4%). When publications on natural disaster were used as a reference group, the only type of traumatic events to differ from natural disaster was physical disease. No other measured predictors were associated with remission from PTSD. Long-term remission from PTSD without specific treatment varies widely and is higher in studies with the baseline within five months following trauma. Copyright © 2014 Elsevier Ltd. All rights reserved.

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<http://www.ncbi.nlm.nih.gov/pubmed/24679046>

BMC Psychiatry. 2014 Mar 28;14(1):92.

**Efficacy of oxytocin administration early after psychotrauma in preventing the development of PTSD: study protocol of a randomized controlled trial.**

Frijling JL, van Zuiden M, Koch SB, Nawijn L, Goslings JC, Luitse JS, Biesheuvel TH, Honig A,

Bakker FC, Denys D, Veltman DJ, Olff M.

**BACKGROUND:**

Currently few evidence based interventions are available for the prevention of PTSD within the first weeks after trauma. Increased risk for PTSD development is associated with dysregulated fear and stress responses prior to and shortly after trauma, as well as with a lack of perceived social support early after trauma. Oxytocin is a potent regulator of these processes. Therefore, we propose that oxytocin may be important in reducing adverse consequences of trauma. The 'BONDS' study is conducted in order to assess the efficacy of an early intervention with intranasal oxytocin for the prevention of PTSD.

**METHODS/DESIGN:**

In this multicenter double-blind randomized placebo-controlled trial we will recruit 220 Emergency Department patients at increased risk of PTSD. Trauma-exposed patients are screened for increased PTSD risk with questionnaires assessing peri-traumatic distress and acute PTSD symptoms within 7 days after trauma. Baseline PTSD symptom severity scores and neuroendocrine and psychophysiological measures will be collected within 10 days after trauma. Participants will be randomized to 7.5 days of intranasal oxytocin (40 IU) or placebo twice a day. Follow-up measurements at 1.5, 3 and 6 months post-trauma are collected to assess PTSD symptom severity (the primary outcome measure). Other measures of symptoms of psychopathology, and neuroendocrine and psychophysiological disorders are secondary outcome measures.

**DISCUSSION:**

We hypothesize that intranasal oxytocin administered early after trauma is an effective pharmacological strategy to prevent PTSD in individuals at increased risk, which is both safe and easily applicable. Interindividual and contextual factors that may influence the effects of oxytocin treatment will be considered in the analysis of the results. TRIAL REGISTRATION: Netherlands Trial Registry: NTR3190.

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<http://www.ncbi.nlm.nih.gov/pubmed/24669197>

Nat Sci Sleep. 2014 Mar 17;6:43-9. doi: 10.2147/NSS.S57852. eCollection 2014.

**A pilot evaluation of an online cognitive behavioral therapy for insomnia disorder - targeted screening and interactive Web design lead to improved sleep in a community population.**

Anderson KN, Goldsmith P, Gardiner A.

**INTRODUCTION:**

Computerized or online cognitive behavioral therapies (CBTs) are increasingly being developed

to deliver insomnia therapy (CBT-i). They seek to address the difficulty of delivering an evidence-based technology to a large number of patients at low cost. Previous online applications have shown significant but variable improvements in sleep efficiency and a decrease in insomnia severity when compared with control groups. The best online methodology remains debated, and there are no such applications currently available within the UK National Health Service.

#### METHOD:

Evaluation of treatment outcomes in 75 participants with insomnia disorder using an open-access, novel, interactive online therapy. Rigorous screening was first undertaken to exclude those with probable sleep apnea, restless legs, circadian rhythm disorder, or significant anxiety or depression prior to commencing therapy. A modern interactive video-based website was used to encourage compliance by personalizing therapy based on response. Sleep efficiency, sleep latency, total sleep time, and sleep quality were all assessed prior to and after intervention.

#### RESULTS:

Of those who accessed therapy, 62% were excluded based on a likely diagnosis of another sleep disorder (788/1281). Participants who completed therapy all had severe insomnia disorder, with a group mean sleep efficiency of 55%. After intervention there was a significant increase in sleep efficiency and sleep latency, with modest nonsignificant improvements in total sleep time. The majority of users reported improved sleep quality, and compliance with therapy was very good, with over 64/75 completing >90% of sleep diary entries.

#### CONCLUSION:

Online CBT-i can be designed to deliver personalized therapy with good reported outcomes and high compliance rates in those who start therapy. This initial evaluation also suggests that screening for other sleep disorders and mental health problems is necessary as many other sleep disorders are detected in those who self-refer with insomnia. This would inform the development of any larger-scale applications within the psychological therapies used in the health care system.

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<http://www.ncbi.nlm.nih.gov/pubmed/24672731>

Sleep Disord. 2014;2014:959152. Epub 2014 Jan 29.

#### **Daytime sleepiness: associations with alcohol use and sleep duration in americans.**

Chakravorty S, Jackson N, Chaudhary N, Kozak PJ, Perlis ML, Shue HR, Grandner MA.

The aim of the current analysis was to investigate the relationship of daytime sleepiness with alcohol consumption and sleep duration using a population sample of adult Americans. Data

was analyzed from adult respondents of the National Health and Nutritional Examination Survey (NHANES) 2007-2008 (N = 2919) using self-reported variables for sleepiness, sleep duration, and alcohol consumption (quantity and frequency of alcohol use). A heavy drinking episode was defined as the consumption of  $\geq 5$  standard alcoholic beverages in a day. Logistic regression models adjusted for sociodemographic variables and insomnia covariates were used to evaluate the relationship between daytime sleepiness and an interaction of alcohol consumption variables with sleep duration. The results showed that daytime sleepiness was reported by 15.07% of the subjects. In univariate analyses adjusted for covariates, an increased probability of daytime sleepiness was predicted by decreased log drinks per day [OR = 0.74 (95% CI, 0.58-0.95)], a decreased log drinking frequency [0.90 (95% CI, 0.83-0.98)], and lower sleep duration [OR = 0.75 (95% CI, 0.67-0.84)]. An interaction between decreased sleep duration and an increased log heavy drinking frequency predicted increased daytime sleepiness (P = 0.004). Thus, the effect of sleep duration should be considered when evaluating the relationship between daytime sleepiness and heavy drinking.

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### **Links of Interest**

Gunman in Fort Hood shooting had behavioral issues, authorities say

[http://www.washingtonpost.com/world/national-security/fort-hood-shooting-was-sparked-dispute-between-two-soldiers-authorities-say/2014/04/02/585a4ef8-babb-11e3-9a05-c739f29ccb08\\_story.html](http://www.washingtonpost.com/world/national-security/fort-hood-shooting-was-sparked-dispute-between-two-soldiers-authorities-say/2014/04/02/585a4ef8-babb-11e3-9a05-c739f29ccb08_story.html)

After the Wars: Survey of Iraq and Afghanistan Active Duty Soldiers and Veterans (Kaiser Family Foundation and Washington Post)

<http://kff.org/other/poll-finding/after-the-wars-survey-of-iraq-and-afghanistan-active-duty-soldiers-and-veterans/>

April 2014 -- Month of the Military Child

<http://www.myarmyonesource.com/childyouthandschoolservices/monthofthemilitarychild/default.aspx>

Working Effectively With Military Families: 10 Key Concepts All Providers Should Know (PDF)

[http://www.nctsn.org/sites/default/files/assets/pdfs/military\\_families\\_10keyconcepts.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/military_families_10keyconcepts.pdf)

Anti-Anxiety Drugs Tied to Higher Mortality

<http://well.blogs.nytimes.com/2014/03/27/anti-anxiety-drugs-tied-to-higher-mortality/>

Using Flags to Focus on Veteran Suicides

<http://www.nytimes.com/2014/03/28/us/using-flags-to-focus-on-veteran-suicides.html>

U.S. headache sufferers get \$1 billion worth of brain scans each year

<http://www.sciencedaily.com/releases/2014/03/140317170642.htm>

Most VA Websites Still Inaccessible to Blind Vets

<http://www.military.com/daily-news/2014/03/24/most-va-websites-still-inaccessible-to-blind-vets.html>

Springtime suicide peak still puzzles scientists

<http://www.foxnews.com/health/2014/03/27/springtime-suicide-peak-still-puzzles-scientists/>

'Redeployment' Explores Iraq War's Physical And Psychic Costs

<http://www.npr.org/2014/03/26/294811387/redeployment-explores-iraq-wars-physical-and-psychic-costs>

We've Got Your Back: IAVA's Campaign to Combat Suicide  
Policy Division White Paper

<http://media.iava.org/IAVACampaigntoCombatSuicideWhitePaper.pdf>

Police Confront Rising Number of Mentally Ill Suspects

<http://www.nytimes.com/2014/04/02/us/police-shootings-of-mentally-ill-suspects-are-on-the-upswing.html>

Largo student named Military Child of the Year

[http://www.baynews9.com/content/news/baynews9/news/article.html/content/news/articles/bn9/2014/4/1/largo\\_student\\_named\\_.html](http://www.baynews9.com/content/news/baynews9/news/article.html/content/news/articles/bn9/2014/4/1/largo_student_named_.html)

'The Uncounted': Suicide A Growing Problem For Military Families, Not Just Service Members

<http://www.gpb.org/news/2014/04/01/the-uncounted-suicide-a-growing-problem-for-military-families-not-just-service-membe>

'Out of Options': Veterans With PTSD Hit Pot Underground

<http://www.nbcnews.com/storyline/legal-pot/out-options-veterans-ptsd-hit-pot-underground-n64026>

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**Resource of the Week: Podcast -- [DSM-5 Changes to PTSD Diagnosis by Dr. David Riggs](#)**  
(7:20 min)



This podcast, in .mp4 format, is the latest audio addition to CDP's growing collection of "resources that allow providers to enhance their skills immediately." Podcasts are a flexible conduit for information, in that you can listen immediately, online, or download for later listening on a mobile device.

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